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INTRODUCTION

Congratulations on being selected to South Florida State College Radiography Program. I am pleased to have you as a student of the South Florida State College Radiography Program.

The mission of the Radiography program is to provide quality education to students who seek to become competent and compassionate entry-level radiographers in the health care community while supporting the mission and core values of South Florida State College. However, you must successfully complete the educational program and pass the national certification examination in order to practice as a registered radiologic technologist.

This student handbook is prepared to provide you with information about the program and I hope it will be helpful in presenting the guidelines for professional conduct and academic excellence required of a radiologic technologist. General college information can be found in the regular South Florida State College Catalog. Please keep this student handbook in a safe and readily accessible place.

I wish you the best of luck as you pursue your professional education.

Sincerely,

Junior A. Gray, M.B.A, R.T. (R)
Director, Radiography Program
MISSION STATEMENT

The mission of the Radiography Program is to provide quality education to students who seek to become competent and compassionate entry-level radiographers in the health care community.

Goal #1 (Program Level Outcome)
Students will be clinically competent.
- Students will apply Positioning Skills.
- Students will select appropriate Technical Factors.
- Students will practice Radiation Protection.

Goal #2 (Program-Level Outcome)
Students will demonstrate communication skills.
- Students will demonstrate oral communication skills in the clinical education setting.
- Students will be able to correctly assess the patient’s cognitive skill.

Goal #3 (Program-Level Outcome)
Students will use critical thinking and problem-solving skills.
- Students will be able to calculate missing exposure factors.
- Students will be able to correctly assess the patient’s cognitive and psychomotor skills.
- Students will be able to critically evaluate radiographic images.

Goal #4 (Program-Level Outcome)
Students will model professionalism.
- Students will demonstrate dependability in the clinical education setting.
- Students will conduct him/herself in a professional manner in the clinical education setting.
- Students will be able to define ethics as it applies to radiologic technology.
PROGRAM ACCREDITATION

The South Florida State College Radiography Program is voluntarily accredited by:

The Joint Review Committee on Education in Radiologic Technology (JRCERT)
20. N. Wacker Drive
Suite 2850
Chicago, IL 60606-3182
Phone: (312) 704-5300
Fax: (312) 704-5304
mail@jrcert.org or www.jrcert.org

GRADUATION REQUIREMENTS

To be awarded an Associate in Science Degree, the student must successfully complete all required courses in the Radiography curriculum and the graduation requirements as listed in the South Florida State College Catalog. In addition, the student must be able to demonstrate clinical competency. Graduation from the program, qualifies the student to take the national certification exam. However, graduation does not guarantee national certification or state licensure.

NATIONAL REGISTRY EXAMINATION

Graduates of South Florida State College Radiography Program are eligible to take the American Registry of Radiologic Technologists (ARRT) examination upon completion of the program. The examination is offered through Pearson VUE centers. If you have been convicted of a felony or misdemeanor, it is highly recommended you contact the ARRT at this number, 651-687-0048, to gain clearance to sit the exam.
FLORIDA STATE LICENSE

The Department of Health Office of Radiation Control must license all persons who practice Radiography in the State of Florida. After successfully completing the program, a student may apply for a General Radiographer state license. The state may issue a temporary license number, which will remain in effect until the graduate and state receive notice of the graduate successfully completing the ARRT exam. After successfully completing the exam, the temporary number will be converted to a permanent number. A graduate who fails the examination will lose their temporary license, and will not be allowed to work until the examination has been successfully completed. The Department of Health Office of Radiation Control contact information is as follow:

Department of Health Office of Radiation Control/MQA
Radiologic Technologists Certification
4052 Bald Cypress Way
Bin # C 85
Tallahassee, FL  32399-1741
Telephone number: 850-245-4910
(www.doh.state.fl.us/environment/radiation/).

PROFESSIONAL ORGANIZATIONS

Radiography students are encouraged to become members of professional organizations, such as the American Society of Radiologic Technologists (ASRT). This is the national organization that helps set the educational guidelines for our profession and keeps us updated with the latest information available on the profession. Publications include the “Radiologic Technology” as well as the “ASRT Scanner.”
ACADEMIC REGULATIONS

Students enrolled in the South Florida State College Radiography Program will be responsible for observing rules and regulations as stated in the South Florida State College Catalog and Student Handbook, Radiography Program Student Handbook, and the American Registry of Radiologic Technologists Rules and Regulations (see Appendix B). In addition, the clinical affiliates used by the program each have their own rules and regulations that the student is expected to follow. Clinical affiliates, while located away from the college campus, are considered an integral part of the program for student clinical assignments. Each student will rotate through some of these affiliates during their matriculation through the program.

The policies and procedures stated in the Student Handbook represent a contractual agreement between South Florida State College Radiography Program and the student. Failure to comply with the policies and procedures in the Student Handbook may result in dismissal from the Radiography Program. Each student will sign an Agreement-to-Terms Form confirming that the handbook has been read and each policy and procedure will be followed during the educational period. If the student refuses to sign the Agreement-to-Terms Form, he/she will be required to withdraw from the program.

Situations of academic (including clinical) probation, suspension, withdrawal, grade appeal, discipline, grievance and dismissal will be handled according to the policies outlined in the South Florida State College Catalog, Exhibit #1, page 56 and the Radiography Student Handbook.

The Grounds for Dismissal are listed below.
A student may be dismissed from the Radiography Program at any time during their training for violation of any of the following:

1. Failing grades in Radiography and/or basic core of general education courses
2. Insubordination
3. The conviction and/or known use of, distribution of, or possession of illegal drugs or controlled substances.
4. Failure to accomplish clinical assignments and objectives.
5. Unprofessional or unethical conduct.
6. Cheating in related or professional courses.

The Grounds for Immediate Dismissal are listed below.
A student may be dismissed from the program at any time during their training for violation of any of the following:

1. If a hospital requests a student be removed for violations of hospital or departmental policy or procedure.
2. Unauthorized release of confidential patient information.
3. Students shall not perform x-ray procedures on each other or have x-ray procedures performed on themselves without a doctor’s prescription.
4. Students shall not perform x-ray procedures on family members or friends without a doctor’s prescription.
CLASSROOM ATTENDANCE

Regular and punctual class attendance is expected of all students in order to obtain full benefits in class and to develop desirable personal traits necessary to succeed in employment. Instructional time missed is a serious deterrent to learning, therefore, students are responsible for fulfilling the requirements of the course by attending and completing course assignments.

If instructional time is missed for excusable reasons, the student will be permitted to make-up work to the extent possible. Because of the nature of some learning experiences, especially, laboratory sessions, it is difficult, if not impossible, to duplicate. Absences or tardiness of an individual is a major disruption to the performance of others in the class and will not be tolerated.

Being tardy is defined as arriving 10 or more minutes late for class, leaving early, or being away from class without permission during class hours.

NOTE: Anytime a student misses more than three consecutive days of class and/or clinic, the student must obtain a physician’s note verifying illness before returning to class or clinic.

It is the joint responsibility of the student and instructor to discuss attendance patterns that will endanger the success of the student in the course. If it appears that a student will not be able to complete a course successfully, the instructor may advise the student to withdraw no later than the official withdrawal date at the end of the twelfth week of classes.

The responsibility of the student:

1. Students are responsible for all material covered in scheduled classes whether or not they were in attendance. The student must assume the task of obtaining the material they need from classmates or the instructor. If a test is missed, the student is expected to take it on their first day back to classes. Any delay in taking a missed test will result in a 10% grade reduction.
2. If an absence will result in a missed test, student project, student assignment or presentation, the instructor must be notified prior to the missed class to determine if the assignment can be made up.
3. Anytime a student misses more than three consecutive days of class and/or clinic, the student must obtain a doctor’s excuse for the missed time before returning to class or clinic.
4. The faculty may develop guidelines for advance notice of absences or make-up.
CLINICAL ATTENDANCE

Attendance at clinical education settings during regularly scheduled hours is mandatory. Attendance is critically important since appropriate supervision of the student to accomplish the learning and performance objectives in accordance with guidelines can be completed only when certain supervisory and teaching personnel are present. Also, proper rotation and variety of studies are available primarily during these times. First and second year students are assigned specific clinical rotation days. All instances when a student is not present on-site during those assigned days are considered absences.

In the event of absence:
1. Contact all of the following personnel before your expected time of arrival:
   a Clinical Instructor, if unavailable, the Floor Supervisor
   b Program Director- if unavailable, leave voicemail message. In case of emergency, we need to know how to contact you.

Failure to notify appropriate personnel listed above will result in 5 points deducted from final clinical grade for each occurrence.

Clinical time missed must be made-up. Clinical absences shall be made-up within 3 weeks of the absence or by the end of the term (in which the absences occurred) depending on which comes first. Anytime a student misses more than three consecutive days of clinical internship, the student must obtain a doctor's excuse for the missed time before returning to clinic. All doctor, dental and other appointments should be made outside of scheduled school time. If for some reason this is not possible, the student must submit their name, date, time of appointment and reason to the Program Director no later than the day before the scheduled appointment. The student must provide written confirmation that he/she kept the doctor's appointment.

An exception to this policy is an extended illness which requires appropriate documentation (physician's orders, stating illness and release to return to school) for which make-up arrangements will be made on an individual basis. “Extended illness” is any illness that keeps one from attending school for three or more consecutive days.

Extended illness circumstances are traumatic, uncontrollable events such as having surgery (other than elective surgery); maternal/paternal leave; prolonged hospitalization; or death of a spouse, child, or parent/guardian that prevent the student from attending clinic for an extended period of time.

STUDENTS DO NOT ACCUMULATE OR BANK HOURS TO BE USED FOR ABSENCES.
SCHEDULED TIME OFF

In the event that there is an important circumstance (wedding, family reunion, etc.) that conflicts with your school schedule, you may request time off. Approval or denial of the request will be decided by the program director and be dependent on the following criteria:

A. Request must be made in writing to Program Director at least one (1) month in advance.
B. Clinic and classroom performance must be at least a “C” average with all current assignments completed.
C. Student must have previously demonstrated consistent adherence to program policies.
D. Student must have no make-up time pending.
E. Only one request for time off permitted per school year.

Upon approval of the request, arrangements to make-up requested time off will be made in advance. It may not be possible to approve all requests due to inability to schedule alternative clinic make-up time, or for any of the reasons listed above.

VOLUNTARY CLINIC TIME POLICY

Voluntary clinical time is at the discretion of the student and is not a requirement. Voluntary clinical time must be scheduled and approved by the program faculty. Voluntary time cannot be used as make up time. If for any reason a student finds they are unable to be present for the scheduled voluntary time they must give a twenty-four hour notice. Any abuse of this policy will result in the student losing this privilege. For reasons of accountability, liability, and responsibility we need to know when you are going to be in clinical areas.

SUBSTANCE ABUSE POLICY

A student who is unable to perform clinical and or laboratory activities as assigned with reasonable skill and safety to patients by reason of illness, or use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition, shall be required to submit to mental or physical examination. The physician and health care practitioner must possess expertise to diagnose the impairment. Cost of the examination will be the responsibility of the student. Failure to submit to such an examination may result in dismissal from the program.
DUE PROCESS POLICY

If a student, faculty, or community of interest feels that the program is not in compliance with the JRCERT Educational Standards, they are requested to notify the program director in writing of any allegations or complaints.

The program director will investigate the complaint and will answer the student, faculty or community of interest within 10 days from the date of receipt of the written complaint.

If the student, faculty or community of interest is not satisfied with the response, they should notify the Dean of Health Sciences. The Dean of Health Sciences will investigate and respond to the student, faculty or community of interest within 10 school days.

If the student, faculty or community of interest is not satisfied with the response, they should notify the Vice President for Academic Affairs and Student Services. The Vice President for Academic Affairs and Student Services will investigate and respond to the student, faculty or community of interest within 10 school days.

If the student, faculty or community of interest is not satisfied with this response, they should notify the:
The Joint Review Committee on Education in Radiologic Technology (JRCERT)
20. N. Wacker Drive
Suite 2850
Chicago, IL 60606-3182
Phone: (312) 704-5300, Fax: (312) 704-5304, email@jrcert.org or www.jrcert.org

RADIATION SAFETY POLICIES

All students must wear a radiation personnel monitoring device near their neck. The device must be worn at all times during clinical rotations and in the College’s energized laboratory. Radiation personnel monitoring devices are changed quarterly. Students are required to insure that their radiation personnel monitoring devices are up-to-date. All students have the right to be informed of their quarterly radiation readings and must sign the radiation dosimetry report. Personnel radiation monitoring devices are not to be worn when a student is receiving radiation for personal medical or dental examinations/procedures.

All students must exercise safe radiation protection practices at all times and at no time may a student participate in a procedure using unsafe radiation protection practices. Unsafe radiation protection practices are grounds for dismissal from the radiography program. These unsafe practices include, but are not limited to:

1. Students must never be exposed to the primary x-ray beam. Therefore, no student should hold image receptors during any radiographic procedure(s) or a patient when an immobilization method is appropriate for the standard care.
2. Intentionally or unintentionally exposing another student while the student is not safely behind the secondary barrier in the clinical education settings or the college’s energized laboratory.
3. Attempting any procedures under indirect supervision until competency has been achieved.
4. Repeating radiographic images without the direct supervision of a radiographer.

**College Energized X-Ray Unit**

1. Before making a radiographic exposure, be sure the door to the energized laboratory is closed tightly and the control panel is set.
2. Be sure to turn the appropriate positioning locks on/off on the tube housing before attempting to move unit. This will help prolong the life of the equipment.
3. Do not, under any circumstances radiograph another classmate using this unit.
4. Obey safety rules when working with any equipment. Report all defects in the operation of equipment to program faculty. NEVER play with equipment.
5. Do not eat or drink in the college’s energized laboratory x-ray room.
6. While positioning the phantom or a fellow classmate can be fun, do not lose sight of the fact that you are working with heavy electrical equipment and injuries can occur (i.e. hitting head on tube stand). Therefore, good conduct is required when operating the unit. Should injury occur, please report it to the instructor immediately.

ALL EXPOSURES ON HUMAN BEINGS ARE TO BE TAKEN FOR MEDICALLY VALID REASONS ONLY.

**RADIATION DOSE LIMIT POLICY**

All students enrolled in the Radiography Program must comply with keeping their radiation exposure as low as reasonably achievable (ALARA) according to the Nuclear Regulatory Commission (NRC). Students are expected to wear their personnel monitoring device as instructed by program faculty and loss or mishandling of the personnel monitoring device must be reported to faculty as soon as possible.

Doses must NOT exceed NCRP requirements. Should a monitor report indicate an exposure of 125 mRem per quarter or 500 mRem per year or higher for a student, the following steps will be taken:

1. Notification of student of excessive dose.
2. A conference between the student, program director and/or clinical coordinator will be held.
3. An action plan will be determined to reduce future excessive exposure.
PREGNANCY POLICY

Students are advised that pregnancy may interfere with meeting the objectives of the program, and may delay completion of the program. It is the student's choice to remain in the program with or without modification or discontinue the program should she become pregnant. A student who is pregnant or suspects she is pregnant may or may not inform the program officials. If she chooses to inform the program officials of her pregnancy, it must be in writing and indicate the expected date of delivery. The pregnant student also has the right to revoke her declaration at any time; however, the withdrawal of declaration must be in writing.

The pregnant student will receive counseling according to Nuclear Regulatory Commission (NRC) Regulation 10 CFR Part 20.1208 "Dose to an Embryo/Fetus" and National Council on Radiation Protection and Measurements (NCRP) Report No. 116, "Protection of the Embryo-Fetus." She must then choose one of the following options:

1. Continue in the program - The student must submit a letter of clearance from her physician. The physician should base this decision on the PHYSICAL AND TECHNICAL ABILITIES REQUIRED OF A COMPETENT RADIOGRAPHER. Upon clearance from her physician, she will receive radiation protection counseling, a monitoring badge for the fetus, and must sign a release form. Absences due to pregnancy will be made up in accordance to rules governing absence.

2. Continue in the program with the exception of clinical education courses - A student who withdraws from the clinical education courses will be provided the opportunity to complete the courses on a space available basis. She will be required to resume the clinical education courses during the term immediately following medical approval by her personal physician to return to normal activities, not to exceed one year post-partum. Withdrawal from clinical education courses requires the student confer with the Program Director to develop a revised program of study.

3. Withdraw from the program - Readmission will be based on the student's performance records at the time of withdrawal and available clinical space at the time of re-entry.
RADIOGRAPHIC CLINICAL EDUCATION ASSIGNMENT AND ROTATION POLICY

Diagnostic Imaging involves a wide variety of elements; therefore, learning the art and science of the profession requires significant demonstration, discussion, and more supervised clinical experience than any other Allied Health Technology. To obtain ample and varied experience in diagnostic procedures, students rotate through at least three of the five clinical education settings, including two of the larger clinical education settings. To allow a student to omit three or more of the five clinical education settings would be detrimental to the clinical education experience and it would place the sponsor in the position of allowing students to receive unequal clinical education and decrease future employment options. The five clinical education settings are located in Arcadia, (DeSoto Memorial Hospital); Wauchula, (Florida Hospital); Lake Placid, (Florida Hospital); and Sebring, (Florida Hospital Heartland and Highland Regional Medical Center).

Rotation through three clinical education settings may at times be difficult due to geographic location and after school employment; however the necessary experiences gained through site diversity outweighs the inconvenience to the student. Transportation to clinical education settings is the student's responsibility.

While assigned to the clinical education settings, students follow a clinic area rotation schedule that includes routine diagnostic radiography, bedside radiography, and operating room procedures. A second year student who has completed and documented successful completion of all Clinical Competencies, and all ten Patient Care Competencies and is interested in being assigned to one or more advanced imaging modalities (i.e., bone densitometry, angiographic/interventional procedures, mammography, etc.) to further enhance his/her learning experience may do so in writing. The request must be in writing to ensure availability, instruction, supervision and evaluation. The advanced imaging modalities rotation will have the same learning objectives as in routine musculoskeletal procedures in "Radiographic Procedures I and II including geriatric patient (physically or cognitively impaired as a result of aging), fluoroscopic, pediatric and traumatic procedures in "Radiographic Procedures III," computed tomography, magnetic resonance imaging in "Introduction to Sectional Anatomy and Computed Tomography, RTE 2763." Assignment to advanced imaging modalities will be considered during "Radiographic Clinical Education VI.

The method by which clinical education settings are initially assigned to beginning students is as follows:

Each student is assigned to a clinical education setting within close proximity to their home. If by this method the number of students in a geographic location is greater than the allowed numbers for that particular facility, or the composition of the group is not conducive to maximize learning, students may volunteer to change. If there are no volunteers or if the number of volunteers is not sufficient, assignments are made to make groups of appropriate size and composition. The students do a 2-1-1-1-1 rotation. This means that students are assigned their first two terms (fall-term, RTE 1804 L and spring-term, RTE 1814 L, first year) at their first clinical education setting before moving on to the next. Thereafter, every effort is made to move each student each term but this may be impossible because two of the clinical education settings can only be assigned one student each. Radiographic Clinical Education VI, RTE 2854 L, is the final summer term, second year. Every effort is made to accommodate student needs while providing for an equitable clinical education experience.
MAMMOGRAPHY AND OTHER GENDER SPECIFIC CLINICAL ROTATION

The program will make every effort to place a male student in mammography and other gender specific procedures, e.g., hysterosalpingography, clinical rotations if requested; however, the program will not attempt to override clinical educational settings’ policies that restrict mammography and other gender specific procedures to female students.

Male students should be advised that placement in mammography and other gender specific procedures is not guaranteed and, in fact, would be very unlikely.

To deny mammography and other gender specific educational experience to female students would place those students at a disadvantage in the workforce where there is a demand for appropriately educated professionals to address the needs of patients.

It is noted that the same clinical education settings’ policies that are in place during the mammography and other gender specific procedures are most likely applicable upon employment, thus limiting access for males to pursue careers in mammography and other gender specific procedures.

MAGNETIC IMAGING SAFETY POLICY

The program requires every registered radiography student to view a “Basic MRI Safety Training (Level 1 MR Personnel),” video and to print a “Statement of Participation” certificate once completed. A copy of the Statement of Participation is placed in the student’s file which is kept in the program director’s office.

This 50-minute video provides basic information regarding MRI technology, describes common hazards and unique dangers associated with the MRI environment, and presents guidelines and recommendations to prevent accidents and injuries. This video is appropriate for medical and other personnel who may occasionally or periodically encounter MRI facilities as part of their employment and emphasizes the potential hazards of the MRI environment and the necessary safety precautions that particularly impact such groups.

This video also reviews fundamental MRI safety protocols and meets training recommendations set by the American College of Radiology and the requirements of the Joint Commission. The video may be access at the following: http://bayer.appliedradiology.org/default.aspx

DISMISSAL FROM A CLINICAL EDUCATION SETTING

If a student is dismissed from a clinical education setting for academic or disciplinary reasons, the student may appeal the decision via written documentation and submit the written document to South Florida State College’s Radiography Program Director. The Program Director will investigate on the student’s behalf and attempt to resolve the matter. However, the clinical education setting shall have priority to determine if a student is permitted to return to the clinical education portion of the program at that clinical education setting. The Program Director will make every to re-assign the student to another clinical education setting if he/she is unable reassign the student to the clinical education setting in question.
READMISSION POLICY

Students who wish to be re-admitted to the Radiology Program may do so on a space available basis. The student should meet with the Program Director or advisor prior to the start of the term in which they plan to re-enter. Re-admission will be granted providing there are available clinical internship positions. While enrolled in the program, if a student withdraws or fails a course that is a prerequisite for the next term, it is the student’s responsibility to contact the Program Director or Allied Health Advisor to discuss re-admission procedures. It is the policy of the Department of Radiography that a radiography course may be repeated only once. If a student does not successfully complete a course being repeated, no additional radiography courses may be taken. A student may only be re-admitted once.

STUDENTS WITH DISABILITIES POLICY

South Florida State College seeks to ensure that programs, services, and facilities are accessible to and usable by persons with disabilities. If you are a qualified student with a disability, the college will make every effort to provide reasonable accommodations.

The following college staff members have been assigned to assist in ensuring that you have access to the college’s programs, services and facilities. Please contact these individuals if you require assistance.

Dr. Timothy Wise, Dean of Student Services
ADA Student Coordinator
863-784-7107

Ms. Susan Hale, Director, Human Resources
ADA Employee Coordinator
863-784-7132

LIABILITY AND ACCIDENT INSURANCE

Students should maintain their own health insurance since it is not provided through the college. The college also does not provide Workmen’s Compensation for students.
APPROXIMATE PROGRAM COSTS

Resident Tuition $7,097.00
Laboratory Fees $781.00
Graduation Fee $15.00
FDLE/Drug Screen $122.00
Textbooks $1,500.00
The American Registry of Radiologic Technologists Examination $200.00

ACCIDENTS AND/OR INJURY IN THE CLINICAL SETTING - HEALTH OCCUPATIONS DIVISION GUIDELINES

Department of Education
The State of Florida

1. Students who are injured in the clinical education setting should immediately notify a Clinical Instructor.
2. An Incident Report form must be completed by the Clinical Supervisor and submitted to Risk Management within 24 hours of occurrence.
3. All clinical facilities by contractual agreement must provide access to acute emergency care in the event of accident or injury to a student.
4. A student is responsible for all expenses charged by the clinical facility in rendering medical care. Students are covered by an accident policy through South Florida Community College. Submit claims to the program director. The clinical facility is not responsible for any claims for expenses that result from an action of a student in the clinical setting.
5. Students in Health Occupations Programs are strongly urged to carry a personal health insurance policy.
6. Students who have sustained an injury or have been hospitalized must have a written release to return to the clinic from a licensed medical officer.
DRESS CODE POLICY

Students are required to appear professionally dressed and groomed whenever they are in attendance at all clinical sites. The designated uniform and name badges must be worn at all times.

General Requirements:

Students will be identified by wearing:

1. South Florida State College identification/emblem sewn above the left upper pocket.
2. Student uniforms shall be "Caribbean blue" in color. No substitute material or street clothing is acceptable.
3. Uniforms must be clean and neat (no wrinkles).
4. Appropriate undergarments must be worn and must not be visible through the uniform.
5. Solid white or predominantly white nursing-type shoes or athletic (leather or vinyl) shoes must be worn.
6. Solid white socks must be worn with white shoes. Women may wear white hosiery with uniforms.
7. Shoes must be clean and polished at all times.
8. When needed, a white cardigan-type sweater may be worn. White turtleneck long-sleeved shirts may be worn under "Caribbean blue" scrub.
9. No badges, pins, buttons or stickers may be worn unless issued and approved by the hospital or college.
10. No hats or caps may be worn unless specified as approved dress code in a clinical area.
11. Hair must be clean, neat, and kept out of the face and off the collar at all times and must not interfere with patient care.
12. Fingernails must be kept short, clean and well groomed. Acrylic or artificial fingernails must not be worn.
13. Strong perfumes and colognes are not acceptable.
14. Body cleanliness is mandatory, so that no offensive body odors are perceived by others
15. Students may wear O.R. scrubs with a long white lab coat during O.R. rotations ONLY.

Under no circumstances shall O.R. scrubs be worn outside the hospital or taken home.

NON-COMPLIANCE WITH THE DRESS CODE WILL RESULT IN DISCIPLINARY ACTION. IF YOU ARE NOT DRESSED APPROPRIATELY, YOU WILL BE SENT HOME AND REQUIRED TO MAKE UP THE TIME MISSED.
COMMUNICABLE DISEASE POLICY

During the two-year program a student may contract a communicable disease from a patient or the general public. In order to protect patients, staff, and other students, the following rules must be adhered to:

1. A student must notify the Clinical Instructor and Program Director immediately upon being diagnosed with a communicable disease.
2. The student must submit written documentation from the diagnosing physician indicating how their contact with patients, staff and students should be limited.
3. The faculty will remove the student from the clinical and classroom instruction in accordance with the recommendation of the diagnosing physician.
4. The student may return to the clinic and/or classroom when they have received a written release from the physician.
5. Classroom and clinical absences will be handled according to the previously described attendance policies.

In recognition of the possibility of coming into contact with patients who carry a communicable disease capable of being spread by blood or bodily fluids, Radiography students at South Florida State College should follow these guidelines:

1. Hands should be properly washed before and after each patient contact.
2. GLOVES
   a. Should be worn when the possibility of exposure to blood, mucous membrane, body fluids, or secretions exists.
   b. Should also be worn when handling items soiled with blood or equipment.
   c. Should be changed if there is a break in the glove either by needle stick or tear.
   d. Must be changed between patients.
3. a. Considered as potentially infective and handled with extraordinary care to prevent accidental injuries.
   b. Should be disposed of in biohazard, puncture resistant containers located in designated areas at each clinical affiliate.
   c. Should NOT be re-capped, bent, broken, and/or removed from disposable syringes, or otherwise manipulated by hand.
4. When performing procedures involving any contact with blood or body fluids, gloves, gowns, masks, and goggles should in accordance with affiliate procedure.
5. To minimize the need for emergency mouth-to-mouth resuscitation, mouth-to-mouth masks should be used in accordance with affiliate procedure.
6. Blood, body fluid spills, contaminated surfaces, and re-usable items should be cleaned with a 1:10 clorox solution and other appropriate disinfectant.
7. When obtaining specimens, gloves should be worn. Soiled containers should be placed in plastic bags and properly labeled with blood and fluid precautions before sending to the lab.

8. Proper isolation procedures for specific instances will be covered in detail during HSC 1230 C, “Methods of Patient Care” during the first semester.

9. All students will be required to obtain Hepatitis B vaccine.

**GRADING POLICIES**

Radiography students must meet and/or exceed the following requirements to be retained and promoted:

1. Each student must adhere to the Academic Ethics Policy as outlined in the South Florida State College Catalog. The student will be subject to administrative and/or disciplinary penalties in acts of dishonesty, cheating, plagiarism, or failure to fulfill responsibilities in the clinical education settings and/or lab areas.

2. Each student is required to achieve and maintain an overall Grade Point Average of 2.75 or higher in all general education courses with no grade below a “C.” These courses will be graded and evaluated according to the policy of the individual instructor.

3. The following grading scale will be used for all courses pre-fixed with the letters RTE and HSC 1230 C:

   \[
   \begin{align*}
   A & = 100 - 90 \\
   B & = 89 - 80 \\
   C & = 79 - 75 \\
   F & = 74 \text{ and below}
   \end{align*}
   \]

   The instructor will provide a supplemental sheet with the dates of the lecture schedules, and all written examinations and/or reports during the first class at the beginning of each term. The final grade will be computed according to the supplemental sheet provided by the instructor. Each student is required to achieve and maintain a grade of 75% in all courses pre-fixed with the letters RTE and HSC 1230 C. Didactic and clinical grades are computed separately. If a student fails to obtain a grade of 75% in any radiology course (didactic or clinical), he/she must withdraw from the radiography program, except, Radiologic Seminar, RTE 2061. If he/she wishes to be readmitted to the radiography program, he/she must re-apply and submit a letter to the Program Director or Allied Health Advisor requesting to repeat that course the next time it is offered. If a vacancy does not exist in the specific course needed or if the student is unable to repeat the course at the next offering of the course, then, the student must repeat the entire program, which will require him/her to re-enter the pool of qualified applicants through the standard application procedure.
# 2016 – 2017 Radiography Curriculum

<table>
<thead>
<tr>
<th>Prerequisites</th>
<th>Course Number</th>
<th>Course Name</th>
<th>Credits</th>
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### 2016 – 2017 Radiography Curriculum

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**TOTAL HOURS REQUIRED** 77
## RADIOGRAPHY COURSE DESCRIPTIONS

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<td>Radiographic Procedures I</td>
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<td>Radiographic Procedures II</td>
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</table>

This course provides the concepts of optimal patient care, including consideration for the physical and psychological needs of the patient and family. Routine and emergency patient care procedures are described, as well as infection control procedures using standard precautions. The role of the radiographer in patient education is identified.

This course provides the radiography students with a basic knowledge of atomic structure and terminology. Also presented are the nature and characteristics of radiation, x-ray production and the fundamentals of photon interactions with matter.

This course establishes a knowledge base in technical factors that govern the image production process.

This course provides the radiography students with an understanding of the components, principles and operation of digital imaging systems found in diagnostic radiology. Factors that impact image acquisition, display, archiving and retrieval are discussed. Principles of digital system quality assurance and maintenance are presented.

This course provides the radiography students with a knowledge base in radiographic, fluoroscopic and mobile equipment requirements and design. The content also provides a basic knowledge of quality control.

A study of patient habitus, positioning, equipment manipulation, and radiographic quality evaluation of the chest, abdomen and upper extremity. Emphasis is placed on critical thinking and communication skills related to procedure performance, patient care and radiation protection.

This is a study of patient positioning, equipment manipulation, and radiographic quality evaluation of the shoulder girdle, lower extremity, bony thorax, vertebral column, bony thorax, intravenous urogram, upper and lower gastrointestinal series and cholecystography. Laboratory demonstration will be used to complement the lecture portion of this course. This course includes learning activity designed to ensure competence in oral and written communication.
<table>
<thead>
<tr>
<th>Course Code</th>
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<td>This is a study of patient positioning, equipment manipulation, and radiographic quality evaluation of the skull, facial bones, sinuses, arthography, myelography, venography, hysterosalpingography, basic CT examination with and without contrast of the head, thorax and abdomen. Laboratory demonstration will be used to complement the lecture portion of this course. This course includes learning activity designed to ensure competence in oral and written communication.</td>
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<tr>
<td>RTE 2763</td>
<td>INTRODUCTION TO SECTIONAL ANATOMY AND COMPUTED TOMOGRAPHY</td>
<td>3</td>
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<td>This course provides you with an introduction to and principles related to computed tomography (CT) imaging to produce computer-generated sectional images of anatomical structures within the head, neck, chest, abdomen, and pelvis in multiple dimensions. This course also provides you with the standard terminology and theoretical foundations necessary to develop the psychomotor skills that are essential to perform radiographic imaging procedures of the cranium, and special studies such as arthrography, and myelography.</td>
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<td>RADIATION BIOLOGY AND PROTECTION</td>
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<tr>
<td></td>
<td>Study the effects of ionizing radiation on biologic systems. Investigates responses at cellular and total organism level. Presents protection measures and regulations for all types of ionizing radiation.</td>
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<td>RTE 2782</td>
<td>RADIOGRAPHIC PATHOLOGY</td>
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<td></td>
<td>This course provides the student with an introduction to the origins of medical terminology, and introduces concepts related to disease and etiology with an emphasis on radiographic appearance of disease and its impact on exposure factor selection.</td>
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<td>RTE 2061</td>
<td>RADILOGIC SEMINAR</td>
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<td>This course is designed to provide a forum for student research and review of all aspects of radiography.</td>
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<td></td>
<td>Supervised clinical experience and competency evaluation of professional interaction and performance of routine radiographic procedures with emphasis on radiation protection, patient care, equipment orientation, radiographic technique, image processing procedures and image quality evaluation.</td>
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<td>Course Code</td>
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<td>Supervised clinical experience and competency evaluation of professional interaction and performance of routine radiographic procedures with emphasis on radiation protection, patient care, equipment orientation, radiographic technique, image processing procedures and image quality evaluation.</td>
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SOUTH FLORIDA STATE COLLEGE
RADIOGRAPHY PROGRAM

Clinical Education Requirements

CLINICAL EDUCATION POLICY

South Florida State College Radiography Program’s Competency Based Clinical Education procedure, if followed, complies with the American Registry of Radiologic Technologists (ARRT) Radiography Clinical Competency Requirements.

The purpose of the clinical competency requirements is to verify that individuals certified and registered by the ARRT have demonstrated competency performing the clinical activities fundamental to a particular discipline. Competent performance of these fundamental activities, in conjunction with mastery of the cognitive knowledge and skills covered by the radiography examination, provides the basis for the acquisition of the full range of procedures typically required in a variety of settings. Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during the course of his or her formal education. The following pages identify the specific procedures for the clinical competency requirements. Students may wish to use these pages, or their equivalent, to record completion of the requirements.

The coordination of classroom and clinical instruction is an important element of the program. In recognition of this, the Competency Based Clinical Education at South Florida State College uses a progressive approach to the clinical development of students. Students begin this process by observing a procedure or groups of procedures. After didactic and laboratory instruction and documented laboratory proficiency in a procedure, the student then proceeds to the participation stage of the Competency Based Clinical Education. In the participation stage, the student may now assume a more active role in his/her clinical responsibilities. Student shall perform these procedures under direct supervision.

The final stage in this Competency Based Clinical Education is based on the ability of a student to perform radiographic procedures under indirect supervision. Before the student can achieve this level of supervision, he/she must demonstrate competency through Clinical Competency Evaluations. Demonstration of clinical competence should include variations in patient characteristics such as age, gender, and medical condition and cannot be completed under simulated conditions.

South Florida State College Radiography Program’s standard includes the following two (2) levels of Clinical Competency Evaluations: (1) Clinical Competency Evaluations, and (2) Terminal Clinical Competency Evaluations. The Clinical Competency Evaluations are usually common procedures that are performed on ambulatory, non-traumatic patients and as the student is evaluated on Terminal Clinical Competency Evaluations, characteristics such as age, and medical conditions become progressively more difficult.
PREREQUISITE FOR CLINICAL COMPETENCY EVALUATIONS:

1. Clinical Competency Evaluations:

   Prior to a Clinical Competency Evaluation, a student shall complete the following:
   
   a. Documented didactic proficiency at the college;
   b. Documented laboratory proficiency at the college;

2. Terminal Competency Evaluations:

   Terminal Clinical Competency Evaluations must be performed on a progressive level of patient or procedure difficulty. Prior to graduation, the student must demonstrate Terminal Competency in clinical education. This is accomplished by Terminal Clinical Competency Evaluations. Before advancing to this level of competency, students must:
   
   a. Be within 6 months of their anticipated date of program completion and
   b. Have achieved Clinical Competency Evaluations within that category of procedures in which Terminal Clinical Competency Evaluations are to be attempted.

   Terminal Clinical Competency Evaluations cannot be attempted within that category of procedures until all the Mandatory Clinical Competency Evaluations within that category of procedures are completed.

   Terminal Clinical Competency Evaluations must be performed on a progressive level of patient or procedure difficulty, e.g., if a student was determined competent by way of a simulated competency evaluation, the Terminal Clinical Competency Evaluations should be performed on a patient. However, if a student was determined competent by way of Clinical Competency Evaluation on an adult non-traumatic elbow, the Terminal Clinical Competency Evaluations could be performed on a traumatic elbow.
REQUIREMENTS FOR ALL CLINICAL COMPETENCY EVALUATIONS:

1. Students must be assigned to an approved clinical education center.

2. All Continual Clinical Competency Evaluations must be performed on patients. A competency evaluation that is not performed on a patient cannot be counted as a Clinical Competency Evaluation but can be counted as a simulated competency provided that the evaluation include all criteria listed for Simulated Competency Evaluations and Clinical Competency Evaluations.

3. The clinical instructor shall approve the patients for all Clinical Competency Evaluations. Patient selection shall include a wide variety of patient types. (e.g., geriatric, physically or cognitively impaired as a result of aging, pediatric, trauma, geriatric, ambulatory, etc.)

4. The clinical instructor shall determine the minimum number of times that a procedure will need to be completely and satisfactorily performed by a student while under direct supervision prior to performing a Clinical Competency Evaluation.

5. The clinical instructor shall develop suggested time frames for completion of all Clinical Competency Evaluations.

6. Clinical Competency Evaluations shall include all projections for each procedure, as identified by the hospital’s protocol or by the ARRT (e.g., cross-table lateral cervical spine).

7. Clinical Competency Evaluations shall include all tasks associated with the radiographic procedure. This includes but is not limited to patient assessment and positioning; applying radiation protection principles; setting technique factors; and making the x-ray exposure.

8. The program director shall be responsible for the development and implementation of the clinical competency grading system, affective domain evaluation forms (Professional Development Evaluation forms), evaluation forms, performance objectives, and record maintenance of all Clinical Competency Evaluations.

9. The program director shall determine and publish the required number of Terminal Clinical Competency Evaluations.

10. Clinical Competency Evaluations and Terminal Clinical Competency Evaluations should be performed on a progressive level of patient and procedure difficulty.
REQUIREMENTS FOR SIMULATED PERFORMANCE

South Florida State College Radiography Program and the ARRT requirements specify that certain clinical procedures may be simulated as designated in the specific requirements below. Simulations must meet the following criteria:

The student must simulate the procedure on another person with the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient. Examples of acceptable simulation include positioning another person for a projection without actually activating the x-ray beam and performing venipuncture by demonstrating aseptic technique on another person, but then inserting the needle into an artificial forearm or suitable device.

The program director must be confident that the skills required to competently perform the simulated procedure will transfer to the clinical education setting and, if applicable, the student must evaluate related images.

All simulated competency evaluations and clinical competency evaluations must include the following minimum evaluation criteria:

• patient identity verification
• examination order verification;
• patient assessment;
• room preparation;
• patient management;
• equipment operation;
• technique selection;
• patient positioning;
• radiation safety;
• imaging processing; and
• image evaluation.

REQUIREMENTS FOR REPEAT RADIOGRAPH:

All unsatisfactory radiographs shall be repeated only under the direction and in the physical presence of a licensed and registered radiologic technologist, regardless of the student’s level of competency.

In order to reduce the risk to students and patient care, adherence to the supervision policy will be the student’s responsibility. If a student is observed doing any of the following, the student will be dismissed from the program:

• Performing a repeat without direct supervision
• Performing a procedure that has not been competency tested without direct supervision
• Performing a portable/mobile or C-Arm procedure without direct supervision
REQUIRED LEVELS OF CLINICAL SUPERVISION:

Prior to didactic and laboratory instruction and documented laboratory proficiency in a procedure, the student is only permitted to observe a licensed diagnostic radiologic technologist perform that procedure.

1. After didactic and laboratory instruction and documented laboratory proficiency in a procedure but prior to a clinical competency evaluation or simulated clinical competency evaluation:

   The student continues to observe these procedures and gradually progresses to the point where the student can now participate and assist the licensed diagnostic radiologic technologist while under direct supervision. The following parameters constitute direct supervision. The licensed diagnostic radiologic technologist shall:

   a. Review the request for examination in relation to the student’s achievement.
   b. Evaluate the condition of the patient in relation to the student’s knowledge.
   c. Be present during the conduct of the procedure.
   d. Review and approve the radiographs.

2. After a Clinical Competency Evaluations or simulated competency evaluation:

   After a student has demonstrated competency on a Clinical Competency Evaluation or simulated competency evaluation in a given procedure, the student may perform that procedure under the indirect supervision of a licensed diagnostic radiologic technologist.

   The following parameters constitute indirect supervision:

3. Supervision provided by a licensed diagnostic radiologic technologist who is immediately available to assist students regardless of the level of student achievement. “Immediately available” is interpreted as the presence of a licensed diagnostic radiologic technologist adjacent to the room or location where a radiographic or fluoroscopic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use. (Based on these parameters, a student cannot be assigned to a surgical or mobile rotation or assigned to a room that is not adjacent to another radiographic or fluoroscopic room (i.e., ED) unless a licensed diagnostic radiologic technologist is present in that room or in the adjacent room.)

4. A licensed and registered radiologic technologist must review and approve all radiographic images.
REMEDIATION:

Remediation shall be an essential part of the Competency Based Clinical Education process. The following are the minimum remediation requirements for the 4 types of clinical education failures:

1. Failure to demonstrate didactic or laboratory proficiency.
   The program shall: (a) discuss the area(s) of failure with the student; (b) develop and implement a valid remediation plan; (c) reevaluate after remediation has been completed.

2. Failure of a simulated competency evaluation:
   The program shall: (a) discuss the area(s) of failure with the student; (b) develop and implement a valid remediation plan; (c) require application of reinforced skills; and (d) reevaluate for either a clinical competency or simulated competency in that radiographic procedure.

3. Failure of a clinical competency evaluation:
   The program shall: (a) discuss the area(s) of failure with the student; (b) develop and implement a valid remediation plan; (c) require clinical application of reinforced skills; and (d) reevaluate for either a clinical competency or simulated competency in that radiographic procedure. If reevaluation is performed as a simulated competency, the competency cannot be counted as a clinical competency evaluation.

4. Failure of a terminal clinical competency evaluation:
   The program shall require remediation and reevaluation for either a terminal clinical competency or simulated competency in that radiographic procedure. If reevaluation is performed as a simulated competency, the competency cannot be counted as a terminal clinical competency evaluation. An additional terminal clinical competency evaluation would then be required prior to graduation eligibility.

VOIDING A PREVIOUSLY COMPLETED CLINICAL COMPETENCY:

Voiding a previously completed clinical competency may only be done through the following procedure:
The clinical instructor, in writing, declares that the student has performed the prior documented successfully completed clinical competency in an unsatisfactory manner 2 times during the same term. This declaration is to be completed for each of the 2 unsatisfactory performances of the clinical competency in question, and must include the following:
   a. be in writing, including the date the examination was performed and patient number;
   b. include specific reasons why the examination was declared unsatisfactory;
   c. be signed by the clinical instructor completing the clinical competency review.
ASSIGNMENT TO ADVANCED IMAGING MODALITIES:

Each student must demonstrate and document a minimum of 37 Mandatory, 15 Elective (one of the 15 electives imaging procedures must be selected from the head section; and 2 of the 15 elective imaging procedures must be selected from the fluoroscopy studies section, one of which must be either upper GI or contrast enema). The student must demonstrate and document 15 Terminal Clinical Competencies as well as demonstrate competence in all 10 patient care competencies. A second year student who has completed and documented successful completion of all competencies, and is interested in being assigned to one or more advanced imaging modalities (i.e., computed tomography, magnetic resonance, angiography, etc.) to further enhance his/her learning experience may do so in writing. The request must be in writing to ensure availability, instruction, supervision and evaluation. The advanced imaging modalities rotation will have the same learning objectives as in routine musculoskeletal procedures in "Radiographic Procedures I and II including geriatric patient (physically or cognitively impaired as a result of aging), fluoroscopic, pediatric and traumatic procedures in "Radiographic Procedures III," computed tomography, magnetic resonance imaging, bone densitometry and angiographic/interventional procedures in "Radiographic Procedures IV." Assignment to advanced imaging modalities will be considered during "Radiographic Clinical Education VI.

CLINICAL INSTRUCTORS’ DUTIES AND RESPONSIBILITIES:

All South Florida State College students must have adequate and proper supervision during all clinical assignments as specified by accreditation standards. The following policies and procedures apply to South Florida State College clinical assignments for students, and evaluators:

1. Evaluate the student required clinical competencies and professional development evaluations in the clinical education setting.
2. Supervise students assigned to various imaging modalities.
3. Evaluate student’s critiques of films/radiographic images and determine the necessity of repeat procedures.
4. Provide documentation of any unusual, positive, and/or negative incidents involving the student’s performance of clinical competencies that occurred during the assigned clinical rotation to the clinical coordinator or program director.
5. Provide direct supervision and assistance for all repeat procedures.
6. Complete appropriate Clinical Competency Evaluation forms and return to the program director.
7. Intervene when a critical error appears imminent and offer corrective instruction or demonstration before proceeding with the procedure.
CLINICAL EDUCATION CENTER RULES AND REGULATIONS:

In order to maintain high standards of patient care, the Radiography Program has established the following rules of conduct in conjunction with the general hospital rules and regulations:

1. STUDENTS ARE SUBJECT TO ALL RULES AND REGULATIONS OF THE CLINICAL EDUCATION CENTER.

2. Students MUST NOT inject contrast medium or medication.

3. All patients’ with whom the student comes in contact will be treated with respect, dignity, and with careful attention given to patient modesty. Treat every patient as if you were the one being radiographed. All hospital records and patient records are confidential in nature. Students are expected to maintain confidentiality in a professional manner.

4. Unless otherwise instructed, any student who begins or helps in a radiographic procedure must complete the procedure before leaving the clinical facility.

5. Each student is to perform non-technical duties (patient transporting, film retrieving, darkroom functions, etc.) as scheduled by the clinical supervisor. Each student is required to assist in maintaining a clean department by helping to keep the radiographic room to which he/she is assigned orderly and properly supplied.

6. A student should never leave a patient unattended. Please note hospital policy for safe practices in patient supervision.

7. Clinical differences - It is the intent and objective of the Radiography program (college and affiliate hospitals) to be as uniform as possible with regard to student activities for all students. However, all clinical sites are individual and unique institutions and for this reason, there will be different policies and responsibilities at each clinical facility. Any questions that may arise concerning these differences will be gladly answered by the college faculty.

8. Problems - Recognizing that the college and clinical affiliates conduct a joint effort in the education of students, any problem which may arise within the hospital area, should first be discussed with hospital officials (clinical instructor) before involving the college faculty (clinical coordinators, program director) in the discussion.

9. Report any accident or incident to your clinical instructor immediately and complete the necessary paperwork.

10. Students will present themselves as professionals in the clinical education centers.

11. Students are to be in the clinical area only when they are scheduled to be there.

12. There will be no food, drinks, or smoking allowed in the clinical area except in designated areas.
13. Students are assigned lunch periods and breaks by the clinical instructor.

14. Students are not permitted to leave hospital grounds or assigned clinical areas without the permission of the clinical instructor, except during lunch periods.

15. Students may not bring guests into the department without the permission of the clinical instructor.

16. Students cannot sit in wheelchairs, on stretchers or any other equipment designed for patient use.

17. Do not use clinical site’s telephone for personal use.


19. Willful destruction or theft of clinical site property will result in dismissal.

20. Possession of firearms or explosives, possession or consumption of alcoholic beverages, marijuana or un-prescribed narcotics on clinical site property will result in dismissal.

21. Fighting on clinical site property will result in dismissal.

22. Insubordination to any superior could result in dismissal.

23. Conviction of a felony will result in dismissal.

24. Gum chewing while on clinical assignment is forbidden.

25. Do not sleep on clinical assignment.

26. Do not engage in immoral conduct while on clinical assignment.

27. Do not accept any type of gratuity or “tip” from a patient or patient’s family.

28. Do not use language or manners unbecoming a professional.
CLINICAL EDUCATION PLAN:

South Florida State College Radiography Program Clinical Education Plan is designed to define and document required clinical competencies and to establish eligibility for certification with the American Registry of Radiologic Technologists.

As part of the educational program, each student must demonstrate competence in the clinical activities mentioned below:

- 10 mandatory general patient care activities;
- 37 Mandatory imaging procedures;
- 15 Elective imaging procedures selected from a list of 34 procedures;
- One of the 15 elective procedures must be selected from the head section; and
- Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section, one of which must be either upper GI or contrast enema.
- 15 Terminal Competencies

The clinical activities mentioned above are listed in Appendix G. Institutional protocol will determine the positions and projections used for each procedure.

SUGGESTED NUMBER OF CLINICAL COMPETENCIES TO BE COMPLETED PER TERM

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>RTE 1804</td>
<td>Radiographic Clinical Education I</td>
<td>Checklists, CXR &amp; KUB Competencies</td>
</tr>
<tr>
<td>RTE 1814</td>
<td>Radiographic Clinical Education II</td>
<td>12 Competencies</td>
</tr>
<tr>
<td>RTE 1824</td>
<td>Radiographic Clinical Education III</td>
<td>10 Competencies</td>
</tr>
<tr>
<td>RTE 2834</td>
<td>Radiographic Clinical Education IV</td>
<td>15 Competencies, Fluoroscopy Checklist</td>
</tr>
<tr>
<td>RTE 2844</td>
<td>Radiographic Clinical Education V</td>
<td>15 Competencies, Special Rotations</td>
</tr>
<tr>
<td>RTE 2854</td>
<td>Radiographic Clinical Education VI</td>
<td>15 Terminal Competencies</td>
</tr>
</tbody>
</table>
APPENDIX A
RADIOGRAPHY PROGRAM

Program Effectiveness Data

2016

Program Effectiveness Data includes the following: annual program completion rate, five-year average credentialing examination pass rate, and five-year average job placement rate. This data is updated annually and is submitted as part of the Radiography Program’s annual report to the Joint Review Committee on Education in Radiologic Technology (JRCERT) 20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-3182 (www.jrcert.org). The Program Effectiveness Data below reflects the 2015 program completion rate and the five-year averages of credentialing examination pass rate and job placement rate for the years 2012 – 2016. This information is also available at www.jrcert.org/resources/program-effectiveness-data. Please contact the Program Director with any questions.

The Annual Program Completion Rate: 2016 - 42%

The Annual Program Completion Rate is defined as the total number of students who complete the program within 150% of the program length compared with the total number of students who initially began the program with their designated cohort(s). Five (5) students completed the program compared with twelve (12) students who initially began the program.

Five-Year Average Credentialing Examination Pass Rate: 2012 - 2016 - 82%

This is defined as the total number of graduates who passed, on first attempt, the American Registry of Radiologic Technology (ARRT) credentialing examination, compared with the number of graduates who took the examination within six months of graduation during the 2012 - 2016 reporting period. Thirty-six (36) graduates passed, on first attempt, forty-four (44) graduates took the examination.

Five-Year Average Job Placement Rate: 2012 – 2016 - 88%

This is defined as the total number of graduates employed in radiography within twelve months of graduation compared with the number of graduates who actively sought employment in the radiologic sciences. Thirty-eight (38) graduates are employed and forty-three (43) actively sought employment for the 2012 - 2016 reporting period.

The JRCERT has defined "not actively seeking employment" as:

1. Graduate fails to communicate with program officials regarding employment status after multiple attempts OR
2. Graduate is unwilling to seek employment that requires relocation OR
3. Graduate is unwilling to accept employment due to salary or hours OR
4. Graduate is on active military duty OR
5. Graduate is continuing education.
APPENDIX B
Clinical Organizational Chart

Junior Gray
South Florida State College
Program Director, Radiography

Jacqueline Manget
DMH
Director, Imaging Department
Clinical Instructor

- Samuel Labador
  Clinical Instructor
- Francine Farley
  Clinical Instructor
- Victoria Fagiani
  Clinical Instructor

Jennifer Meeks
FH Wauchula
Department Head
Clinical Instructor

- Andras Szoke
  Clinical Instructor

Zbigniew Nawrocki
FHHD
Director, Ancillary Services

- Andrea Regland
  FHHD
  Supervisor, Imaging Department
- Lauren Leon
  FH Lake Placid
  Department Head
  Clinical Instructor

Marcela Medina
HRMC
Director, Imaging Department
Clinical Instructor

- Ann Chambers
  Clinical Instructor
- Lauren Harvey
  Clinical Instructor
- Robert Pletrowicz
  Clinical Instructor
- Ann Frakes
  Clinical Instructor
APPENDIX D
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

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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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.

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The program has sufficient resources to support the quality and effectiveness of the educational process.

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The program’s curriculum and academic practices prepare students for professional practice.

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The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

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The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

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The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

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APPENDIX E
ARRT STANDARDS OF ETHICS

 Last Revised: September 1, 2016
 Published: September 1, 2016

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

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

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

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

 1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.

 2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

 3. The radiologic technologist delivers patient care and service unreservedly, the 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.

 4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.

 5. The radiologic technologist assesses situations, exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.

 6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

 7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.

 8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient’s right to quality radiologic technology care.

 9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient’s right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

 10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

 B. RULES OF ETHICS
 The Rules of Ethics form the second part of the Standards of Ethics. They are mandatory standards of minimally acceptable professional conduct for all Certificate Holders and Candidates. Certification and Registration are methods...
of assuring the medical community and the public that an individual is qualified to practice within the profession. Because the public relies on certificates and registrations issued by ARRT, it is essential that Certificate Holders and Candidates act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety, and comfort of patients. The Rules of Ethics are enforceable. Effective January 1, 2017, R.T.s will be required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence or during their annual renewal of certification and registration, whichever comes first.

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

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

Fraud or Deceptive Practices

Fraud Involving Certification and Registration

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

Fraudulent Communication Regarding Credentials

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

Fraudulent Billing Practices

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

Subversion

Examination / CQR Subversion

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

CE Subversion

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

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

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

Sexual Misconduct
8. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise.

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

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

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

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

Fitness to Practice

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

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

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

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

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

Violation of State or Federal Law or Regulatory Rule

Narcotics or Controlled Substances Law
18. Violating a state or federal narcotics or controlled substance law.

Regulatory Authority or Certification Board Rule
19. Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual's professional license, permit, registration or certification being denied, revoked, suspended, placed on probation or a consent agreement or order, voluntarily surrendered, subjected to any conditions or failing to report to ARRT any of the violations or actions identified in this Rule.
Criminal Proceedings  
20. Convictions, criminal proceedings, or military courts-martial as described below:  
(i) conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor, with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported, and/or  
(ii) criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters an Alford plea, a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; or  
(iii) military courts-martial related to any offense identified in these Rules of Ethics.

Duty to Report

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

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

C. ADMINISTRATIVE PROCEDURES

These Administrative Procedures provide for the structure and operation of the Ethics Committee; they detail procedures followed by the Ethics Committee and by the Board of Trustees of ARRT in handling challenges raised under the Rules of Ethics, and in handling matters relating to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of ARRT, in which case, there is no right to a hearing) or the denial of renewal or reinstatement of certification and registration. All Certificate Holders and Candidates are required to comply with these Administrative Procedures. The failure to cooperate with the Ethics Committee or the Board of Trustees in a proceeding on a challenge may be considered by the Ethics Committee and by the Board of Trustees according to the same procedures and with the same sanctions as failure to observe the Rules of Ethics.

1. Ethics Committee

(a) Membership and Responsibilities of the Ethics Committee

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

(b) The Chair of the Ethics Committee

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

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

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

(d) Alternative Dispositions

At the Chair’s direction and upon request, the Executive Director of ARRT shall have the power to investigate allegations and to enter into negotiations with the Certificate Holder or Candidate regarding the possible settlement of an alleged violation of the Rules of Ethics. The Executive Director may be assisted by staff members and/or legal counsel of ARRT. The Executive Director is not empowered to enter into a binding settlement, but rather may recommend a proposed settlement to the Ethics Committee.

The Ethics Committee may accept the proposed settlement, make a counterproposal to the Certificate Holder or Candidate, or reject the proposed settlement and proceed under these Administrative Procedures. A Certificate Holder or Candidate who voluntarily enters into an Alternative Disposition Agreement agrees to waive all rights set forth in these Administrative Procedures.

(e) Summary Suspensions

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

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

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

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

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

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

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

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

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

3. Appeals

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

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

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

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

4. Publication of Adverse Decisions

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

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

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

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

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

6. Amendments to the Standards of Ethics

The ARRT reserves the right to amend the Standards of Ethics following the procedures under Article XI, Section 11.02 of the ARRT Rules and Regulations.
APPENDIX F
APPENDIX
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<td>Date Clinical Completed</td>
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<td>Care of Patient Medical Equipment (e.g., Oxygen Tank, IV Tubing)</td>
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APPENDIX

H
AGREEMENT TO TERMS

READ THE FOLLOWING STATEMENT BEFORE SIGNING

I have received a copy of the South Florida State College Radiography Program Student Handbook and it has been explained to me.

I agree to reread the handbook and affirm that I will be responsible for all the information therein.

I am aware of its content and have an understanding of all that is required of me. I agree to abide by all of the rules, policies and procedures of the program.

I am aware that in order to continue in the Radiography Program, I must maintain satisfactory progress and maintain a 2.75 grade point average in each Radiography course.

I am also aware that this handbook is intended as a guide and that policy and procedures described herein may be changed during my participation in the program.

After reading and studying this handbook, remove this page, sign it, and turn it in to one of the Radiography Program faculty.

SIGNATURE OF STUDENT

SIGNATURE OF WITNESS

PRINT NAME

PRINT NAME

DATE

DATE

Radiography Program Handbook
8/2012/13/14/15/16
APPENDIX I
# South Florida State College

## Radiography Program

### Lab Clinical Competency Evaluation Form

<table>
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<tr>
<th>Field</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tr>
<td><strong>Evaluation of Requisition:</strong></td>
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<tr>
<td>1. Identified the patient’s name and age.</td>
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<tr>
<td>2. Identified procedure(s) to be performed.</td>
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<tr>
<td>3. Acknowledged any pathological conditions.</td>
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<tr>
<td>4. Acquired appropriate clinical patient history.</td>
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<tr>
<td><strong>Patient Care and Management:</strong></td>
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<tr>
<td>1. Identified the correct patient.</td>
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<tr>
<td>2. Introduced himself/herself to the patient, briefly explained current procedure and responded to patient’s inquiries.</td>
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<tr>
<td>3. Verified if patient was properly prepared for the examination.</td>
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<td>4. Provided appropriate assistance to radiographic table/upright bucky based on patient’s condition.</td>
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<td>5. Communicated with patient in a concerned, professional manner.</td>
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<tr>
<td><strong>Equipment Operation:</strong></td>
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<tr>
<td>1. Maneuvered the x-ray tube and bucky utilizing appropriate controls and locks.</td>
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<tr>
<td>2. Selected appropriate SID (FFD).</td>
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<tr>
<td>4. Used appropriate anatomical marker.</td>
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<td><strong>Positioning Skills:</strong></td>
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<tr>
<td>1. Properly positioned the patient.</td>
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<td>2. Aligned center of part to be demonstrated to the center of the image receptor.</td>
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<tr>
<td>3. Aligned x-ray tube to the center of anatomy.</td>
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<tr>
<td>4. Aligned x-ray tube to image receptor.</td>
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<td>5. Set the correct tube angle.</td>
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<tr>
<td><strong>Radiation Protection:</strong></td>
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<tr>
<td>1. Evidence of collimation.</td>
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<td>2. Used gonadal shields, if appropriate.</td>
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<tr>
<td>3. Adjusted exposure factors for motion, pathology or patient size when appropriate.</td>
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<tr>
<td>4. Verified no repeats.</td>
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<tr>
<td><strong>Image Acquisition and Technical Evaluation:</strong></td>
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<tr>
<td>1. Anatomic alignment and radiographic quality.</td>
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<td>2. Accessory markers visible, if required (minute, hour, and directional).</td>
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<tr>
<td>3. Patient and examination data displayed. (Legal considerations).</td>
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APPENDIX J
<table>
<thead>
<tr>
<th>Patient Care</th>
<th>Unsatisfactory (0)</th>
<th>Acceptable (1)</th>
<th>Good (2)</th>
<th>Outstanding (3)</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Check patient for correct ID.</td>
<td>Called patient’s name but did not verify ID.</td>
<td>Asked patient to spell their name but did not check ID band.</td>
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<td>Used all appropriate methods of patient ID.</td>
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<tr>
<td>2. Communicates with patient in a professional manner.</td>
<td>Refer to patient as “Sweetie” or other unacceptable name.</td>
<td>Initially addressed patient correctly but did not refer to the patient through the remainder of the procedure.</td>
<td>Refer to patient in a professional manner most of the time</td>
<td>Appropriately referred to patient throughout procedure.</td>
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<tr>
<td>3. Carefully explains procedure to patient.</td>
<td>Does not or inaccurately explains procedure.</td>
<td>Most information was correct.</td>
<td>Information was correct.</td>
<td>Information correct and made certain the patient understood explanation and responded to patient’s questions.</td>
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<tr>
<td>4. Exhibits patience and empathy in working with patient.</td>
<td>Appears impatient for patient to comply with direction. Is focused on getting procedure completed; does not appear to be empathetic to patient discomfort and/or pain.</td>
<td>Need to focus more on patient comfort and less on equipment set-up.</td>
<td>Showed empathy for patient’s discomfort. Gave patient sufficient time to comply with directions.</td>
<td>Anticipated and met patient’s psychological and physical needs while efficiently obtaining quality images.</td>
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<tr>
<td>5. Responds to patient changing condition.</td>
<td>Does not observe patient appropriately and is not prepared to respond when condition changes.</td>
<td>Appears to observe patient’s needs but is slow and lacks confidence.</td>
<td>Observe and react to patient’s needs in a timely and confident manner.</td>
<td>Anticipates the patient’s needs. Is prepared to respond immediately and appropriately with confidence.</td>
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<table>
<thead>
<tr>
<th>Radiation Protection</th>
<th>Unsatisfactory (0)</th>
<th>Acceptable (1)</th>
<th>Good (2)</th>
<th>Outstanding (3)</th>
<th>Score</th>
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<tbody>
<tr>
<td>7. Shielding.</td>
<td>Forgot to shield or felt unnecessary to use shielding.</td>
<td>Used improperly or obscured vital anatomy.</td>
<td>Used proper shielding but no evidence on images.</td>
<td>Shielding visible on images. Did not obscure vital anatomy.</td>
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<tr>
<td>Positioning Skills</td>
<td>Unsatisfactory (0)</td>
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<td>Good (2)</td>
<td>Outstanding (3)</td>
<td>Score</td>
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<tr>
<td>Image Evaluation Skills</td>
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<td>10. Identify structures shown.</td>
<td>Could not ID anatomical structures shown or determine if CR and part were appropriately angled.</td>
<td>Identified anatomy and structures best shown.</td>
<td>Identified anatomy and structures best shown. Identified pathology.</td>
<td>Identified structures best shown, pathology and able to determine part rotation and alignment of CR.</td>
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<tr>
<td>11. Technical factor,</td>
<td>Not able to determine if appropriate technical factors were used.</td>
<td>Able to determine appropriate technical factors, but could not determine how to improve a less than optimal image.</td>
<td>Able to determine appropriate technical factors, and how to improve a less than optimal image.</td>
<td>Appropriate density, contrast and no motion. Well demonstrated anatomical structures.</td>
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<tr>
<td>12. Used appropriate ID and anatomical L/R markers.</td>
<td>Image inappropriately identified and/or marked.</td>
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<tr>
<td>Terminal Competency Yes: □ No: □</td>
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<tr>
<td>Pediatric Examination (6 year old or younger) Yes: □ No: □</td>
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<tr>
<td>Trauma Yes: □ No: □</td>
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<tr>
<td>Geriatric Patient (Physically or cognitively Impaired as a result of Aging) Yes: □ No: □</td>
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<tr>
<td>Comments:</td>
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<tr>
<td>Student’s signature:</td>
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<tr>
<td>Evaluator’s signature:</td>
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</table>

**GRADING**


Any "0" score results in a failed competency.

Failed competencies may only be retaken after remediation.

September 2016
<table>
<thead>
<tr>
<th>Date</th>
<th>Pt. Identification</th>
<th>Examination</th>
<th>Technologist</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
APPENDIX
Student's name: ______________________

RADIOGRAPHY PROGRAM

REPEAT LOG

<table>
<thead>
<tr>
<th>Date</th>
<th>Pt Identification</th>
<th>Examination</th>
<th>Technologist</th>
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</thead>
<tbody>
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</tbody>
</table>

Daily Log 8/2012/13/14/15
A radiographer's conduct in the clinical setting is a major indicator which the general public uses to judge a department's professional level. Appropriate conduct is a broad category encompassing a number of considerations. Evaluate the students on their abilities and consider length of time in program. Please click on the drop-down box to the left of the heading that best describes the level of competence achieved and select the corresponding numerical score. Scores will automatically tally at the end of this form.

Mid Term  □  End Term  □

Student's name:

First Year  □  Second Year  □

STUDENT'S COMPREHENSION OF EXAMINATIONS:
Understanding of information, responsibilities, procedures, materials, equipment and techniques required to do the job.

- The student demonstrates comprehensive knowledge of the basic concepts to produce quality radiographs.

- The student demonstrates above average knowledge of the basic concepts applicable to the production of radiographs.

- The student demonstrates adequate knowledge of the basic concepts to produce quality radiographs.

- The student lacks knowledge of some phases of the basic concepts related to the production of quality radiographs.

- The student has inadequate knowledge of the basic concepts related to the production of quality radiographs.
QUALITY OF WORK:
Accurate, thorough and neat.

- Meets highest standards of accuracy and thoroughness.
- Work is consistently well done; seldom makes errors.
- Quality of work is satisfactory; recognizes mistakes and takes corrective action.
- Poor work quality; makes repeated mistakes.

ORGANIZATION OF WORK:
The ability to use time constructively and productively.

- Consistently plans procedures and needs no instructions to proceed; highly productive.
- Plans procedures and occasionally needs instructions to proceed; starts work promptly.
- Sometimes has difficulty organizing procedures; needs to be told when to do things.
- Has difficulty organizing procedures and often needs instructions to proceed.

QUANTITY OF WORK:
The volume of work accomplished.

- Does more work than expected; accurate
- Completes appropriate amount of work in the time expected.
- Slow; does just enough to get by.
- Does not always complete work; works very slowly.
PATIENT RAPPORT:
The ability to interact with patients.

- Instills confidence to patients through communication and concern; aware of patient's needs; considerate.

- Aware of patient's needs; good patient rapport.

- Does not anticipate patient's needs; responds to requests only.

- Minimal communication with patient; avoids active patient contact.

PERFORMANCE UNDER PRESSURE:
The ability to handle pressure and remain calm in busy or crisis situations.

- Exceptional ability to handle pressure; always calm and efficient in busy or crises situations.

- Can handle most busy or pressure situations calmly, seldom appears nervous or loses control.

- Displays moderate amount of tolerance for busy or crisis situations.

- Easily irritated in busy or crisis situations; occasionally loses temper.

- Cannot handle busy or crisis situations; makes situations more tense.

INTERPERSONAL RELATIONSHIPS:
The ability to communicate, interact and deal effectively with supervisors, peers, patients and other employees.

- Well thought of by others; tactful and diplomatic; promotes teamwork.

- Uses average amount of tact and diplomacy; gets along with others.

- Sometimes curt with patients and/or peers; should be more considerate and tactful.

- Consistently interacts poorly with supervisors, patients and/or peers.
**INITIATIVE:**
The energy and motivation displayed in starting and completing tasks.

- Self-starter; always accepts responsibility; seeks additional work.
- Usually a self-starter; works well when given responsibility.
- Accepts responsibility as required but does not pursue additional responsibility.
- Does only what is required; needs frequent encouragement to start and complete tasks. Puts forth little effort; does just enough to get by.

**JUDGMENT:**
The ability to reason, interpret and use discretion in carrying out assignments.

- Uses sound reasoning in making decisions and reaching conclusions in most situations.
- Reasons and makes judgments in satisfactory manner.
- Only some ability to reason and make judgments; assignments could be better thought out.
- Reasoning slow or illogical; frequently reaches decisions or conclusions that are poor.
ATTENDANCE/PUNCTUALITY:
The overall attendance/promptness record.

- Excellent attendance record; always present and on time.
- Rarely absent or late.
- Attendance or punctuality is satisfactory.
- On time, but not in assigned area.
- Consistently late; wanders; not easily located.

PERSONAL APPEARANCE:
Grooming, cleanliness and appropriateness of dress.

- Consistently presents a professional image; always well groomed and careful about appearance.
- Satisfactory personal appearance; clean and neat and in accordance with dress code.
- Satisfactory personal appearance; sometimes needs reminding of dress code.
- Careless about personal appearance.

PROFESSIONAL ETHICS:
Integrity, loyalty and impression the student makes of professional judgement.

- Conducts self in an appropriate manner at all times conforming to professional standards of conduct.
- Usually conducts self in an appropriate manner conforming to professional standards of conduct.
- Adheres to professional standards of conduct in an acceptable manner.
- Often does not follow professional standards of conduct when dealing with others.
- Consistent negative attitude, rude, arrogant to patients and fellow radiographers.
GRADING:

This evaluation tool will be completed at both mid-term and the end of each term. The mid-term counts for 40% and the end term for 60% of the final Clinical grade, **EXCEPT**, the fall-term of the first. Then the End-Term evaluation counts for 100% of the Clinical grade.

**TOTAL POINTS:** 31

Number of Points: 0

Clinical Instructor's Comments:

Student's Comments:

Student's Signature: _______________________ Date: ____________

Instructor's Signature: ___________________ Date: ____________
APPENDIX

N
Radiography Program  
GRADING GUIDELINES  
PROFESSIONAL DEVELOPMENT EVALUATION FORM (AFFECTIVE SKILLS).

4/3-points) - May be given if in your opinion the following applies to this student.  
When working as a Radiography intern, the student:

a. Excellent, it is difficult to find suggestions for improvement.
b. always handles professional relationships with patients in a self-confident and appropriate manner.
c. never complains in an unreasonable and inappropriate manner.
d. always takes personal responsibility for own failure.
e. always is a positive influence in the maintenance of a pleasant productive atmosphere with peers and others.

(2 points) - May be given if in your opinion the following applies to this student.  
When working as a Radiography intern, the student:

a. Good, however suggestions for improvement can be found
b. usually but not always handles professional relationships with patients in a self-confident and appropriate manner
Nobody always handles professional relationships with patients in a self-confident and appropriate manner.
c. usually does not complain in an unreasonable and inappropriate manner.
d. usually takes personal responsibility for own failure.
e. usually but not always is a positive influence in the maintenance of a pleasant productive atmosphere with peers and others.

(1-point) - May be given if in your opinion the following applies to this student.  
When working as a Radiography intern, the student:

a. Satisfactory, meets minimum standards, easy to find suggestions for improvement.
b. often handles professional relationships with patients in an appropriate manner, however self-confidence is often lacking.
c. sometimes complains in an unreasonable and inappropriate manner.
d. sometimes blames others for own failure.
e. sometimes is a positive influence in the maintenance of a pleasant productive atmosphere with peers and others and sometimes is a negative influence.

(0-point) - May be given if in your opinion the following applies to this student.  
When working as a Radiography intern, the student:

a. Unsatisfactory, does not meet minimum standards:
b. handles professional relationships with patients in a manner that does not meet minimum standards.
c. often complains in an unreasonable and inappropriate manner.
d. usually blames others for own failure.
e. usually is a negative influence in the maintenance of a pleasant productive atmosphere with peers and others.
PHYSICAL AND TECHNICAL ABILITIES REQUIRED OF A
COMPETENT RADIOGRAPHER

Radiography students should be able to perform the following skills in order to perform all of the procedures required of a diagnostic radiographer in the work force. Corrective devices are allowed to meet the minimum requirements or standards.

1. Communicate in English to the patient in order to converse and instruct the patient to relieve anxiety and gain their cooperation during procedures and understand the patient when they are communicating symptoms of a medical emergency.

2. Hear a patient talk in a normal tone from a distance of 20 feet.

3. Observe the patient in order to assist the patient’s condition and/or needs from a distance of at least 20 feet.

4. Read the patient’s medical chart and/or physician’s orders.

5. Legibly write patient history on procedure requisition.

6. Evaluate radiographs using a computer monitor to ascertain that radiographs contain proper identification and are of diagnostic value.

7. Assist all patients, according the individual patient’s needs and abilities in moving, turning, transferring from transportation devices to the x-ray table, etc. Be able to push, pull, and lift 40 pounds.

8. Push a stretcher and/or wheelchair without injury to self, patient, or others.

9. Push a portable x-ray machine from one location to another, including turning corners, getting on and off an elevator, and manipulating it in a patient’s room.

10. Manually move the x-ray tube and position the tube at various angles at standard and non-standard heights up to 7 feet.

11. Draw up sterile contrast media and other solutions without contaminating the syringe and/or needle, etc.

12. Select exposure factors by manipulating dials, buttons and switches.

13. Place image receptors in Bucky trays and spot film devices and properly manipulate all locks.

14. Physically be able to administer emergency care including performing CPR.

15. Be able to stand for periods as long as 2 hours wearing lead aprons and to walk a distance of 2 miles during a normal work day.

---------------------------------------------------
Print Student Name                        Signature of Student

---------------------------------------------------
Date
APPENDIX

P
Radiography students are required to be aware of radiation safety standards and guidelines when working in the x-ray lab on campus or at any of the clinical affiliates. This form is evidence that all radiography students enrolled in South Florida State College Radiography Program are aware of protective measures for themselves, patients, family members and any other medical staff that may be in the vicinity of the x-ray equipment during an exposure. The guidelines are as follows:

1. Before making an exposure, make sure appropriate doors are closed (if applicable).
2. Before making an exposure, make sure student(s)/technologists are behind a protective barrier.
3. All patient must be shielded prior to making exposure.
4. Any staff, faculty, adjunct faculty and/or family members must be shielded if they must remain in the room during an exposure.
5. Ensure that the control panel is set correctly.
6. Do not, under any circumstances, radiograph another human being using the energized x-ray lab on campus.
7. Never use x-ray equipment without the supervision of a qualified technologist.
8. Immediately notify faculty, clinical instructor and/or manager if there are any problems with any x-ray equipment.
9. Always use ALARA (As low As Reasonably Achievable) standards when performing x-rays.
10. Always wear designated personnel dosimeter during clinical hours and during x-ray lab sessions on campus.
11. Review and initial dosimeter reports with the Program Director and you may request to see the report any time.
12. Always have qualified technologist directly supervise any repeat radiographic procedure.
13. Do not make more than one (1) repeat of any given projection. A qualified technologist MUST perform the x-ray if another repeat of the same projection is warranted.
14. Ensure that the student is a minimum of six feet from the portable unit prior to making an exposure.
15. Ensure that “x-ray” is called out prior to making an exposure with the portable unit.
16. Move adjacent patients and/or family members away from exposure area during portable x-rays whenever feasible.
17. Remove family members, prison guards, nurses, sitters/patient aids, doctors, etc. from area where exposures are made whenever possible. If not possible, provide protective shields prior to any exposures being made.

I have read the Radiation Safety guidelines. I understand its content and agree to abide by the guidelines set forth during my two-year period.

______________________________  ______________________
Signed                          Date

2007/08/09/10
APPENDIX Q
## South Florida State College Academic Dates and Deadlines

<table>
<thead>
<tr>
<th>Term</th>
<th>Fall 2016</th>
<th>Spring 2017</th>
<th>Summer 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regular Term (16 weeks)</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Priority date to apply for financial aid</td>
<td>Apr 15</td>
<td>Oct 15</td>
<td>Mar 15</td>
</tr>
<tr>
<td>Begin priority registration for students with over 40 hours</td>
<td>Apr 1</td>
<td>Oct 28</td>
<td>Oct 28</td>
</tr>
<tr>
<td>Begin registration for students with over 20 hours</td>
<td>Apr 8</td>
<td>Nov 4</td>
<td>Nov 4</td>
</tr>
<tr>
<td>Begin open registration</td>
<td>Apr 22</td>
<td>Nov 18</td>
<td>Nov 18</td>
</tr>
<tr>
<td>Priority date for SFSC Foundation Scholarships</td>
<td>Jun 15</td>
<td>Oct 15</td>
<td>Mar 15</td>
</tr>
<tr>
<td>Fee payment deadline</td>
<td>Aug 1*</td>
<td>Dec 8*</td>
<td>Apr 20*</td>
</tr>
<tr>
<td>Faculty return</td>
<td>Aug 15</td>
<td>Jan 2</td>
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<tr>
<td><strong>CLASSES BEGIN</strong></td>
<td>Aug 19</td>
<td>Jan 4</td>
<td>May 5</td>
</tr>
<tr>
<td>Registration ends (last day to ADD a class)**</td>
<td>Aug 23</td>
<td>Jan 8</td>
<td>May 8</td>
</tr>
<tr>
<td>Final day to drop classes with refund or change audit status</td>
<td>Aug 26</td>
<td>Jan 11</td>
<td>May 12</td>
</tr>
<tr>
<td>Last day to apply for graduation</td>
<td>Aug 26</td>
<td>Jan 13</td>
<td>May 12</td>
</tr>
<tr>
<td>Last day to withdraw with a grade of W</td>
<td>Oct 25</td>
<td>Mar 20</td>
<td>Jun 26</td>
</tr>
<tr>
<td>Exam week**</td>
<td>Dec 8 - 14</td>
<td>Apr 27 - May 3</td>
<td>Jul 27 - Jul 31</td>
</tr>
<tr>
<td>Last day of classes</td>
<td>Dec 14</td>
<td>May 3</td>
<td>Jul 31</td>
</tr>
<tr>
<td>Commencement</td>
<td>Dec 15</td>
<td>May 4</td>
<td>-</td>
</tr>
<tr>
<td>Grades due in Registrar's Office</td>
<td>Dec 15 (by Noon)</td>
<td>May 4 (by Noon)</td>
<td>Jul 31 (by Noon)</td>
</tr>
</tbody>
</table>

### First Flex Session (8 weeks)

<table>
<thead>
<tr>
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<th>Fall 2016</th>
<th>Spring 2017</th>
<th>Summer 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin priority registration for students with over 40 hours</td>
<td>Apr 1</td>
<td>Oct 28</td>
<td>Oct 28</td>
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<tr>
<td>Begin registration for students with over 20 hours</td>
<td>Apr 8</td>
<td>Nov 4</td>
<td>Nov 4</td>
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<tr>
<td>Begin open registration</td>
<td>Apr 22</td>
<td>Nov 18</td>
<td>Nov 18</td>
</tr>
<tr>
<td>Fee payment deadline</td>
<td>Aug 1*</td>
<td>Dec 8*</td>
<td>Apr 20*</td>
</tr>
<tr>
<td><strong>CLASSES BEGIN</strong></td>
<td>Aug 19</td>
<td>Jan 4</td>
<td>May 5</td>
</tr>
<tr>
<td>Registration ends (last day to ADD a class)**</td>
<td>Aug 23</td>
<td>Jan 8</td>
<td>May 8</td>
</tr>
<tr>
<td>Final day to drop classes with refund or change audit status</td>
<td>Aug 26</td>
<td>Jan 11</td>
<td>May 12</td>
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<tr>
<td>Last day to apply for graduation</td>
<td>Aug 26</td>
<td>Jan 13</td>
<td>May 12</td>
</tr>
<tr>
<td>Last day to withdraw with a grade of W</td>
<td>Sept 22</td>
<td>Feb 6</td>
<td>May 30</td>
</tr>
<tr>
<td>Exam week**</td>
<td>Oct 13 &amp; 14</td>
<td>Feb 27 &amp; 28</td>
<td>Jun 15 &amp; 16</td>
</tr>
<tr>
<td>Last day of classes</td>
<td>Oct 14</td>
<td>Feb 28</td>
<td>Jun 16</td>
</tr>
<tr>
<td>Grades due in Registrar's Office</td>
<td>Oct 17 (by Noon)</td>
<td>Mar 1 (by Noon)</td>
<td>Jun 16 (by Noon)</td>
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</table>

### Second Flex Session (8 weeks)

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<th>Summer 2017</th>
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<td>Nov 4</td>
<td>Nov 4</td>
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<td>Nov 18</td>
</tr>
<tr>
<td>Fee payment deadline</td>
<td>Aug 1*</td>
<td>Dec 8*</td>
<td>Apr 20*</td>
</tr>
<tr>
<td>Last day to apply for graduation</td>
<td>Aug 26</td>
<td>Jan 13</td>
<td>May 12</td>
</tr>
<tr>
<td><strong>CLASSES BEGIN</strong></td>
<td>Oct 17</td>
<td>Mar 1</td>
<td>Jun 19</td>
</tr>
<tr>
<td>Registration ends (last day to ADD a class)**</td>
<td>Oct 18</td>
<td>Mar 5</td>
<td>Jun 20</td>
</tr>
<tr>
<td>Final day to drop classes with refund or change audit status</td>
<td>Oct 21</td>
<td>Mar 8</td>
<td>Jun 23</td>
</tr>
<tr>
<td>Last day to withdraw with a grade of W</td>
<td>Nov 18</td>
<td>Apr 11</td>
<td>Jul 14</td>
</tr>
<tr>
<td>Exam week**</td>
<td>Dec 8 - 14</td>
<td>Apr 27 - May 3</td>
<td>Jul 27 - Jul 31</td>
</tr>
<tr>
<td>Last day of classes</td>
<td>Dec 14</td>
<td>May 3</td>
<td>Jul 31</td>
</tr>
<tr>
<td>Grades due in Registrar's Office</td>
<td>Dec 15 (by Noon)</td>
<td>May 4 (by Noon)</td>
<td>Jul 31 (by Noon)</td>
</tr>
</tbody>
</table>

### Limited Services Available

- Convocation: Aug 15
- Staff Development Day: -
- Labor Day - Sept 5
- Thanksgiving - Nov 23-26
- Martin Luther King - Jan 16
- Spring Break - Mar 13-19
- Memorial Day - May 29
- Independence Day - Jul 4

### Holidays

- No classes - college closed
- Labor Day - Sept 5
- Thanksgiving - Nov 23-26
- Martin Luther King - Jan 16
- Spring Break - Mar 13-19
- Memorial Day - May 29
- Independence Day - Jul 4

**Fees due on day of registration after deadline date**

**Examination schedule for Arts and Science Division courses only. Please check course syllabi for all other divisions.**

**Add ends at midnight**