



MARION
TECHNICAL COLLEGE

**Radiologic
Technology
Program**

2026-2027

Rev. 06/2026

**RADIOLOGIC TECHNOLOGY
STUDENT HANDBOOK & PROCEDURE MANUAL**

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SECTION 1: INTRODUCTION



Acknowledgements

Marion County Public Schools

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Advent Health Ocala

Erika Skula, President & Chief Executive Officer

UF Health

Leesburg Hospital

Spanish Plains Hospital

Heather Long, Senior Vice President & Chief Operating Officer

HCA Florida System

HCA Florida Citrus Hospital

Lisa Nummi, Chief Executive Officer

HCA Florida Ocala Hospital

HCA Florida Ocala Hospital Imaging Center

Alan Keesee, Chief Executive Officer

HCA Florida West Marion Hospital

Isaiah Zirkle, Chief Executive Officer

HCA Florida North Florida Hospital

Gabe Bullaro, Chief Executive Officer

Lake Medical Imaging Centers

George Kainz, MD – President & Managing Physician

Radiology Associates of Ocala

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Dr. Prieto, MD – Medical Director

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Norman H. Anderson, MD, Chief Executive Officer

Marion Technical College

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Radiologic Technology Faculty

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Madelene Mendez, A.S., R.T.(R)(CT) – Clinical Instructor

Erin Haltiwanger, B.A. – Program Administrative Assistant

Marion County Public Schools: An Equal Opportunity School District

Marion Technical College does not discriminate on the basis of race (including anti-Semitism), ethnicity, color, national origin, sex, sexual orientation, disability (including HIV, AIDS, or sickle cell trait), pregnancy, religion, marital status, age (except as authorized by law), military status, ancestry, or genetic information, which are classes protected by State and/or Federal law (collectively, “protected classes”) in its educational programs, services or activities, or in its hiring or employment practices as required by Title IX, Title VI, Title VII, Age Discrimination Act of 1967, Section 504 of the Rehabilitation Act of 1973, 1992 Americans with Disabilities Act, and the Florida Educational Equity Act of 1984. A lack of English language skills will not be a barrier to admission or participation. The District may assess each student’s ability to benefit from specific programs through placement tests and counseling, and, if necessary, will provide services or referrals to better prepare students for successful participation.

WELCOME!

We are thrilled to welcome you to one of the most rewarding and impactful healthcare professions. By choosing a career in radiologic technology, you are committing to a path that blends compassion with cutting-edge diagnostic imaging, helping to bring clarity, comfort, and care to patients every day. We are honored that you have chosen our program as your training ground.

Throughout your time here, you will gain experience in over 200 radiographic projections covering all areas of the human body. Your clinical rotations will include fluoroscopy, general radiography, surgery, and additional specialized imaging departments – each designed to help you master the technical skills needed to excel in every diagnostic setting. In the classroom, your studies will include patient care, radiation protection, radiographic positioning, image production, pathology, radiation physics, and radiation biology. This strong didactic foundation, combined with hands-on clinical experience, will prepare you to sit for the National Registry after successful program completion. With hard work, dedication, and perseverance, not only will you be well prepared to pass the exam – you will be equipped to launch a successful and meaningful career.

Our program has a long and respected history. Founded in 1976 by Dr. Alexander Goulard, it was created in response to a local need for highly skilled radiologic technologists. In 1978, the Marion County School Board assumed responsibility for the program. Since then, we've grown substantially – serving five counties and partnering with leading clinical training sites across the region. Our current accredited clinical affiliates include:

Advent Health Ocala	SIMED Health
HCA Florida Citrus Hospital	Tampa General Hospital
HCA North Florida Hospital	The Orthopaedic Institute
HCA Ocala Imaging Center	UF Health Cancer Hospital
HCA Florida Ocala Hospital	UF Health Ocala Neighborhood Hospital
HCA Florida West Marion Hospital	UF Health Leesburg Hospital
Inverness Medical Imaging	UF Health Spanish Plains Hospital
Lake Medical Imaging Centers	UF Shands Hospitals
Ocala Family Medical Center	UF Shands Ortho & Sports Med Institute
Radiology Associates of Ocala	The Villages Health System

As a student radiographer, it's essential that you become familiar with the policies and procedures outlined in this handbook and procedure manual. These guidelines are in place to support your learning, ensure consistency, and uphold the values of professionalism, ethical behavior, and excellence in education. Marion Technical College and the Radiologic Technology program are committed to fostering a supportive, inclusive, and challenging learning environment where you can grow personally and professionally. The tools and resources for your success are all here – but your growth will ultimately reflect the effort and attitude you bring to your education. Please take the time to read this handbook thoroughly. If you have questions, our faculty are here to support and guide you. We are excited to be part of your journey and are confident that you will make a meaningful impact in the field of radiologic technology.

Welcome to the program – and welcome to the MTC campus!

Warmly,

Meghan Snider

Meghan Snider, M.Ed., R.T.(R)(MR)(BD)(ARRT)
Program Director

ACADEMIC CALENDAR

2026-2027

(Students entering program in 2026)

Start Dates:

July 21, 2026	Term 1
January 6, 2027	Term 2
July 5, 2027	Term 3
January TBD, 2028	Term 4

Important Dates:

May 14, 2026 Graduation (Class of 2027)
Jun 10 – Jul 4 Summer Break (Class of 2028)

School Closings (2026-2027)

Monday	Sep 7, 2026	Labor Day
Fall Break	Nov 23-27, 2026	School resumes Nov 30, 2026
Winter Break	Dec 17-Jan 5, 2026	School resumes Jan 6, 2027
Monday	Jan 18, 2027	Martin Luther King, Jr. Day
Monday	Feb 15, 2027	Presidents' Day
Spring Break	Mar 15-19, 2027	School resumes Mar 22, 2027
Friday	Apr 16, 2027	Midterm Break
Monday	May 31, 2027	Memorial Day

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2027-2028 Schedule to be provided in Term 3.

## **SECTION 2: GENERAL INSTITUTIONAL POLICIES**

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**Marion Technical College**  
Accredited by the  
Commission of the Council on Occupational Education  
7840 Roswell Road, Building 300, Suite #325

[For complete and detailed general institutional information, please refer to the MTC Course Catalog available in the Student Services Center or at [www.MarionTC.edu](http://www.MarionTC.edu)]

### **School Advisory Council and Program Advisory Committees**

MTC is served by a School Advisory Council, which is composed of representatives from faculty, staff, community, and business leaders. The purpose of the Council is to provide input for the programming and services of MTC, including the development and implementation of the School Improvement Plan. Each career and technical program also has an advisory committee consisting of business and industry leaders who serve as consultants regarding quality of graduates and industry needs as they pertain to curriculum, job skills, and job placement. Many of the members are also employers of the graduates and former students of MTC.

### **Qualifications and Certification of Faculty & Staff**

All administrative personnel, coordinators, faculty, and support staff meet or exceed the required certification and hiring standards as required by state laws, state board policies, and local school district policies. Educational qualifications include not only basic requirements but also advanced degrees and certification in additional modalities. A wide variety of backgrounds, coupled with highly specialized training, provide a staff that is well versed in handling the challenges of cultural and educational diversity.

### **Safety and Security**

The staff and faculty of MTC work diligently to ensure that every student has an opportunity to be successful in their educational endeavors. It is a priority to maintain a safe, stable, and academically enriching environment for all students enrolled in MTC course or programs. In accordance with federal and state guidelines, MTC annually maintains statistics regarding school enrollment, career and technical program completion, career and technical program placement, and on-campus crime. This allows staff and faculty to regularly evaluate all services provided and improve the quality of services offered. This information is readily available in hard copy through the Student Services Center and at [www.MarionTC.edu](http://www.MarionTC.edu). MTC has a law enforcement officer on campus as a safety resource at all times that the campus is open for classes. Any individual may report criminal activity or any other emergency to the campus officer by calling (352)671-7200 or by personal visit to the safety office just inside the main campus entrance.

## Marion County Schools Bullying and Harassment Policy

*Bullying, discrimination and harassment of any kind is a serious offense and not tolerated. Sexual harassment at any level, even between students, is subject to immediate critical consequences. We take bullying and harassment very seriously in health science programs at Marion Technical College, and we adhere to all state of Florida laws and rules on this matter. We want to ensure that each student is fully aware of our policies and procedures, to prevent harassment and bullying and what actions are taken against those who exhibit bullying-type behavior.*

*It is the policy of the Marion County School District that all students, faculty and staff, have an educational and work setting that is safe, secure, and free from harassment and bullying of any kind. The district will not tolerate bullying and harassment of any type.*

**Conduct that constitutes bullying and harassment, as defined, is prohibited and may result in consequences that include suspension, reporting to law enforcement, or dismissal.**

### **DEFINITIONS**

**BULLYING** means systematically and chronically inflicting physical hurt or psychological distress on one or more students or employees. It is further defined as unwanted and repeated written, verbal, or physical behavior, including any threatening, insulting, or dehumanizing gesture, by a student or adult, that is severe or pervasive enough to create an intimidating, hostile or offensive educational environment; cause discomfort or humiliation; or unreasonably interfere with the individual's school performance or participation; and may involve but is not limited to:

- A. Unwanted teasing
- B. Social exclusion
- C. Threat
- D. Intimidation
- E. Stalking
- F. Physical violence
- G. Theft
- H. Sexual, religious, or racial harassment
- I. Public humiliation
- J. Destruction of school or victim's personal property
- K. Rumor or spreading of falsehoods.

**HARASSMENT** means any threatening, insulting, or dehumanizing gesture, written or verbal, or physical conduct directed against a student has the effect of:

- Substantially interfering with a students or employee's performance, opportunities, or benefits.
- Substantially disrupting the orderly operation of a school.
- Creating a negative, unpleasant learning environment in the classroom.

***Bullying and harassment also encompasses:***

- *Retaliation against a student for asserting or alleging an act of bullying or harassment. Reporting an act of bullying or harassment that is not made in good faith is considered retaliation.*
- *Perpetuation of conduct listed in the definition of bullying or harassment by an individual or group with intent to demean, dehumanize, embarrass, or cause emotional or physical harm to a student or school employee by Incitement or coercion (Acting in a manner that has an effect substantially similar to the effect of bullying or harassment.)*

*We are committed to ensuring that students' rights are protected. We are committed to doing investigations in a thorough manner. We will protect the confidentiality of each student involved, and therefore we will not be able to share what kinds of consequences have occurred for other students.*

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**Registration for Classes**

Registration and the payment of fees will take place during MTC's registration period in November and July of each academic year. Students must furnish their date of birth, current address (see MTC Course Catalog for residency status), telephone number, and pay the correct fees. The current cost of the program and fees can be found on the website at <https://mariontc.edu/program/radiologic-technology/>

**Refund Procedure**

MTC has a fair and equitable refund procedure for the refund of tuition, fees, and other charges that are uniformly administered and is published in the MTC online catalog. This procedure complies with the guidelines published by the Council on Occupational Education (COE) and Federal Title IV regulations. The procedure can be found on the website at <https://mariontc.edu/mtc-plans-procedures/>

**Attendance Procedure for Financial Aid**

Students are required to attend all classes and clinicals. Without prior administrative approval, students who have at least five consecutive absences may be administratively withdrawn from a program. Financial aid recipients may lose eligibility because of unsatisfactory attendance. A minimum of 90% of the prescribed program hours must be completed each term (payment period). Students who do not maintain 95% attendance will be placed on probation and Financial Aid Warning. Satisfactory Academic Progress checkpoints (SAP's) by program are available in the Financial Aid Office. Failure to maintain 90% attendance in the program will result in program dismissal.

**It is the student's responsibility to know and understand the attendance requirements related to financial aid eligibility. [See Financial Aid office for specific and complete information].**

## **Student Satisfactory Standards of Progress**

Students must satisfy both the qualitative and quantitative requirements of the program to establish satisfactory progress. Students are required to maintain at a minimum an 80% grade average or higher, as established by the program in which they are enrolled. A student not making satisfactory academic progress will be placed on academic probation. Failure to make satisfactory academic progress and maintain an 80% (C) grade average will result in program dismissal.

## **Academic Probation Procedure**

During a grading period, course, or overall term, students who are not achieving at least the minimum acceptable program standard (95% attendance and/or 80% grade performance) will be placed on probation. Students will remain on probation until the end of the course, or grading period. At that time, if satisfactory progress has not been made, the student will be dismissed from the program. Any student wishing to appeal a determination of unsatisfactory progress must follow the established grievance procedures. All appeals are final. Should the student wish to re-enter the program at any time, they must meet with a Re-admission Committee for consideration. All decisions are final.

## **Transcript Request**

A student needing a copy of a transcript must submit a transcript request to the Student Services Center in person, by email, or by phone. There is a \$5.00 charge per transcript copy. The charge must be paid before the transcript will be released or sent. Checks or money orders should be made payable to MTC.

## **Student Rights and Responsibilities**

The institution's policies regarding student rights and responsibilities are located in the Student Handbook posted on the website at: <https://mariontc.edu/students/student-handbook/>.

## **Student Parking**

Students must park their vehicles only in designated student parking areas on campus and at all clinical facilities. On campus, student parking is anywhere in the large main parking lot in front of the main entrance to the campus (flagpole). Student parking is not permitted on the east and west sides of the main building; those areas are reserved for faculty and staff. Parking in a non-student area may result in warnings, fines and possible suspension. Students will be advised of designated parking areas by each clinical facility. MTC nor any clinical facility is responsible for theft or damage that may involve the student's vehicle or its contents while in the parking lot of MTC or any clinical facility.

## **Fundraising Procedure**

MTC does not permit student fundraising for any purpose. Any questions regarding this procedure should be directed to the Program Director.

## Crisis Management Plan

This is an on-going process that attempts to envision any negative man-made act that could impact our campuses, and have an effective plan to deal with these types of acts. An important component of this plan is the ability for our campuses to be able to lock down in the event of a crisis of this nature. All Marion County Public School employees are required to complete A.L.I.C.E. Protocol training annually. Regular drills are conducted annually at each school.

**ALICE (Alert, Lockdown, Inform, Counter, Evacuate)** training and preparation on how to more proactively handle the threat of an aggressive intruder or active shooter event. Whether it is an attack by an individual person or by a group of professionals intent on conveying a political message through violence, ALICE Training option-based tactics have become the accepted response, versus the traditional “lockdown only” approach. Protection and safety must be the priority in an Active Shooter event or Terrorist Attack. Circumstantial and operational concerns vary in every new situation. ALICE training provides options and classes that address the unique challenges specific to Police/LE, K-12, Schools, Higher Education, Businesses, Government, and Houses of Worship.

## MTC Classroom Emergency Response Instructions

### **CODE YELLOW (NON-IMMEDIATE THREAT)**

1. Lock doors. Only admit students assigned to the class.
2. Do not leave the classroom or allow students to leave. Continue instruction.
3. Create a list of names of students present, but not in the classroom at the time of the Code announcement.
4. Create a second list of those known absent. Note late arrivals. (Have both lists immediately available if requested by administration)
5. Limit phone calls and use of phones to emergencies only.
6. Plan to attend a faculty meeting at the end of the day, if announced.

### **CODE RED (IMMEDIATE THREAT)**

1. Immediately lock all doors. Do not admit anyone, including students. Do not answer the door for anyone. (Only those with a key should enter the door).
2. If outside, move immediately to a secure building.
3. Create a list of students present, but not in the classroom at the time of the Code announcement.
4. Create a second list of those students known to be absent. Have the list ready if asked for. Email both lists to the "Code" Mailing Group after the event.
5. Instruct students to get on the floor in a sitting or crouching position; away from the windows and doors.
6. Turn off lights. Turn off all computer monitors.
7. Keep all students quiet.
8. Silence and hide all cell phones.
9. Do not make any phone calls. Do not call the office.
10. Do not leave classroom or allow students to leave.

### ***BOMB THREAT Evacuation Procedure (School-Wide, All Classrooms and Offices)***

1. The evacuation will commence upon directive of the principal, assistant principal, or administrator on duty. Notification will be by intercom, phone call, or in person.
2. All faculty, staff and students will move to the southeast corner of the school property near *Signature Brands*.
3. Students and staff should take only those personal belongings in their immediate possession when an evacuation is ordered. All backpacks are to be left in the classrooms.
4. All teachers are to take their class roster to the assigned location and be ready to account for all students.
5. All classes are to remain together in the "safe" area so that all can be accounted for.
6. All persons are to remain in the "safe" area until "ALL CLEAR" is announced by administration.
7. Plan to attend a faculty meeting at the end of the day.

### ***SEVERE WEATHER ANNOUNCEMENT (Tornado Warning)***

Since no one can tell until the final few seconds that a tornado is going to occur in our area, there are very few advance actions that can be taken. Tornadoes occur during severe thunderstorms. Since we have so many of these during the spring and summer, it would not be feasible to take the tornado precaution each time a thunderstorm occurs. If a tornado is sighted, or if a heavy roaring sound is heard during a violent thunderstorm, the following action must be taken:

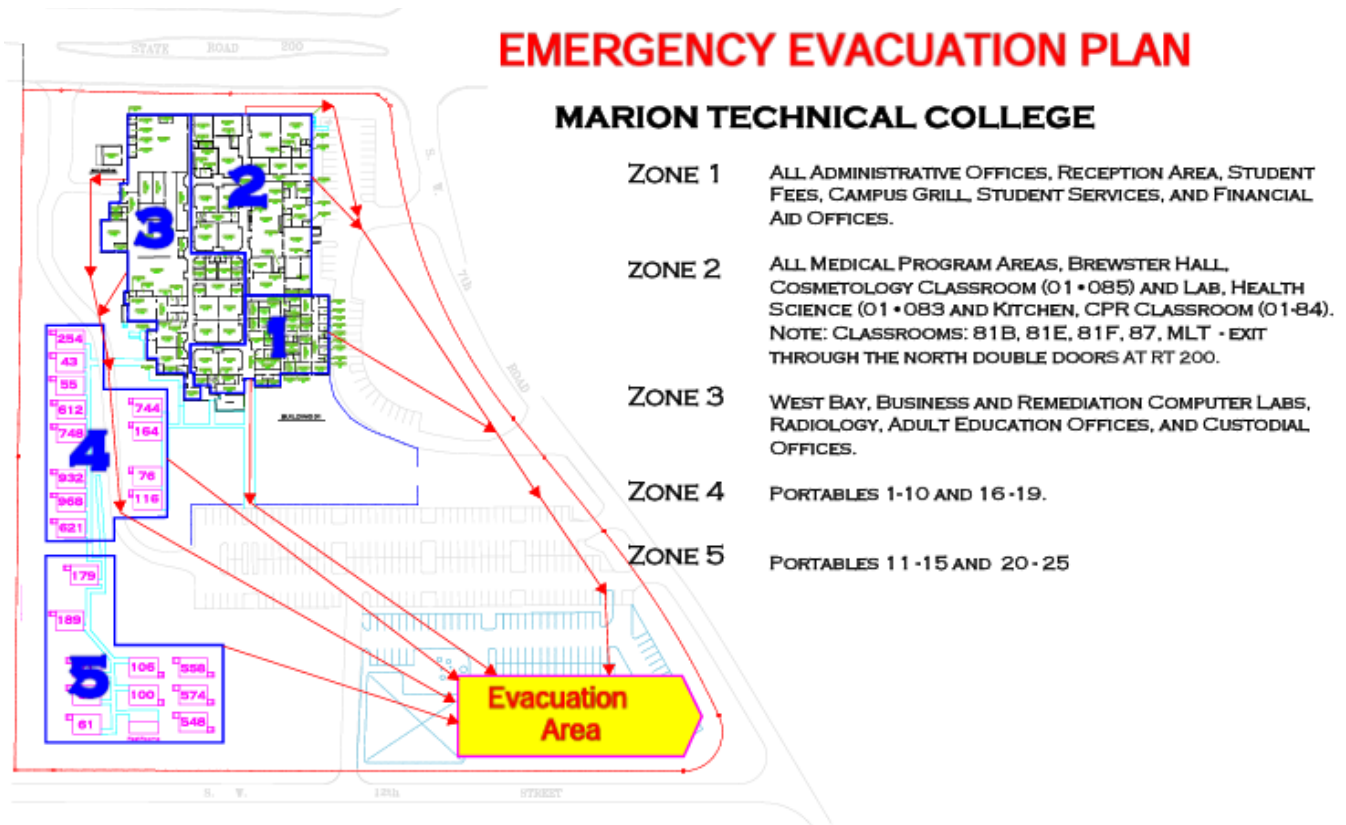
1. In the event of advance warning of a tornado, the signal will be given by the intercom to all classrooms and offices to take precautionary action.
2. All classes located within portable classrooms will move immediately, in an orderly manner, to the closest entrance of the main building.
3. Each teacher will bring the class roster and account for all students once inside the main building.
4. All students and staff should move to an interior room or hallway with concrete walls, avoiding areas where glass windows are present and get down on the floor next to the wall. Do not get under furniture.
5. Rest chest on thighs. Cover the back of the head with hands.
6. Students should remain in this position until "ALL CLEAR" is announced.
7. IF OUTSIDE: Move to main building or seek other shelter immediately. If unable to find shelter soon enough, lie on the ground, in a low area, if possible.

(Aug. 2021)

## Fire Drill Information

1. Any time the fire alarm sounds, it is to be treated as an actual emergency.
2. During a fire drill and / or actual fire emergency all employees and students are to **wait for an announcement to evacuate unless fire is in sight**.
3. Everyone will evacuate the building to the area by *Signature Brands* as shown in yellow on the map below.
4. Classroom teachers will evacuate their classes to the designated area of the campus taking their class roster with them and accounting for each student in the class while in the evacuation area.
5. In a drill, administrators and program coordinators will ensure that all persons have evacuated the buildings and that the respective zones are “clear”.
6. If the event is a drill, all students and employees will return to their respective location only when the drill is announced as complete.

## Evacuation Map



## **SECTION 3: GENERAL PROGRAM INFORMATION & POLICIES**

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## **Mission Statement**

To deliver an exceptional learning experience and extensive clinical training in Radiography for students committed to bettering the human condition. The program cultivates higher-order thinking while fostering competency, safety, professional integrity, and the pursuit of lifelong learning.

## **Program Goals & Student Learning Outcomes**

**Goal 1 Students will be clinically competent.**

### **Student Learning Outcomes:**

- A. Students will set appropriate technical factors to produce optimal digital exposure indicator values.
- B. Students will utilize proper radiation protection techniques.

**Goal 2 Students will communicate effectively.**

### **Student Learning Outcomes:**

- A. Students will demonstrate appropriate written communication skills
- B. Students will use appropriate oral communication.

**Goal 3 Students/graduates will demonstrate critical thinking skills.**

### **Student Learning Outcomes:**

- A. Students/graduates will effectively employ critical thinking and problem-solving strategies during non-routine examinations.
- B. Students/graduates will accurately evaluate radiographic images for diagnostic quality.

## Governance and Rationale for Procedure Manual

The Radiologic Technology program at Marion Technical College operates in accordance with the standards, regulations, and requirements by:

1. **The Joint Review Committee on Education in Radiologic Technology (JRCERT)** requires that all programs follow the Standards for an Accredited Educational Program in Radiologic Sciences [www.jrcert.org](http://www.jrcert.org)
2. **The American Society of Radiologic Technologists (ASRT)** provides the required curriculum outline of academic instruction. [www.asrt.org](http://www.asrt.org)
3. **The American Registry of Radiologic Technologists (ARRT)** has programmatic requirements for didactic and clinical instruction including mandatory clinical competencies. The ARRT tests and certifies technologists and administers continuing education and ethics requirements for annual registration. The ARRT also provides an infrastructure for standards of ethics for radiologic technologists; the Code of Ethics and the Rules of Ethics. [www.arrt.org](http://www.arrt.org)
4. **The Clinical Education Settings** have requirements and regulations that must be followed. The faculty of this program meets frequently with the clinical representatives to discuss the contents of this manual for the correlation with requirements of the various clinical organizations.
5. **Marion County Public Schools and MTC Administration** mandate compliance with all educational and organizational policies and procedures including but not limited to all provisions contained within the MTC Student Handbook and Procedure Manual, a copy of which is available at [www.MarionTC.edu](http://www.MarionTC.edu).

The policies published in this manual are reviewed annually by the program's Advisory Council to ensure that the program operates in full compliance with the rules and regulations of these governing organizations and with the program's own policies.

### DISCLAIMER CLAUSE

The Radiologic Technology program (THE PROGRAM) at Marion Technical College (MTC) reserves the right to make changes in the regulations and policies announced in this handbook as circumstances arise. If changes in this handbook are required during this academic year, the student will be given formal notice of those changes and be asked to verify by signature that the required changes were received and understood. The provisions of this student handbook are not to be regarded as an irrevocable contract between the student and THE PROGRAM. THE PROGRAM reserves the right to make and designate the effective date of changes in program policies and other regulations at any time such changes are considered to be desirable or necessary.

## Statement of Ethical Accountability

The Radiologic Technology program at Marion Technical College (THE PROGRAM) is committed to sound, ethical principles in all aspects of program operation. We believe that the patients of our community have better healthcare outcomes if diagnostic imaging is performed by technologists who are committed to ethical, professional, and accurate practices. Program officials believe that this begins with us. Our professional conduct should be underscored by sound practices that include transparency and accountability to our communities of interest, clinical affiliates, students, employees and colleagues.

THE PROGRAM values accountability, integrity, respect, being focused on the needs of others, and pushing beyond the boundaries of standardization. These values are incorporated into our program's daily interactions with our students, our patients, and in our workplace and community. THE PROGRAM fundamentally respects and promotes the rights of our students, coworkers, and patients. At all times, THE PROGRAM strives to create a nurturing and professional environment where these rights are practiced and observed so that our students can grow to become excellent diagnostic imaging practitioners and compassionate healthcare leaders. This is reflected in the employment practices of Marion County Public Schools and in the perpetual daily operation of MTC.

THE PROGRAM takes seriously all perceived acts of bullying and harassment. School bullying is a type of bullying that occurs in an educational setting. Bullying, without comprehensive definition, can be physical, verbal or emotional in nature, or it can occur online. THE PROGRAM and MTC will swiftly address all reported acts of bullying or harassment, whether aggressive or passive aggressive. Strict consequences are to be expected.

In this regard, the faculty and staff of THE PROGRAM and MTC require our students to agree and abide with the same ethical principles; and by doing so will contribute positively to the program's integrity both within the academic environment (internal) as well as within the clinical environment (external).



[This page must be signed and submitted to the Program Director. A copy will be provided back the student.]

### Commitment to Ethical Accountability

I, \_\_\_\_\_, (print student name) accept and commit to abide by and uphold the Radiologic Technology program's Statement of Ethical Accountability.

I will:

- Treat others as I would want to be treated
- Always strive to uphold and positively contribute to the integrity of THE PROGRAM in the classroom and in the community
- Abide by the values, policies, and academic practices of THE PROGRAM and MTC, as well as the values, policies and institutional practices of the clinical training affiliates of THE PROGRAM
- Uphold the laws and highest moral standards of the community, our county, and the universal principles of all that is good and just
- Value and respect the diversity of learning styles, personal beliefs, cultures, and convictions of classmates, preceptors, faculty, staff, and patients
- Not remain silent in the face of dishonesty, malice, disrespect, intolerance or injustice including bullying and harassment.

\_\_\_\_\_ (student signature)

## Program Accreditation



Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive, Suite 2850  
Chicago, IL 60606-3182  
(312) 704-5300 [mail@jcert.org](mailto:mail@jcert.org)

The Radiologic Technology program at Marion Technical College is accredited by JRCERT and complies with all current accreditation standards. Students may review the standards at [www.jrcert.org](http://www.jrcert.org)

JRCERT 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. It is the practice of the Radiologic Technology program at Marion Technical College that all students be made aware of JRCERT accredited program standards, and the actions to be taken in the event that any student believes that the Program is not in compliance with the standards.

Any individual associated with the program has the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards and/or JRCERT policies. Additionally, an individual has the right to submit allegations against the program if the student believes that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

The individual must first attempt to resolve the complaint directly with program officials by following the grievance procedure outlined below. If the individual is unable to resolve the complaint with program officials or believes that the concerns have not been properly addressed, the individual may submit allegations of noncompliance directly to the JRCERT.

### Accreditation Grievance Procedure

1. The student should discuss their grievance with the Program Director within (1) week after the issue of non-compliance is believed to have occurred. The meeting will be documented in the student's record.
2. If the student is not satisfied, they may request to have all materials concerning the grievance reviewed by the Administrative Director of MTC and request a meeting to discuss the grievance of non-compliance. The student must do this within one (1) week of meeting with the Program Director. The Administrative Director will review the grievance materials and meet with the student. The Administrative Director will provide a written response to the student within one (1) week of the meeting with the student.
3. If the student does not feel that they reached a satisfactory resolution with the Administrative Director of MTC, or feels that the concerns have not been properly addressed, they may submit allegations of non-compliance to the JRCERT.

- **An Allegations Reporting Form must be completed and sent to the address below with the required supporting materials.** All submitted documentation must be legible. The Allegations Reporting Form is available to be filled out online at <https://www.jrcert.org/program-director-and-faculty/allegations/>
- Forms submitted without a signature or the required supporting material will be incomplete and not considered valid.
- If a complainant fails to submit appropriate materials as requested, the complaint will be closed.

Chief Executive Officer  
Joint Review Committee on Education in Radiologic Technology  
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## Advanced Placement and Transfer of Credit

Students previously enrolled in another radiologic technology program are subject to the same program admission policies and procedures as all other applicants (outlined in the Admission Policies and Procedures above). The program does not accept students for advanced placement and does not transfer credit. All program candidates are considered for admission equitably based on the program's selection criteria as published in the program's Admission Policies and Procedures.

## Professional Societies & Regulatory Affiliations



**American Registry of Radiologic Technologists.** A person is certified by ARRT after completing an approved educational program, complying with the ethics standards, and passing a certification exam. There is an application and exam fee required. [www.arrt.org](http://www.arrt.org)



**American Society of Radiologic Technologists.** The organization is committed to advancing and elevating the medical imaging profession and to enhance the quality and safety of patient care. Students' membership provides many benefits. [www.asrt.org](http://www.asrt.org)



**Florida Society of Radiologic Technologists.** Assists in establishing and maintaining high standards of education and training, to elevate the quality of patient care, and to improve the welfare of socio-economics of radiologic technologists. [www.fsrt.org](http://www.fsrt.org)



**Florida Department of Health.** Responsible for the regulation of health practitioners for the preservation of the health, safety, and welfare of the public. Florida licensure is required to perform x-rays in the state. [www.floridahealth.gov/licensing-and-regulation/radiologic-technology/index.html](http://www.floridahealth.gov/licensing-and-regulation/radiologic-technology/index.html)

## Technical Standards for Admission, Academic Progression and Completion

The goal of Marion Technical College's Health Science programs is to prepare every student to think critically, and practice their chosen profession competently and compassionately in rapidly changing practice environments. All efforts are made to build knowledge, enhance patient safety, foster professional integrity, and ultimately improve the health outcomes of patients. In addition, certain functional abilities are essential for the delivery of safe, effective health care during clinical training activities. Therefore, the faculty has determined that certain technical standards are requisite for admission, progression, and graduation from the Health Science programs.

In addition to classroom learning, clinical learning occurs throughout most Health Science programs and involves considerations (such as patient safety and clinical facilities) that are not present in the classroom and skills labs.

**It must be understood that every health profession has a Scope of Practice published by state, federal and professional boards which include the physical and mental abilities required for each profession. For this reason, health science programs do not have open enrollment. Marion Technical College must reserve the right to deny entry to individuals who are unable to meet and sustain all technical standards and general abilities.**

**General Abilities:** The student is expected to possess functional use of the senses of vision, touch, hearing, and smell so that data received by the senses may be integrated, analyzed, and synthesized in a consistent and accurate manner. A student must also possess the ability to perceive pain, pressure, temperature, position, vibration, and movement that are important to the student's ability to gather significant information needed to effectively evaluate patients. A student must be able to respond promptly to urgent situations that may occur during clinical training activities and must not hinder the ability of other members of the health care team to provide prompt treatment and care to patients.

Individuals unable to meet the published technical standards, with or without reasonable accommodation, are not able to complete the program. Therefore, such individuals will not be permitted to enter a Health Science program and are counseled to pursue alternate careers at Marion Technical College. The student must be able to independently, with or without reasonable accommodation, meet the following technical standards of general abilities and those specifically of (1) observation; (2) communication; (3) motor; (4) intellectual, conceptual, and quantitative abilities; (5) essential behavioral and social attributes; and (6) ability to manage stressful situations.

1. **Observational Ability:** The student must have sufficient capacity to make accurate visual observations and interpret them in the context of laboratory studies, medication administration, and patient care activities. In addition, the student must be able to document these observations and maintain accurate records.

2. **Communication Ability:** The student must have the ability to communicate effectively both verbally and non-verbally, to interpret information, and to translate that information to others. Each student must have the ability to read, write, fully comprehend, and speak the English language to facilitate communication with patients, their family members, and other professionals in health care settings. In addition, the student must be able to maintain accurate patient records, present information in a professional, logical manner and provide patient counseling and instruction to effectively care for patients and their families. The student must possess verbal and written communication skills that permit effective communication with instructors and students in both the classroom and clinical settings.
3. **Motor Ability:** The student must be physically able to perform, without assistance, gross and fine motor movements with sufficient coordination needed to perform the full scope of practice in their chosen profession. A student must develop the psychomotor skills reasonably needed to perform or assist with procedures, treatments, administration of medication, management and operation of diagnostic and therapeutic medical equipment, and such abilities to assist with patient care activities such as lifting, wheel chair guidance, and mobility. The student must have sufficient levels of neuromuscular control and eye-to-hand coordination as well as possess the physical and mental stamina to meet the demands associated with extended periods of sitting, standing, moving, and physical exertion required for satisfactory and safe performance in the clinical and classroom settings including performing CPR, if necessary. The student must possess the ability of manual dexterity that would be required for certain activities, such as drawing up solutions in a syringe or drawing blood from a patient.
4. **Intellectual, Conceptual, and Quantitative Abilities:** The student must be able to develop and refine problem-solving skills that are crucial to practice as a member of the healthcare team. Problem-solving involves the abilities to measure, calculate, reason, analyze, and synthesize objective and subjective data, and to make decisions, often in a time urgent environment, that reflect consistent and thoughtful deliberation and sound clinical judgment. Each student must demonstrate mastery of these skills and possess the ability to incorporate new information from peers, teachers, and the radiography and medical literature to formulate sound judgment in patient assessment, intervention, evaluation, teaching, and setting short and long term goals.
5. **Behavioral and Social Attributes:** Compassion, integrity, motivation, effective interpersonal skills, and concern for others are personal attributes required of those in a healthcare profession. Accepting and being comfortable with functioning under supervision of a clinical preceptor is essential for a health professions student. The student must possess the skills required for full utilization of the student's intellectual abilities; the exercise of good judgment; the prompt completion of all responsibilities in the classroom and clinical settings; and the development of mature, sensitive, and effective relationships with patients and other members of the health care team. Each student must be able to exercise stable, sound judgment and to complete all educational requirements. The ability to establish rapport and maintain sensitive, interpersonal relationships with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds is critical for practice as a healthcare professional. The student must be able to adapt to changing environments; display flexibility; accept and integrate constructive criticism given in the classroom and clinical settings; effectively interact in the clinical setting with other members of the healthcare team; and learn to function cooperatively and efficiently in the face of uncertainties inherent in clinical practice.
6. **Ability to Manage Stressful Situations:** The student must be able to adapt, and function effectively, to stressful situations in both the classroom and clinical settings, including emergency situations. The student may encounter various types of stressors while in their chosen program. These stressors may include (but are not limited to) personal, patient care, family, faculty, peer, and/or program-related.

## Technical Standards Specific for Radiologic Technology Program

Individuals admitted to the Radiologic Technology program must possess the capability to complete the entire curriculum and achieve certification as a licensed Radiologic Technologist. This curriculum requires demonstrated proficiency in a variety of cognitive, problem-solving, manipulative, communicative and interpersonal skills. Marion Technical College's Health Science programs specified technical standards must be met by students admitted in to the program and continuously throughout the duration of program participation.

1. Participate in all didactic, clinical and practical demonstrations including group procedural simulations and self-learning practicums.
2. Analyze, synthesize, solve problems, and reach evaluative judgment.
3. Demonstrate sufficient use of the senses of vision, hearing, and touch necessary to directly perform a radiographic examination; review and evaluate the recorded images for the purpose of identifying proper patient positioning, accurate procedural sequencing, proper radiographic quality, and other appropriate technical qualities of diagnostic image acquisition.
4. Relate reasonably to patients and establish a sensitive, professional and effective relationship with them; communicate verbally in an effective manner to direct patients during radiographic examinations.
5. Render physical and emotional support to patients during radiographic procedures, respond to situations requiring first aid and emergency care in the absence of, or until the physician arrives.
6. Display judgment in the assessment of patients; demonstrate the ability to recognize limitations in their knowledge, skills, and abilities and to seek appropriate assistance.
7. Demonstrate the ability to work collaboratively with all members of the health care team.
8. Learn and perform routine radiographic procedures; students must have the mental and intellectual capacity to calculate and select proper technical exposure factors according to the individual needs of the patient.
9. Demonstrate sufficient physical strength, motor coordination, and manual dexterity to transport, move, lift, and transfer patients from a wheelchair or cart to an x-ray table, or to a patient bed; lift a minimum of 30 pounds over head.
10. Move, adjust, and manipulate a variety of radiographic equipment, including the physical transportation of mobile radiographic equipment, in order to arrange and align the equipment with respect to the patient and the image receptor according to established procedures and standards of speed and accuracy.
11. Learn to respond with precise, quick, and appropriate action in stressful and emergency situations.
12. Accept criticism and adopt appropriate modifications in their behavior.
13. Possess the perseverance, diligence, and consistency to complete the radiologic technology curriculum and enter into the practice of radiology as a certified technologist.

## MRI Safety and Screening

Students entering the program will complete Magnetic Resonance Imaging (MRI) orientation and screening prior to the clinical experience. This is achieved during the course of *Fundamentals of Radiologic Technology*. The purpose of screening students is to determine if any individual has a personal risk in being in the magnetic field of the MRI magnet. In the course of clinical education, students will be assigned to hospitals and imaging centers that have MRI machines. Although students do not train in MRI, it remains a possibility that a student may be called upon to help move a patient or assist in some way. Each student also completes an additional MRI safety orientation module during the *Advanced Modality Imaging* course. Students are mandated to inform faculty of any changes in their status and complete a new screening form. Any student identified as at risk will not be permitted access to an MRI suite.

## **Health, Immunization Requirements Drug Screening and Background Check Policies**

The Radiologic Technology program at Marion Technical College is committed to providing excellence in patient care and diagnostic imaging services in a safe, quality-conscious environment that is centered on trust in professional performance. As such, clinical and community agencies require students to meet standards, similar to employees, for criminal offenses and the use of illegal substances.

### **Health Screening**

Radiography students are required to undergo a health screening before entering the program. Specific health screening requirements and forms are included in the student(s) program acceptance letter. The health screening is the responsibility of the student. Costs incurred for the health screening and any necessary immunizations and titers are the responsibility of the student and are not included in the program's published estimated program costs. The student(s) health records must be complete and contain results from the physical exam and laboratory tests such as titers, as well as all required immunizations with dates. The health screening documentation must contain a physician's signature.

### **Drug Screenings**

Drug screenings (10-panel) are required annually; once near the beginning of the first year in the program and again near the beginning of the second year in the program. Additionally, student(s) may undergo random drug screening for cause or suspicion. (See Appendix C). This requirement meets the stipulations set forth in the program's clinical affiliate training agreements. The drug screenings will be performed by an agency designated by the Program Director.

- Students with positive results from drug screenings are prohibited from entering any Health Science program at MTC.
- Students admitted to a program, who subsequently receive positive results from drug screenings performed during the course of the program, will be withdrawn immediately.
- "Negative Dilute" results are treated the same as positive results.

### **Criminal Background Check**

A criminal background check with expanded levels is required prior to entering the program. This requirement meets the stipulations set forth in the program's clinical affiliate training agreements. The background check will be conducted by an agency designated by the Program Director. The cost of the background check is NOT included in the student's tuition/fees.

### **Adverse Results**

Background checks MUST be completed prior to the first day of classes. Any adverse results from criminal background checks and drug screenings may impact the student(s) eligibility to enroll in clinical education courses and to sit for the national certification examination administered by the American Registry of Radiologic Technologists (ARRT). The candidate for certification by ARRT must be of good moral character. The conviction of a felony or misdemeanor (with the sole exceptions of speeding and parking violations or juvenile offenses that were adjudicated in Juvenile court) may indicate a lack of good moral character for Registry purposes. Individuals convicted of a crime must supply a written

explanation including court documents with their application for examination. Anything less than complete and total disclosure of any and all convictions will be considered as having provided false or misleading information to the ARRT. This is grounds for permanent denial of eligibility for certification.

The ARRT strongly encourages students with misdemeanor or felony convictions to submit a *Pre-application Review of Eligibility*. This review can be started at any time but should be completed six months prior to graduation. All violations must be cleared before an applicant is determined eligible and assigned to a testing window. Pre-application review forms and instructions are available by contacting the Ethics Department at the ARRT office (651) 687-0048 or [www.arry.org](http://www.arry.org).

### **Exposure Control Plan**

Students and instructors in a professional healthcare training program, while in the clinical experiential learning component, are inherently subject to potential exposure to Hepatitis-B Virus (HBV), Human Immunodeficiency Virus (HIV), and COVID-19. The resultant occupational exposure involves student performance objectives that may result in exposure involving skin, eye, mucous membrane or parenteral contact (e.g. needle stick) with blood or other potentially infectious materials, (PIM). In addition to complying with OSHA regulations, the objective of the program's Exposure Control Plan (ECP) is to minimize exposure and outline measures instituted at all clinical affiliates, to safeguard the health of the students, instructors and patients. The program's Exposure Control Plan is included in the Student Handbook & Procedure Manual as **Appendix D**.

\* \* \* \* C O N F I D E N T I A L I T Y \* \* \* \*

### Confidentiality of Files (FERPA or Buckley Amendment)

Permanent files are kept on each student. All data concerning admission to the program, as well as clinical and academic performance while in training, are kept in the file. The required health records are also included. The files are the property of the Health Sciences Department at Marion Technical College and must remain confidential to the program, and the respective student. In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), access to student files can be granted to only:

- School officials with legitimate educational interest.
- Other schools to which a student is transferring.
- Specified officials for audit or evaluation purposes.
- Appropriate parties in connection with financial aid to a student.
- Organizations conducting certain studies for or on behalf of the school.
- School accrediting organizations (such as the Council on Occupational Education).
- To comply with a judicial order or lawfully issued subpoena.
- Appropriate officials in cases of health and safety emergencies.
- State and local authorities, within a juvenile justice system, pursuant to specific State law without written consent from the student.

All other entities must have written permission from the student in order to release information from the student's record. "Directory" information such as a student's name, address, telephone number, date and place of birth, honors, awards, and dates of attendance may also be disclosed.

A student can request in writing within the probationary period that the school not disclose directory information about them.

The file of each student will be made available to the student upon request and will be routinely reviewed upon completion of each term. All data added to the files concerning performance or progress will be available to the student upon request. If data is added to the file of a student with which the student does not agree, the student may add a rebuttal or personal summary to the file.



## **Confidentiality of Patient Records (HIPAA)**

**Faculty will take seriously any report of a student who is perceived to have compromised a patient's privacy including but not limited to counseling, corrective action or up to dismissal from the program.**

**The Health Insurance Portability and Accountability Act of 1996 (HIPAA)** is a law that contains provisions for safeguarding the security and confidentiality of patient information. All medical records and other individually identifiable health information, whether electronic, on paper, or oral, are covered by HIPAA. Health Science students must abide by the same rules concerning confidentiality, security, and privacy of patient information which includes computerized records.

***Students are also bound by HIPAA laws to protect the confidentiality of classmate and instructor records.***

The student must become familiar with the potential abuses of technology so that violation of the law isn't unknowingly committed. This includes, but is not limited to, the use of personal electronic devices and cell phones during clinical practice. Taking pictures of anything in the clinical/patient environment, including selfies, is strictly forbidden.

Upon your signature on the last page of this Student Handbook, you will be agreeing to protect the privacy of patient records and maintain strict confidentiality in all appropriate aspects of patient care. Additionally, some clinical training affiliates require students to sign HIPAA Agreements annually.

### **Patient Concerns**

The Radiologic Technology program at Marion Technical College is committed to a high level of integrity in all aspects of student training. Patient dignity, privacy and modesty should be a priority to every student radiographer.

**Even the slightest disregard for patient confidentiality is grounds for dismissal from the program.**



## First Year Program Sequence

~~~~~ 2026-2027 ~~~~~

FIRST TERM: Fall July - December

| COURSE TITLE | COURSE #
EQUIVALENT | CLOCK
HOURS |
|---------------------------------------|------------------------|----------------|
| Fundamentals of Radiologic Technology | RTE 0004 | 96 |
| Radiographic Imaging & Exposure I | RTE 0410 | 96 |
| Radiographic Procedures I | RTE 0505 | 96 |
| Clinical Education I | RTE 0809 | 312 |
| [Didactic Hours] | | [288] |
| [Clinical Hours] | | [312] |
| [TOTAL HOURS FIRST TERM] | | [600] |

SECOND TERM: Spring January - June

| | | |
|------------------------------------|----------|-------|
| Radiographic Imaging & Exposure II | RTE 0450 | 90 |
| Radiographic Procedures II | RTE 0506 | 90 |
| Radiographic Procedures III | RTE 0507 | 66 |
| Clinical Education II | RTE 0819 | 504 |
| [Didactic Hours] | | [246] |
| [Clinical Hours] | | [504] |
| [TOTAL HOURS SECOND TERM] | | [750] |

| | | |
|---------------------|--------------------|--------|
| [FIRST YEAR TOTALS] | [TOTAL Didactic] | [534] |
| | [TOTAL Clinical] | [816] |
| | [TOTAL FIRST YEAR] | [1350] |

Second Year Program Sequence

~~~~~ 2027-2028 ~~~~~

### THIRD TERM: Fall July - December

| COURSE TITLE                             | COURSE #<br>EQUIVALENT | CLOCK<br>HOURS |
|------------------------------------------|------------------------|----------------|
| Clinical Education III                   | RTE 0829               | 220            |
| Radiation Biology & Radiation Protection | RTE 0380               | 51             |
| Radiation Physics                        | RTE 0610               | 86             |
| Advanced Modality Imaging                | RTE 0015               | 54             |
| Advanced Clinical Education IV           | RTE 0839               | 340            |
| [Didactic Hours]                         |                        | [191]          |
| [Clinical Hours]                         |                        | [560]          |
| [TOTAL HOURS THIRD TERM]                 |                        | [751]          |

### FOURTH TERM: Spring January - May

|                                            |          |       |
|--------------------------------------------|----------|-------|
| Radiographic Pathology & Directed Research | RTE 0780 | 86    |
| Radiography Seminar                        | RTE 0939 | 153   |
| Advanced Clinical Education V              | RTE 0849 | 360   |
| [Didactic Hours]                           |          | [239] |
| [Clinical Hours]                           |          | [360] |
| [TOTAL HOURS FOURTH TERM]                  |          | [599] |

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|                           |                  |        |
|---------------------------|------------------|--------|
| [SECOND YEAR TOTALS]      | [TOTAL Didactic] | [430]  |
|                           | [TOTAL Clinical] | [920]  |
| [TOTAL HOURS SECOND YEAR] |                  | [1350] |

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|                       |                                 |             |
|-----------------------|---------------------------------|-------------|
| <u>PROGRAM TOTALS</u> | Didactic                        | 964         |
|                       | Clinical                        | 1736        |
|                       | <u>GRAND TOTAL COURSE HOURS</u> | <u>2700</u> |

## **Didactic Course Descriptions**

All didactic instruction takes place in-person, but at least some of the content is delivered through the college's online learning platform, Canvas.

### **Fundamentals of Radiologic Technology**

This course will provide the student with an overview of Radiography and its role in health care delivery. Student responsibilities will be outlined. Students will be oriented to academic and administrative structure, key departments and personnel, and to the profession as a whole, including the Radiographer's major areas of responsibility in the delivery of health care. The psychological considerations of the patient and the health care provider regarding death and dying will be discussed.

Patient care, including considerations of physical and psychological conditions, is learned. Practice standards, ethics, patient rights and value systems are necessary components of this course. Basic Life Support for Healthcare Providers (CPR) will be taught with provision for individual student certification. Assessing vital signs are taught in order to evaluate patient conditions. Routine and emergency patient care procedures will be described. The role of the radiographer in patient education will be identified. The role of professional organizations to radiographers is emphasized.

This course will also provide the student with basic concepts of medical terminology including application of the word building process, interpreting medical abbreviations and symbols, and critiquing orders, requests and diagnostic reports. The course also defines medical imaging and radiation oncology terms; and translates medical terms, abbreviations and symbols into common language from a medical report.

### **Advanced Modality Imaging**

The content of this course is designed to provide entry-level radiography students with the basic principles related to computed tomography (CT) imaging and cross-sectional anatomy to enhance the student's readiness for cross-training into this advanced imaging modality. This course is not part of the ARRT mandatory or elective radiography clinical competencies, but a basic understanding of CT, advanced modalities, and cross-sectional anatomy is increasingly expected of entry level program graduates. Course content includes fundamentals of MRI, Nuclear Medicine, PET, Radiation Oncology, Sonography, Mammography, DEXA, CT, cross-sectional anatomy, equipment & instrumentation, data acquisition, image processing & reconstruction, and patient safety. Emphasis is placed on safety surrounding CT, fluoroscopy, and MRI equipment. Completion of this course will enhance the student's knowledge of advanced modalities and assist them in clinical internship practicum.

### **Radiographic Procedures I, II, III**

These courses are a lecture and laboratory series that will provide the student with the knowledge to perform radiographic procedures. The concepts related to the production of quality radiographs including patient positioning and technical factors will be discussed. Routine and Special studies will be described. Special consideration is given to geriatrics and pediatrics. Laboratory practicums are conducted to demonstrate and practice clinical applications of theoretical principles and concepts.

**Radiographic Imaging I, II**

These courses provide 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, as well as the guidelines for selecting exposure factors and image evaluation. Principles of digital system quality assurance and maintenance are presented. Actual images will be included for analysis, including image artifacts. These courses will provide the student with knowledge to produce and evaluate radiographic examinations, as well as identify diagnostic quality images.

**Radiographic Pathology & Directed Research**

This course describes the general principles of disease and disorders that affect the body as a whole including basic terms related to pathology. Diseases of specific organs are identified and discussed. Proper diagnosis of human pathologies as they individually relate to the appropriate use of imaging modalities is a component of this study. Classifications of trauma, causes of tissue disruption and the healing process, etiology of disease processes, complications, prognosis, and interventional techniques appropriate for diseases common to each body system are discussed. Identification of diseases caused by genetics is examined. Students will thoroughly research a selected pathologic condition, write a research paper, prepare and deliver a presentation to a group of peers and professional colleagues.

**Radiation Physics**

This course introduces the student radiographer to the fundamental principles of radiologic physics including atomic and subatomic theory. The interactions of electron and photons with matter will be applied to Radiology. Content is designed to impart an understanding of the components, principles and operation of digital imaging systems found in diagnostic radiology.

**Principles of Radiation Protection and Radiobiology**

This course provides the student with the principles of radiation protection, and of cell radiation interaction. The student will demonstrate an awareness of their responsibility as a radiographer for radiation protection to patients, personnel and the public. Effective dose limits and regulatory involvement are discussed along with radiation effects on cells and factors affecting cell response. Students are made aware of the acute and chronic effects of radiation.

## ACADEMIC PERFORMANCE REQUIREMENTS

To maintain enrollment in the program, students must meet the Academic Standards of the program. The following grading system applies to both the didactic and clinical phases of the program. These grading standards must be achieved and maintained at all times.

|          |            |
|----------|------------|
| <b>A</b> | • 100 - 94 |
| <b>B</b> | • 93 - 87  |
| <b>C</b> | • 86 - 80  |

- Students must pass each course with an 80% or above in order to stay enrolled in the program and progress to the next course(s).
- Below 80% is failing. Students must maintain an 80% average for each course and pass with at least 80% final examinations.
- Students must achieve 80% or above on all course assessments including tests, quizzes, assignments, lab practicums, and all other assessment tools. Failure to do so may result in academic probation and dismissal from the program.
- Late or incomplete coursework/assignments will heavily impact a student's grade on the assignment and in the course. Students are responsible to know the syllabus requirements of all courses/instructors.
- Attendance directly affects academic performance. Please refer to the Attendance Standards in this Student Handbook.
- Clinical practicum will have equal weight with didactic grading standards.

### Graduation Requirements

Students will be eligible for graduation when all of the following conditions are met:

- The student has maintained or surpassed the minimum academic standards of the program by successfully completing all didactic and clinical course components of the program.
- The student has successfully met all competency requirements and clinical standards of the program.
- The student has met the program's attendance standards.
- The student has no outstanding debt to Marion Technical College.



## Health Sciences GPA/Grade Conversion Table

| GPA Points | Percentile Grade | Letter Grade |
|------------|------------------|--------------|
| 4.0        | 100              | A            |
| 3.9        | 99               | A            |
| 3.8        | 98               | A            |
| 3.7        | 97               | A            |
| 3.6        | 96               | A            |
| 3.5        | 95               | A            |
| 3.4        | 94               | A            |
|            |                  |              |
| 3.3        | 93               | B            |
| 3.2        | 92               | B            |
| 3.1        | 91               | B            |
| 3.0        | 90               | B            |
| 2.9        | 89               | B            |
| 2.8        | 88               | B            |
| 2.7        | 87               | B            |
|            |                  |              |
| 2.6        | 86               | C            |
| 2.5        | 85               | C            |
| 2.4        | 84               | C            |
| 2.3        | 83               | C            |
| 2.2        | 82               | C            |
| 2.1        | 81               | C            |
| 2.0        | 80               | C            |
| FAIL       | FAIL             | FAIL         |
| 1.9        | 79               | D            |
| 1.8        | 78               | D            |
| 1.7        | 77               | D            |
| 1.6        | 76               | D            |
| 1.5        | 75               | D            |
|            |                  |              |
| 1.4        | 74               | F            |
| 1.3        | 73               | F            |
| 1.2        | 72               | F            |
| 1.1        | 71               | F            |
| 1.0        | 70               | F            |

## GENERAL POLICIES & PERFORMANCE STANDARDS

### Probationary Period

The student is admitted to the Program on a probationary status for the first 120 days. The student's performance will be evaluated and monitored closely for, academic achievement, adaptability to the profession, adaptability to the educational environment, both clinical and academic, as well as assessment of general attitude, interpersonal relationships, and professional conduct. Additionally, the student must have a 100% medical clearance to participate in the Program. If a student becomes ill, or becomes unable to meet the Program's Technical Standards, treatment or other medical care is necessary and the student must follow through on medical advisement to be released from probationary status.

### Liability Insurance

The program maintains professional liability coverage for students.

### Continuous Improvement

The program operates in a model of continuous improvement. Courses and resource materials are reviewed and evaluated regularly in order to assure the achievement of student learning. Course Evaluations are assessment tools that students use to evaluate the courses they have completed. This contributes to the program's ability to continuously improve or enhance teaching methodologies in pursuit of achieving the mission and goals.

### Withdrawal

A student who decides to withdraw from the program must submit a letter of withdrawal to the Program Director. Failure to do so will result in a termination of enrollment for non-compliance with school regulations, seriously jeopardizing the student's eligibility to re-enroll into the program.

**\*\* Tuition cannot be refunded after the 5<sup>th</sup> day of the term. \*\***

## Advisement and Counseling Procedure

Students enrolled in the program are provided timely and supportive academic, behavioral, and clinical advisement. This is carried out in the following manner:

- **Academic** – Advisement is conducted at the discretion of course instructors, or students, as needed for support and in pursuit of mastery of course content. Students may request individual academic advisement and counseling at any time as the need arises. The instructor may initiate an Individual Education Plan (IEP) with clearly stated objectives and goals if the level of academic achievement is deficient.
- **Affective Performance Appraisal** – All students will receive an Affective Performance Appraisal three times at scheduled intervals throughout the program; one at the end of Term 1, another at the end of Term 2, and finally at the end of Term 3. This is a one-on-one advisement meeting with one of the program officials.
- **Behavioral** – The recognition of behavioral concerns by faculty, is reported to the Program Director and the student is requested to meet for advisement and counseling with a faculty member and/or other appropriate program or clinical official. The faculty provides support in resolving the reported behavior. If the behavior is such that it violates program procedure and standards, corrective action may be initiated up to and including dismissal (see Conduct Standards).
- **Clinical** – At the end of every rotation, students receive a formal evaluation from the appropriate Clinical Preceptor rating the student's level of competency and performance outcomes. The evaluation criteria are structured to foster continual refinement of the competencies achieved and overall clinical performance from the first year through the second. Students will demonstrate enhanced performance in a variety of situations and patient conditions. Upon review of individual evaluations, the student may request advisement with the Clinical Coordinator. Likewise, the Clinical Coordinator may initiate an advisement meeting with the student as deemed necessary.
- **School Counselors** – Students are encouraged to visit a School Counselor in our Student Services Department at any time.

## Accountability

Students are accountable directly to program faculty, clinical staff, and MTC administration. This may be the Clinical Preceptor, department supervisor, department manager, or any assigned representative preceptor.

## Legal Issues - Arrests

Any arrests must be reported to the Program Director within 24 hours of occurrence.

## Drugs and Alcohol

See Appendix A.

## Profanity, Crude Slang and Rudeness

Profanity and any unprofessional manner of speech or conduct has a zero tolerance in Health Science programs. The student has enrolled in a professional training program for a career in the healthcare environment. As part of professional training, all student conduct in classrooms, hallways, and any part of the MTC campus is expected to be the same as it is in hospitals and other healthcare settings. All students are expected to conduct themselves in a professional, respectful and courteous manner. Be it known that no exception to this procedure will be made to any student.

Students are at all times expected to communicate verbally and non-verbally in a professional manner that is polite, courteous and mature. Profanity of any kind, as well as negative and disparaging words, crude slang, and rudeness is never appropriate in a health profession and will not be tolerated in the educational environment. Such communication will result in corrective action including probation or dismissal.

## Clinical Scheduling

Clinical education is designed to provide all students with a thorough and comprehensive training experience that is timely, equitable, and educationally valid. This is achieved through a clinical scheduling model that provides for systematic rotations to a variety of clinical training sites every 5-6 weeks for all students. Much effort and time is invested in clinical scheduling and is oriented toward successful student development and progression in competency. Routine assessments are made of student progress by the program's Clinical Coordinator and Clinical Preceptors and designs the schedules to be optimally beneficial for all students. Clinical Schedule assignments are not negotiable.

## Advanced Modality Shadowing

Advanced modality observation rotations, such as CT, MRI, NM, US, are available to students upon written request after completion of the junior year. A request form is available from the Clinical Coordinator. Factors such as exam competency completion, maturity and readiness are considered for advanced modality shadowing. A minimum of one-half of a rotation (3 weeks) is given for most modalities. One day is given for Radiation Therapy. In accordance with JRCERT's position statement with regard to breast imaging, the program will make every effort to place students in a Mammography shadowing rotation if requested and available. However, the program cannot supersede clinical site policies that restrict breast imaging rotations/procedures to students. Students are advised that placement in a breast imaging rotation is not guaranteed.

## Evening Clinical Rotation Option

Students have the option of requesting evening clinical assignments during the second year in the program. Evening shift hours are 2:00pm – 10:00pm. Evening rotations are available to students on a limited basis upon written request after completion of the first year of the program. In accordance with JRCERT accreditation standards, evening clinical assignment cannot exceed 25% of total clinical time. Approval for evening clinical rotations and total hours allowed per student are at the discretion of the Clinical Coordinator. Decisions are based upon multiple factors including, level of clinical progress

and achievement, as well as the designation of appropriate student supervision by qualified preceptors. To request an optional evening rotation, students must email the Clinical Coordinator.

### **Student Travel Obligation**

Students are assigned to a variety of diagnostic imaging settings at various geographical locations throughout Marion, Lake, Citrus, Levy, and Alachua counties on a 5-6-week rotational basis. Effort is made to minimize the miles students must drive to a clinical setting by scheduling clinical assignments within the county of student(s) residence when possible however, students may be required to drive distances up to 45 miles one-way from the MTC campus (1014 SW 7<sup>th</sup> Rd, Ocala, FL).

### **Essential Functions**

Students will often be requested to perform non-technical but essential functions in the clinical setting which are in the Scope of Practice for Radiographers (See Appendix A). This may include but is not limited to: transporting patients, assisting patients with clothing or hygiene needs, providing “moving help” by assisting preceptors and other students in moving patients from hospital bed to examining table, taking specimens to the lab, cleaning tasks within the imaging department, performing inventory, filing and other clerical tasks.

### **Incident Reporting**

Any incident involving injury (no matter how small) must be reported to the Clinical Preceptor, Radiology Department Supervisor or Manager immediately.

- The Clinical Preceptor or faculty member will instruct the student as to the proper procedure for treatment or non-treatment.
- An Incident Report must be completed at the clinical institution.
- A program faculty member is to be contacted as soon as possible.
- A Marion County Public Schools - Standard Student Accident Report is to be completed in the program office the same day of original injury.

### **Documentation of Student Clinical Training - Trajecsyst**

The program maintains accurate and permanent records of student achievement in the clinical education phase of the program. This is accomplished by use of a web-based student record management system called *Trajecsyst*. This provides an electronic method of clocking in and out of their clinical education sites daily as well as to keeping track of the radiographic procedures in which they are involved. Student Clinical Evaluations are submitted by clinical preceptors through *Trajecsyst* for assessment and grade computation by the Clinical Coordinator. Permanent internship record of student competency exams are submitted by the Clinical Coordinator and are accessible by students, clinical preceptors and program faculty. Students receive a personal login and are responsible for logging all exams observed, assisted, or performed into *Trajecsyst*. Students also have the responsibility of submitting an evaluation of the clinical site and preceptor at the end of each rotation.

## Personal Safety and Security in Clinic

The following rules have been established to maintain the safety of students in the clinical environment. These safety policies are not inclusive. Students are to observe all rules of the program's individual clinical training sites as well as using good personal judgment and common sense. Failure to observe these rules may result in compromise of student and patient safety and will be subject to corrective action.

1. Students will be accountable to adhere to the safety regulations set for the by the individual clinical training facilities. This includes security, fire regulations and procedures, and hospital "codes." Clinical education settings will orient students to their facility's safety policies.
2. Students will maintain their own personal health; any change in student health or ability to meet the program's Technical Standards is to be reported to the Clinical Coordinator.
3. Students will utilize proper body mechanics when interacting with and moving patients, equipment, and/or supplies. Proper body mechanics are taught to students didactically in the *Fundamentals of Radiologic Technology* course at the onset of the program and prior to clinical assignment.
4. Students must follow Universal Precautions with respect to hand-washing, infection control, and proper disposal of medical waste. [See Universal Precautions].
5. When entering patients' rooms, students will adhere to any contact or respiratory precautions posted. Use of appropriate personal protective equipment (PPE) is required.
6. Students are NEVER to enter negative pressure rooms.
7. Always walk, never run. Keep to the right of hallways when pushing a portable machine, wheelchair or stretcher.
8. Report broken/defective equipment to the Clinical Preceptor or Chief Technologist immediately. Place a "Do Not Use - Broken" sign on the defective equipment.
9. Know the location of fire extinguishers, department crash carts and contrast reaction kits.
10. Enjoy clinical training but never "horseplay," use sarcastic humor, or make practical jokes.
11. Abide by the program's Cell Phone Procedure at all times; students are never to have cell phones visible or turned on during clinical assignment (refer to Cell Phone Procedure).

## Infectious Diseases/Flu shots

It is understood that in the clinical/healthcare environment, exposure to environmental hazards and infectious diseases including, but not limited to, Tuberculosis, Hepatitis B, COVID-19, and HIV/AIDS is an inherent risk. Students entering the program are required to obtain the Hepatitis B vaccine prior to entering the program. This requirement is outlined students' acceptance letters. Certain clinical education settings require proof of vaccination from Hepatitis B and other communicable diseases. The student understands and assumes the risks involved in clinical training in the healthcare arena. (See **Appendix D**). Additionally, *Influenza* is a highly contagious viral disease during the months of October-May each year. Some clinical training facilities require flu vaccinations of their employees, students and volunteers. The program highly recommends that students obtain a flu vaccine each year.

## **Universal Precautions**

The program is using the practice of Universal Precautions which is defined by the Centers for Disease Control (CDC) as “a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other bloodborne pathogens.” As a result, students and instructors will treat all human blood and body fluids as if they are known to be infectious for HBV, HIV and other bloodborne pathogens. In circumstances where it is difficult or impossible to differentiate between body fluid types, employees will assume all body fluids to be potentially infectious. The Program Director and Clinical Coordinator are responsible for overseeing the Universal Precautions Program.

## ATTENDANCE STANDARDS & POLICIES

*[Attendance Standards must be expressly understood. Please read the standards thoroughly, sign and submit the acknowledgement agreement that follows.]*

### Hours of Attendance

Attendance to class and clinical practicum is essential, mandatory, and strictly enforced. Absence is inevitable, however, and is adequately provided for in this program. The student must become proficiently familiar with these standards, hours of attendance, and consistently be in compliance.

The program is a traditional full-time Monday – Friday program. Official program hours (including clinical begin/end times) vary from between 6:00am – 10:00pm and do not exceed 10 hours per day. Total scheduled didactic and clinical clock hours combined do not exceed 40 hours per week. Homework assignments and study time are completed after hours and are not included within this time. Students are considered in attendance during official program hours unless there is a scheduled holiday or break, or dismissed by program faculty or clinical preceptor.

### School Breaks/School Closing Days

The Sequence of Study incorporates official school holidays and breaks. These are determined by the Marion County School Board on an annual basis. Students do not attend class or clinical practicum during these holidays or breaks. Holidays and breaks will be listed on clinic and course schedules.

### Attendance/Absenteeism

If a student is absent for more than 5% of the required hours for the term, they will be placed on probation. Excessive absences are identified by a student missing greater than 10% of the required hours per term at any given point in the program. This may result in failure of the clinical course or didactic course and may impact ability to graduate from the program.

### Clock-Ins/Clock-Outs

Students must clock in and out at all clinical facilities. This is done by logging-in to the online recordkeeping program, TRAJECSYS. *Failure to clock in and out appropriately from clinical computers will result in warning, probation and dismissal.* The procedure for clocking in and out must be followed:

- It is NOT permissible to use mobile devices to clock in/out unless authorized by program faculty. Students may ONLY clock in/out from the clinical site's designated computer. (IP addresses are visible and monitored).
- When arriving to clinical, the student will access TRAJECSYS and enter their personal login, then click on *Clock-In*. (If late to clinical, see "Tardiness" below)
- When leaving clinical, the student will access TRAJECSYS and enter their personal login, then click on *Clock-Out*.
- When using a mobile device the geolocator must be active on the phone and the student must be in the work area when clocking in/out.
- If the student is released from clinical (by the Clinical Preceptor) more than 15 minutes early, the student will file a *Time Exception* in TRAJECSYS. (See Clinical Dismissal below).

### Clinical Dismissal

Clinical hours are published on the Clinical Schedule and vary from site to site. Students must be on time and remain at the facility until the designated time unless the Clinical Preceptor releases the student(s) early. (Students must NEVER ask to be released early). When released early by the Clinical Preceptor, students must clock-out in TRAJECSYS as follows:

- Click on *Time Exception*
- Enter the time of departure and comments (name of person authorizing the early release and reason)

On occasion, a clinical training site will need to dismiss their student(s) early in the day for various business reasons. It is the student's responsibility to notify the Clinical Coordinator of the unexpected dismissal. Student(s) will be reassigned to an alternate clinical facility for the remainder of the day (or days) as needed. Student(s) must report to the program office. They are not to go home.

If a student leaves from a clinical site before the designated time published on the Clinical Schedule without approval, the student will be subject to corrective action.

### Tardiness

Promptness is required of all students in a professional training program. A strict tardy procedure is enforced.

- If the student is going to be late to class or clinical, the clinical preceptor and the program faculty must be notified prior to the designated start time.
- The student is officially tardy if they did not arrive and/or are not clocked into the clinical facility on or before the designated start time.
- All tardy time is rounded to the nearest 15-minute increment (ex: 8 minutes tardy = 15 minutes; 23 minutes tardy = 30 minutes, etc.)
- If tardy to clinical, the student is NOT to clock in through Trajecsyst under normal clock-in procedures. After logging in to Trajecsyst, the student will click on Time Exception and enter the time of arrival and reason.
- Excessive tardiness accrued in this manner may result in dismissal from the program.

**AN ABSENCE NOTIFICATION MUST BE SUBMITTED THROUGH TRAJECSYS FOR EVERY CLINICAL ABSENCE**

#### Acceptable absences include:

- |                                  |                                  |
|----------------------------------|----------------------------------|
| • Personal and family illness    | • Bereavement/funeral attendance |
| • Necessary medical appointments | • True family emergencies        |

#### Absences are not to be used for:

- |              |                                 |
|--------------|---------------------------------|
| • Vacation   | • Personal employment           |
| • Study time | • Any other non-medical reasons |

An occurrence of 3 days or longer of illness must be documented by a physician. A doctor's note must be submitted to the program assistant upon return. (Note: *Excessive absenteeism may prevent the student*

from being re-registered for the next term). All absences must be reported through Trajecsyst. (See Absence Notification Procedures)

**If the student becomes ill during clinical practicum –**

- The student **MUST** report the illness to the clinical preceptor AND the Clinical Coordinator. Failure to do so will result in Corrective Action.
- The student will be sent home.
- The student will file a Time Exception in Trajecsyst indicating the missed clinical time.

## **Absence Notification Procedures**

### **Clinical**

If the student is sick and will be absent from the clinical assignment, notification to that site and Clinical Coordinator must be made at least thirty (30) minutes prior to the expected start time. Failure to follow program procedure will result in corrective action.

1. Call clinical preceptor (phone listing on schedule)
  - If the Clinical Preceptor is not available, the student should get the name of the person to whom they are giving the message. It is the student's responsibility to follow-up later to ensure the Clinical Preceptor received the message.
2. Login to Trajecsyst
  - Click on Other Evaluations
  - Click on Absence Notification – CLINICAL
3. Email Clinical Coordinator

### **Class**

If the student is sick and will be absent on a class day, notification to program faculty should be at least (15) minutes prior to the start of class that day. Failure to follow program procedure will result in corrective action.

1. Call program clerk (352) 671-7223
  - If you receive voicemail, leave a message. The clerk will notify faculty.
2. Email instructor of courses you will be missing.

## **Student Employment**

In order to pursue the safety goals of our clinical institutions, protect patients and workers while providing the utmost patient care, and meet the educational needs of the students, policies are established for optimum student achievement.

Students who are employed shall make school attendance a priority over employment. Leaving clinical early for work is unacceptable.

Sleeping in class or poor clinical performance due to lack of sleep will not be tolerated. Working late night or early morning prior to a school day on a regular basis is unacceptable. Student time is accounted for at all times. A student is not permitted to work in any paid capacity during clinical or classroom hours.

In addition to meeting all goals, the faculty and school officials are concerned for the physical and mental capabilities of the student. Student attendance in the program, therefore, is of utmost importance. Abuse of tardiness or absence will not be permitted.

## PROFESSIONAL APPEARANCE POLICIES

The student's ability to gain the trust and confidence of patients is seriously compromised if the student does not look the part of a healthcare professional. If, in the opinion of the program faculty, a student is non-compliant with the program's Professional Standards, including professional appearance, personal hygiene, speech, and conduct, corrective action procedures will be initiated.

### Uniforms

Uniform scrubs must be worn at all times when attending class and clinical rotations. The class fleece/logo jacket is suggested for class. A long-sleeve navy-blue scrub jacket is suggested for clinical. All scrub tops and jackets must be embroidered with the official school logo on the left chest and "Radiology" to the right. Uniforms must be clean and wrinkle-free.

#### Official class uniform includes:

- Clean wrinkle-free scrub navy blue pants, navy blue scrub top.
- Only clean, WHITE t-shirts are permitted under navy blue scrub tops.
- Name badge visible at all times and worn at collar level or on lanyard.
- Class fleece jacket.

#### Official clinical uniform includes:

- Clean wrinkle-free scrub navy pants, navy blue scrub top and jacket.
- Only clean, WHITE t-shirts are permitted under navy blue scrub tops.
- Name badge visible at all times and worn at collar level or on lanyard.
- *Instadose* dosimetry badge worn at all times at collar level.
- Student x-ray markers affixed to ID badge or carried in pocket at all times.
- White or grey shoes ONLY for clinical (see below)

### Shoes

Only WHITE or GREY athletic shoes or uniform shoes (found in uniform shops) are permitted. Shoes should be clean at all times. Safety, comfort and appearance are the main consideration for acceptable footwear. Clogs specially designed for healthcare workers may be worn if they have a strap fitted securely to the foot so that they do not slap the floor when walking. They must be closed-in with no open holes. All shoes must have a non-skid, rubber sole.

**NOT PERMITTED:** Black or colored shoes, tennis shoes, basketball shoes and any other specialty athletic shoes, flip-flops, thongs, mule style shoes, boots, sandals crocs, or open-toed footwear.

Any student who reports to clinical training without being in official uniform or is lacking ID badge, dosimetry badge, or student markers, will be sent home to get them.

**Picture ID Badge**

A picture ID badge is considered part of the student uniform and is to be worn at collar level or on lanyard at all times while at clinical and on school campus. If the MTC badge is forgotten when attending classes on campus, the student must sign as a visitor at the front desk of MTC. The visitor sticker must be worn while on campus and returned to the front desk when leaving for the day.

**Lead Markers**

Each student is provided with one set of radiographic lead markers containing their personal initials. Students must use their own lead markers on every radiographic image without fail. Using another student or technologist's lead markers is **STRICTLY PROHIBITED**. The students' lead markers should be affixed to their picture ID badge or carried in their pocket and are considered a vital part of the program's required uniform. The uniform is incomplete without lead markers, picture ID badge, and radiation monitoring badge.

Lead markers may **ONLY** be used while on duty as a student for marking images of patient exams personally performed. Lead markers are **NOT** to be used by other students or techs. Further, if the student undergoes x-ray exams on their own anatomy, the student lead markers can **NOT** be used. Likewise, the student can **NOT** perform their own personal x-ray exams.

If lead markers become lost, the student must notify their Clinical Coordinator at the program office immediately. A temporary set will be issued and an additional personal set will be ordered.

**Hair**

Hair must be clean, neat, out of the face, and of natural human hair color. If hair is below shoulder length, it must be worn back in a pony-tail or clipped up. (If hair falls forward from the neck when the student leans over, it must be worn back). Hair is never to fall below the eyebrows or cover the face. If it must be repeatedly pushed back, it is inappropriate. Unnatural hair colors and wide/chunky hair color variations or streaking are not permitted. Fashionable, trendy, or extreme hair styles and eyelashes are inappropriate in a healthcare environment and are not permitted. This may include but is not limited to: feathers, beads or other items braided into the hair or eyelashes, eyelashes that are avant-garde or of exaggerated length, hairstyles that are mullets, mohawks, faux-hawks, duck tails, dreadlocks, spiking, designs or initials shaved into clipped hair, rockabillys, etc.

**Facial hair:** only permitted when it is close to the face and neatly trimmed. This must be maintained at all times. "Stubble" from lack of regular shaving does not meet professional standards.

**Jewelry**

Conservative, tasteful jewelry that is **NOT EXTREME** or excessive is permitted. Jewelry should not be functionally restrictive or dangerous to job performance. Class pins or small special award pins may be worn, however, buttons and pins of political nature, and comic or advertising oriented are not allowed.

**FACIAL PIERCINGS ARE NOT PERMITTED.** Facial jewelry, including eyebrow rings, nose rings, lip rings, visible microdermal piercings or visible dermal anchors, and tongue studs, are **NOT** professionally appropriate and must **NOT** be worn while attending either clinical or didactic classes. Earlobe plugs are **NOT** permitted.

**Earrings:** only permitted to wear stud type earrings at clinic. Dangling earrings are not permitted at clinic. It presents a safety hazard.

### Fingernails

Natural fingernails must be kept short and clean without rough edges. Fingernail polish is NOT permitted during clinical education. This includes color or clear. Even clear polish can chip and harbor bacteria thereby resulting in an infection control issue. Since all students will have direct patient contact, artificial fingernails may NOT be worn. Artificial fingernails are defined as any material applied to the nail for the purposes of strengthening or lengthening nails including, but not limited to: gel, wraps, acrylics, tips, tapes, nail-piercing jewelry of any kind.

### Hats

Hats or head coverings can NEVER be worn at clinical OR inside the MTC building. The only exception is for scheduled outside activities.

### Tattoos

Tattoos can NOT be visible. Tattoos on the neck, face and scalp are NOT permitted. Tattoos on the arms (visible below the edge of short sleeve scrub top) MUST be covered by wearing long sleeve top/scrub jacket (covering with bandages is not acceptable). Tattoos on outer wrists, hands, and fingers are NOT permitted.

**Any extreme in clothing, hair, cosmetics, jewelry, or appearance is not acceptable in class or clinical. These standards apply at ALL TIMES. Students NOT in compliance with the dress code will be sent home to change**

### Makeup and Cologne

Makeup should be worn in moderation. Cologne/perfume is NOT permitted in the clinical setting as many patients are at risk of having an adverse reaction including nausea and vomiting.

### Chewing Gum, Eating, or Drinking

Students are not permitted to chew gum, eat, or drink while caring for a patient. They are allowed in designated areas only.

## CELL PHONE PROCEDURE

### In Clinical

**Cell phones are permitted to be carried in students' pockets ONLY IF:**

- They are turned completely OFF.
- They can NOT be on SILENT, VIBRATE, ALARM ONLY, AIRPLANE MODE or any other setting.
- Students may access their cell phones ONLY when given official breaks and lunch and ONLY out of the work area or patient care area.
- Sitting or standing in the radiology work areas during “downtime” is NOT an official break.
- Cell phones can NOT be utilized while in the work or any patient care area at ANY time.
- Students may ask permission from their clinical preceptors if they're able to use electronic means to study flashcards, looking up medical terms, accessing distance learning platforms such as Clover Learning, Evolve, or Canvas, accessing iRad or any other applications related to radiography education are the only acceptable reasons to access a cell phone during clinical time.

- Students may NOT submit any course assignments during clinical hours. This includes assignments on Canvas, Clover Learning, and SIMTICS.
- There is NO acceptable reasons for students to utilize their cell phones for social media during clinical hours.
- At NO time are students allowed to charge their cell phones at clinic. There are NO exceptions for this.

**Any violation of this procedure is subject to corrective action as follows:**

1. **First offense** – Student receives official WARNING on a corrective action.
2. **Second offense** – Student loses privilege of carrying cell phone in pocket. Student will be on PROBATION with the program and cell phone will not be allowed in the student's pocket at any time for the remainder of the program. The cell phone will have to be put away out of sight (such as in a cabinet, drawer or locker) OR not allowed in the clinical facility at all. This will be determined by program faculty and clinical officials and will be documented on the corrective action.
3. **Third offense** – The corrective action will result in SUSPENSION from the program for a minimum of three days. This action jeopardizes the student's good standing with the program and may lead to dismissal from the program for any further non-compliance of any program standards or procedure violations.

In the event of a personal/family emergency, the program office should be notified at (352) 671-7223. A faculty member or the program assistant will immediately locate the student in clinical and relay the urgent message.

**There are several reasons this procedure must be strictly adhered to:**

1. Patient safety.
2. Protect the student; eliminate the potential for inattention to duties.
3. Some clinical affiliates do have strict cell phone usage policies for their employees. It is in the best interest of the program and the students within the program to support the policies of the clinical affiliates.
4. Photographing a patient's injury, condition, or circumstance in any way including x-rays is strictly prohibited and could violate HIPAA. The penalty for disregard of HIPAA is up to and including immediate dismissal.

**In Class**

Students may access their cell phones during breaks and lunch. During class phones are expected to be powered OFF and placed in their personal belongings (not on the desk)

If a student must have their cell phone for an emergency situation, the instructor should be made aware and that instructor may permit the student to keep their cell phone with them at the students' desk.

Students should give the program office phone number to their child's school and family members in case of emergencies, (352) 671-7223.

## IONIZING RADIATION AND PROTECTION PROCEDURE

Due to participation in the administration of ionizing radiation, the student must be aware of policies and procedures utilized in assuring safety and minimizing radiation exposure to patients, students and others. Radiation exposure should always be kept to the lowest possible level. Students are advised of the biological effects of radiation exposure and the required measures for radiation protection. Students are also advised of the separate procedure regarding pregnancy (see Student Pregnancy Procedure below). Time, Distance, and Shielding are the cardinal principles of radiation protection for students, patients and any other individuals participating in diagnostic imaging procedures. The least time of exposure to the sources of radiation, the greatest distance from the source, and protective shielding with devices such as lead aprons are the foundation for minimizing dosage. The student is responsible for observing and employing these principles at all times. Failure to do so will result in corrective action up to and including dismissal from the program.

- All students are to be directly supervised pre-competency and indirectly supervised post-competency by a qualified ARRT Registered Technologist in Radiography.
- Any unsatisfactory radiograph that is repeated must be directly supervised regardless of the level of student competency or time in the program. STUDENTS ARE STRICTLY PROHIBITED from repeating an image without a qualified preceptor directly present. Any student performing a “repeat” without a qualified technologist physically present during the exam is subject to dismissal from the program.
- All energized and ionizing radiographic equipment in the program’s clinical training facilities are maintained in compliance with federal and state radiation safety policies and regulations.
- Appropriate radiation protective devices such as lead aprons and thyroid shields are provided to students in the clinical setting and utilization is enforced. Students must wear a minimum of a 0.25 mm lead equivalent personnel shield any time a permanent barrier will not protect them from exposure; for example, during mobile, fluoroscopic, and surgical procedures.
- During fluoroscopic, surgical, or mobile (bedside) procedures, when students must remain in the room with the patient, the following procedure is to be followed:
  - A lead apron and lead thyroid shield will be worn at all times.
  - The student will put as much distance as possible between themselves and the source of radiation while still maintaining reasonable sight of the patient.
  - Holding an image receptor or a patient during exposure can result in direct beam exposure to unprotected areas of the body; therefore, STUDENTS ARE STRICTLY PROHIBITED from holding image receptors or holding/supporting patients during exposure. Any student who holds a patient during an exposure for any reason is subject to corrective action up to and including dismissal from the program.
  - During activation of the x-ray tube, students must not have any part of their body in between the tube and the patient.
- While in the department, students must observe the patient during exposure from the control room through a lead glass protective window.
- A personnel radiation monitoring dosimeter badge, *Instadose*, is issued to each student (see Radiation Monitoring Badges below). The dosimeter badge must be worn at all times during clinical assignments and fastened at the collar level and outside of the lead apron when applicable.
- A dosimetry report indicating individual radiation dosage levels during each specified reporting period is provided to students at the end of each clinical rotation (see Dose Limit Procedure below). Students are responsible for uploading their dosimeter readings at the end of each clinical rotation.

## Energized Laboratory Procedure

The program provides energized laboratory experiences at various intervals during Radiographic Procedures and Radiographic Imaging courses. Dates and times of energized lab days will be noted on students' course schedules. The program has two designated stationary fully energized radiography rooms on campus, each equipped with multiple positioning aids and radiation protection devices. Participation in lab exercises is mandatory. Evaluation and assessment of each student's participation is to be expected.

The energized laboratory is intended solely for educational purposes. Laboratory activities are designed to simulate clinical procedures while maintaining a safe learning environment and shall not substitute for clinical education experiences involving patient care. All energized laboratory operations comply with applicable state regulations, institutional radiation safety policies, and equipment quality assurance requirements.

The following general procedure rules are to be understood and practiced by all students:

- Students must demonstrate competency in positioning, room preparation, radiation protection practices, and exposure selection in the non-energized lab practicums prior to participation in energized lab activities.
- The door to the laboratory is always to remain locked and the radiation exposure mechanism disabled, except during scheduled utilization under supervision.
- Prior to each energized laboratory session, faculty shall verify proper operation of the radiographic equipment, exposure indicators, warning lights, and safety mechanisms.
- The energized equipment must be used only under the direct supervision of program faculty. There is NO open lab. All lab exercises are pre-planned and performed in small groups.
- Energized laboratory activities shall be supervised by qualified radiography faculty who hold current ARRT certification and Florida licensure and have received training in the operation of the laboratory equipment.
- Student conduct while in the lab is governed by the same standards as in clinical education and in the classroom.
- Students are never to make energized exposures with any person either in the laboratory room, or without checking for personnel in the area.
- Repeated exposures shall be limited to those necessary to achieve stated educational objectives. Unnecessary repeat exposures are prohibited.
- All students and faculty will wear radiation monitoring devices during all energized lab sessions.
- Energized laboratory exposures shall be performed only on approved phantoms, image receptors, and laboratory equipment designed for educational purposes.
- Students are not permitted to manipulate the x-ray phantom or make any exposures unless directed by the lab instructor.
- Students shall never hold an image receptor, phantom, positioning device, or any object within the primary beam during an exposure. Mechanical holding devices shall be utilized whenever immobilization or support is required.
- Students are absolutely forbidden to make radiographic exposures on human subjects, including themselves, in the laboratory.

- All energized laboratory activities shall be conducted in accordance with the ALARA (As Low As Reasonably Achievable) philosophy. Students must demonstrate appropriate use of time, distance, and shielding during all laboratory exercises.
- Appropriate radiation protection devices, including lead aprons and thyroid shields, shall be available and utilized according to laboratory objectives and radiation safety principles.
- Students who have voluntarily declared pregnancy shall continue to follow the program's pregnancy procedure and applicable radiation safety guidelines during energized laboratory activities.
- Students are responsible for maintaining the cleanliness and orderly appearance of the lab rooms.
- Any equipment malfunction, radiation safety concern, or laboratory incident shall be immediately reported to the supervising faculty member. The laboratory session shall cease until the issue has been evaluated and resolved.

Any violation of this safety procedure and general lab rules will be considered a violation of professional standards and subject to corrective action up to and including dismissal from the program.



## Radiation Monitoring Badges and Dose Limit Procedure

In compliance with Nuclear Regulatory Commission (NRC) regulations and applicable state laws, all students are provided with a radiation monitoring badge known as a dosimeter for monitoring exposure to radiation. *Instadose* dosimeters are provided to students upon entering the program. Radiation dose readings are conducted to coincide with each clinical rotation assignment.

Radiation monitoring badges must be worn at the collar level at all times the student is on clinical assignment. It must be worn on the outside of the lead apron in the collar area. Loss or damage of an *Instadose* radiation monitoring badge must be reported to the Clinical Coordinator immediately. A replacement badge will be provided. The student incurs the cost of the replacement badge.

Radiation dose limits for occupational workers (including students) are established by the National Council on Radiation Protection and Measurements (NCRP):

Dose Limit Annual: 50 mSv (5000 mRem)  
Cumulative: 10 mSv x age (1000 mRem x age)

**The program's procedure for student dose limits is:**

**Dose Limit Quarterly: 1.25 mSv (125 mRem) [Two consecutive 6-week clinical rotations]**  
**Dose Limit Annually: 5 mSv (500 mRem)**

To assure that student radiation exposure is kept as low as reasonably achievable (ALARA), the program routinely maintains and monitors student radiation exposure data. Student radiation exposure data is available instantly and at any time via *Instadose*. Students are required to plug their dosimeter USB into a computer at the end of each clinical rotation and upload their personal radiation exposure data to *Instadose*. Radiation interpretation of dosimeter readings occurs as follows:

1. The Clinical Coordinator retrieves all students' radiation exposure data from the *Instadose* account and reviews the report.
2. If there is a high reading, the report is then submitted to the program's Radiation Safety Officer (RSO) for interpretation. The Radiation Safety Officer (RSO) of Radiology Associates of Ocala, Dr. Rolando Prieto, serves as the program's RSO.
3. The RSO signs the report for verification of the data. The signed report is maintained in the program office.
4. If a student(s) exposure reading reaches 1.25 mSv (125 mRem) in any given quarter (two consecutive 6-week clinical rotations), the following steps will be taken:
  - The Clinical Coordinator will notify the student(s), RSO, and Program Director of an excessive dose.
  - The Clinical Coordinator and Program Director will meet with the student and try to determine what may have caused the student's reading to reach 1.25 mSv (125 mRem) and make an action plan for the student to minimize future excessive exposure. This will include a review of safe practices and may include clinical practicum modification to exclude fluoroscopy and surgical exams.

## Student Pregnancy Procedure

The Radiologic Technology program at Marion Technical College adheres to the JRCERT's standard with regard to the declaration and discussion of pregnancy. This includes the appropriate courses of action once the declaration of pregnancy has occurred. If a student becomes pregnant, they can elect to notify the Clinical Coordinator and/or the Program Director. Pregnancy notification is voluntary.

Studying and participating in a clinical setting is a necessary part of the training program conducted by the program. Exposure to doses of radiation is an inherent part of clinical education and participation. Students who are pregnant are subject to risks associated with radiation exposures that are greater than the risks shared by those who are not pregnant. There is medically accepted evidence that a human embryo/fetus has greater sensitivity to radiation. The embryo/fetus may be susceptible to the harmful effects of radiation such as cancer, mental retardation, and other various developmental deficiencies. Other risks which detrimentally may affect pregnancy and which are inherent during clinical education include strenuous lifting and exposure to infectious diseases and illnesses. Pregnant students need to make informed decisions regarding radiation exposure during pregnancy.

**The Marion County Public Schools, MTC, the Radiologic Technology program and school officials will not be responsible for radiation injury to the student or the embryo/fetus if the student chooses to continue in the program during pregnancy.**

### Option 1

The pregnant student may voluntarily declare pregnancy by informing the Clinical Coordinator and/or Program Director in writing of their pregnancy and providing the estimated date of conception (month and year). The student's declaration of pregnancy may be withdrawn at any time by submitting a written withdrawal of declaration to the Program Director.

Upon voluntary declaration of pregnancy, the student can choose to continue in clinical education without modification however, the program recommends that fluoroscopy, mobile, and surgical exams be excluded. The pregnant student will also be advised to not enter MRI, Nuclear Medicine, Special Procedures, Cath Lab, or Radiation Oncology.

Once the student has voluntarily declared pregnancy in writing, and regardless of the student's choice to continue in the program with or without clinical modifications, the following actions will be taken:

- A. The student will provide the Program Director with a letter from their physician stating that the option chosen is medically acceptable.
- B. Program officials will counsel the student regarding the potential risks associated with fetal radiation exposure. The appendix to Regulatory Guide 8.13 of the United States Regulatory Commission will be reviewed and discussed. Leave time for delivery and post-partum recovery will also be discussed. An estimated plan and timeline for program completion will be included. It is understood that program completion time will be impacted.
- C. The Student Pregnancy Release Form will be reviewed and signed by the student. A copy will be placed in the student's school folder. A copy will be provided to the student and to the Administrative Director of MTC.
- D. A fetal dosage monitoring device will be assigned to the student and required to be worn as instructed. It must be worn at waist level at all times (under lead aprons) to monitor fetal exposure during clinical education. USB readings will be required at the same intervals.

- E. The student will limit the dose to the embryo/fetus to 5 mSv (0.5 REM) during the entire pregnancy. This is 1/10 of the dose that an occupational worker may receive in a year.

**Option 2**

The pregnant student may request a leave of absence from the program. If chosen, the following actions will be taken:

- A. The student will provide a letter to the Program Director requesting a leave of absence from the program.
- B. The student will provide a letter from their physician confirming the pregnancy and an estimated date of delivery.
- C. Program officials will discuss with the student an acceptable plan for a medical leave of absence.

Regardless of the option selected, the student may or may not graduate from the program on the date scheduled upon entering the program. Program completion will be determined on an individual basis depending on the student's capacity to complete all course requirements.

## Procedure for Clinical Student Supervision

The Program, its accrediting agency (JRCERT), and Florida state laws governing ionizing radiation require that the student be supervised in the performance of radiographic procedures under the following guidelines:

1. The student must not take the place of a qualified staff radiographer which is an ARRT Registered Technologist in Radiography (Program and JRCERT).
2. **DIRECT SUPERVISION** - Until a student achieves competency in a given procedure, all clinical assignments must be carried out under the DIRECT SUPERVISION of a qualified (ARRT) radiographer who:
  - A. Reviews the procedure in relation to the student's achievement.
  - B. Evaluates the condition of the patient in relation to the student's achievement.
  - C. Is physically present during the conduct of the procedure.
  - D. Reviews and approves the procedure and/or image.
3. **INDIRECT SUPERVISION** - After the student achieves competency in a given procedure, INDIRECT SUPERVISION may be provided by a qualified (ARRT) radiographer.
  - A. Supervision provided by a qualified radiographer immediately available to assist the student regardless of the level of achievement.
  - B. "Immediately available" is interpreted as the physical presence of a qualified (ARRT) radiographer adjacent to the room or location where a radiographic procedure being performed.
4. **All repeat images, regardless of the level of student competency development, must be repeated in the presence of a qualified radiographer.** (JRCERT and the State of Florida). If a student repeats an image without direct supervision:
  - A. The student will be immediately placed on CLINICAL PROBATION for the remainder of the academic term.
  - B. If the student should repeat a second image without direct supervision, the student will receive a FAILING GRADE for that clinical course and be DISMISSED FROM THE PROGRAM.
5. A student is not to comp a procedure prior to student simulation of that procedure.

The program assures that students are directly supervised during surgical exams and all mobile exams, including mobile fluoroscopy procedures, regardless of the level of competency.

## PROGRAM PROCEDURE ON ELECTRONIC MANIPULATION OF IMAGES

For clarification and questions on the following positions, please see the Program Director or Clinical Coordinator:

### Digital Image Cropping or Masking in Radiography

It is the position of the Radiologic Technology program at Marion Technical College that a digital image should not be cropped or masked such that it eliminates areas of exposure from the image that is presented for interpretation. Pre-exposure collimation of the x-ray beam is necessary to comply with the principle of as low as reasonably achievable (ALARA). **Determining that exposed anatomy on an image is not significant or of diagnostic value is a medical decision and is therefore outside of the scope of practice for a radiologic technologist.** All anatomy exposed on the digital image is a part of the patient's permanent medical record, and should therefore be presented to the licensed independent practitioner to determine whether the exposed anatomy obtained on any image is significant or of diagnostic value. **For this reason, the program prohibits students from performing post-exposure shuttering, cropping, electronic collimation, or electronic masking except when necessary to eliminate the visibility of large regions of brightness, where automatic processing fails to do so.** This statement is made in adherence with the Practice Standards and scopes of practice for medical imaging professionals.

*[Adapted 6/2018, ASRT]*

### Digital Image Post-Processing in Radiography

It is the position of the Radiologic Technology program at Marion Technical College that an image obtained for a prescribed projection in a digital imaging system or series be assigned only to that specific projection and not be altered by post-processing in order to be represented as another projection. **For this reason, the program prohibits students from altering any projection or series by post-processing projection and/or series reassignment.** This statement is made in adherence with the Practice Standards and scopes of practice for medical imaging professionals.

*[Adapted 6/2018, ASRT]*

**Any student altering an image after it is acquired is subject to corrective action up to and including dismissal from the program.**

For further interest in the ASRT's opinion and position on the use of post-exposure cropping and masking in radiography:

<https://www.asrt.org/main/standards-and-regulations/professional-practice/practice-standards-online>

## STUDENT CONDUCT STANDARDS & PROCEDURES

Health professions are among the highest in distinction, honesty and integrity. In order to promote and comply with the universal standards of conduct in health professions, a clearly defined set of professional principles is necessary. In educational programs, these principles are considered in two general areas; academic and professional. Violations within these areas will be processed by the Health Sciences Department without regard to the sex, race, color, national or ethnic origin, age, veteran status or disability of any of the participants.

**Academic Misconduct** – Academic misconduct is an offense generally defined as any action or inaction that is offensive or jeopardizes the integrity and honesty of the members of the academic community. Instructors and fellow-students are members of the academic community. [See Academic Integrity Procedure and Honor Code]. This includes but is not limited to:

- Seeking, acquiring, receiving, or giving information about the conduct of an exam knowing that the release of such information has not been authorized.
- Plagiarizing.
- Seeking, using, giving, or obtaining unauthorized assistance or information in any academic assignment or examination.
- Intentionally giving false information to instructors for the purpose of gaining academic advantage.
- Falsifying any document or electronic record, including school application and supplementals, time records, online assignments and exams, class assignments, exercises, skills, and any other related activity prescribed by the program or its instructors.
- Failure to sign-in or clock-in and out.
- Failure to clock-in from the precise location of the assigned clinical facility.
- Any violation of the Academic Integrity Procedure and Honor Code

**Professional Misconduct** – Professional misconduct is any action by students which portrays lack of integrity, civility, common courtesy, respect for others, as well as any violation of professional ethics. It is the intent of these policies to ensure client safety and professional conduct by appropriate ethical and legal behavior on the part of the radiology student. All radiology students are expected to be responsible for their actions and exhibit professional behavior in the classroom, the clinical agency, the campus and the community in general. Students represent the radiology program, the college, and the radiology profession. Professional misconduct includes but is not limited to:

- Any violation of the program's Conduct Standards.
- Failure to comply with program's Attendance Standards.
- Violation of Cell Phone Procedure.
- Violation of HIPAA standards and laws.
- Failure to properly identify a patient.
- Discriminating on the basis of race, religious creed, color, national origin, age, disability, ancestry or sex in the rendering of patient care.
- Performing acts beyond the student's scope of the practice or without having received adequate training.

- Performing duties within the scope of practice of student radiographer without having received adequate training.
- Failing to conduct oneself with honesty and integrity, taking responsibility for one's own actions.
- Failing to respect and maintain a patient's right to privacy.
- Inaccurate recording, falsifying or otherwise altering or destroying records.
- Failing to follow clinical instructions and policies.
- Representing self as student or acting as a student outside of clinical hours listed in course syllabus.
- Leaving clinical premises without permission.
- Accepting gifts or money from patients.
- Use of profanity in any way at any time while on MTC campus or at clinical externship sites.
- Verbal or written opposition; arguing or challenging the authority of program officials/instructors.
- Disparaging remarks about instructors, clinical preceptors, fellow students, physicians or patients.
- Making false statements of any kind.
- Misrepresentation of facts or events involving the program.
- Insubordination; refusal to carry out reasonable orders; avoiding prescribed duties.
- Reporting to class or clinical under the influence of alcohol or any judgement impairing substance.
- Absence from a clinical work area without notifying Coordinator/preceptor.
- Inattention to clinical duties or uncooperative with clinical preceptor.
- Willful destruction of school property or properties of other students; or clinical externship property.
- Theft of any kind from clinical externship premises, theft on school premises; including theft of another student's property.

## CONSEQUENCES/PROCEDURES

### Dismissal

Any recommendation for dismissal will be referred to the Program Director, an MTC school administrator, or a disciplinary action committee composed of the Program Director, a program faculty member and a school administrator. The following offenses will result in immediate dismissal from the program:

- Positive drug screening result (with or without a Medical Marijuana Card; Negative-Dilute result).
- Background check report with any charges other than moving and parking violations.
- Theft of any kind on MTC campus or a clinical site.
- Theft of another student's property.
- Willful destruction of school property, another student's property, or clinical site property.
- Possession or use of alcoholic beverages.
- Possession or use of any illegal or non-prescribed substance.
- Reporting to class or clinical under the influence of alcohol or any judgement impairing substance.
- Divulging confidential information, any violation of HIPAA.
- Taking pictures of patients.
- Rendering medical diagnoses to patients or family members.
- Failure to properly identify a patient.
- Unprofessional conduct of any kind.

- Use of profanity at any time on MTC campus or clinical site.
- Faculty disrespect or verbal opposition/arguing with an instructor, clinical preceptor, or MTC Program Assistant.
- Making disparaging remarks or any inappropriate comments in class, on campus, or on social media, regarding any aspect of the program, its instructors, fellow students, or any school officials.
- Any violation of the Academic Integrity Procedure and honor code.
- Any breach or act of compromise to the program's Ethical Accountability Procedure including bullying, intimidation, or harassment of any kind.

### **Probation**

Corrective action that results in probation will be for 120 days from the date of the signed Corrective Action form. Probationary status means that the student may be subject to suspension or dismissal from the program for any offense committed during the 120 day corrective action probation period. The following offenses will result in: first offense, probation and second offense, dismissal from the program:

- Rudeness or unprofessional conduct to MTC Receptionists, Custodians or Security Staff.
- Displaying an attitude which affects the morale of students, faculty, staff, or clinical preceptors.
- Compromising or challenging authority.
- Unprofessional appearance or non-compliance with program dress code in any manner.
- Failure to meet Attendance Standards for any reason.

### **Warning**

The following offenses will result in: first offense, warning, second offense probation, and third offense dismissal from the program:

- Body odor, unclean or un-kept hair.
- Sleeping in class.
- Inattention to instruction or clinical duties.
- Failure to clock in or out.
- Failure to wear Student ID Badge.
- Violation of Cell Phone Procedure in class or in clinicals.

Disciplinary measures are documented in FOCUS. Any Corrective Action, including counseling and advisements notes becomes part of the student's record. The student is counseled and provided an opportunity for written comment. An action plan for improvement is initiated.

All discipline is enforced successively; while on probation, a student may be subject to dismissal from the program if another offense of any kind is committed.

### **Conduct in the Classroom Environment**

Student conduct in the classroom and in the clinical environment must be professional, thoughtful and kind at all times.

**In this regard, students must always:**

- Be committed to the pursuit of knowledge through self-motivated, consistent study habits.
- Uphold and demonstrate moral, ethical and professional personal conduct in the classroom, on campus, and in clinical externship.
- Exhibit courteous and kind attitudes toward classmates, patients, program and clinical officials.
- Demonstrate maturity and responsibility in keeping the classroom clean, orderly and sanitized.
- Be prepared for class including texts and any materials needed.
- Be consistently on-time (early is on-time) to class and clinical.

**Students must NOT:**

- Exhibit any type of disruptive or distractive behavior in class.
- Use profanity, offensive slang, racial or cultural slurs at any time.
- Make unkind, offensive or threatening non-verbal gestures to include offensive facial displays.
- Sleep during class.
- Put feet up on desks.
- Use cell phones (including texting) in the classroom (see Cell Phone Procedure).
- Leave class before dismissed by the instructor.

**Conduct in the Clinical Environment**

The patient is the student's first consideration. Students are expected to conduct themselves in a professional manner at all times.

**The following policies are to be observed and are not exhaustive:**

1. Students must display kindness, tact, gentleness and courtesy.
2. Students should portray and promote a sense of unity and cooperation as members of the healthcare team. An attitude of service and support to technologists as well as patients, a willingness to learn, and grateful disposition is strongly encouraged.
3. Students MUST properly identify patients before bringing them into an imaging exam room or performing a portable exam. Students must always have the imaging requisition with them when identifying a patient. Students must have an understanding of the information on the requisition before greeting the patient.
4. Students are to remain in their assigned work areas, diagnostic imaging room, or portable rotation. Students are responsible for cleanliness, and stocking supplies and linens in their respective assigned areas. Students assigned to portable radiography are responsible for the cleanliness of all portable equipment.
5. The student is never to render interpretations of radiographs or reveal radiographic findings to the patient or others. Interpretation is out of the scope of practice of radiologic technologists. Violation of this standard will result in immediate dismissal from the program.
6. The use of profanity is unacceptable and will not be tolerated. Negative speech and disparaging comments about others are unprofessional and is subject to corrective action.
7. In the absence of a Clinical Preceptor, or when on an evening, the R.T.(R) running the desk (or acting as supervisor) is in charge. Students are accountable to their directions.
8. When an R.T.(R) answers a student's question or gives the student direction, including checking images, the student is not to ask another R.T.(R) for a second opinion. Reserve any doubts or questions for the Clinical Coordinator or didactic instructor.

9. Students should receive all constructive criticism in a positive manner. Students should not take offense when corrected. All students should realize that clinical training is an ongoing practicum and corrective comments/constructive criticism is a necessary part of the learning curve.
10. Cell phone use is strictly prohibited in clinical settings. This is to ensure that students give their full attention and focus to patients and the clinical learning environment. All student cell phones must be powered off during clinical education (See Cell Phone Procedure).
11. Students must never leave the clinical institution or radiology work area they are assigned to without the permission of the clinical preceptor or technologist in charge.
12. All radiographic equipment must be treated with extreme care. All stationary and portable x-ray equipment, including imaging receptors, are very costly. They must be operated and handled with care.

## Grievance Procedure

All students have the right to appeal administrative decisions made by faculty and staff of the program. Every attempt should be made to rectify the perceived grievance by a meeting among interested parties. The student must follow the levels as listed below, in the order that they are listed. Bypassing a level of the process, will result in termination of the appeal process.

### **Level One:**

A written statement is delivered to the Program Director of Radiography within three (3) working days of the perceived incident. Email is acceptable. The statement must fully describe the circumstances giving rise to the perceived grievance and a description of the student's efforts made to resolve the grievance. A decision regarding this appeal will be made within three (3) working days of receiving the appeal, exclusive of weekends or holidays.

### **Level Two:**

If the student desires to appeal the decision made at Level One, the student must provide a written statement to the Assistant Principal of Marion Technical College (MTC) within three (3) working days of the decision at Level One. The statement must fully describe the circumstances giving rise to the perceived grievance and a description of the efforts made to resolve the grievance at the previous level. A decision regarding this appeal will be made within three (3) working days of receiving the appeal, exclusive of weekends or holidays.

### **Level Three:**

If the student desires to appeal the decision made at Level 2, the student must present the perceived grievance within 3 working days to the Administrative Director of MTC. The student must present a written statement to the Administrative Director describing fully the circumstances giving rise to the perceived grievance and a description of the efforts made to resolve the grievance at the previous levels. The Administrative Director will review the statement of grievance and will discuss the grievance with all interested parties and make a decision as to whether the previous decisions stand or will be revised. All parties have the right to a face-to-face meeting with the Administrative Director of MTC. Every effort will be made to resolve this issue within 2 weeks.

Once the student has proceeded through all three levels of the grievance procedure, the student has the right to appeal to the Joint Review Committee on Education in Radiologic Technology, [www.jrcert.org](http://www.jrcert.org). (See Program Accreditation).

## ACADEMIC INTEGRITY PROCEDURE AND HONOR CODE

Academic integrity is founded upon the values of honesty, fairness, respect and responsibility. Professionalism and competence in radiologic science education are attainable only through student honesty and integrity. Violations of academic integrity are harmful not only to the student(s) directly committing the violation, but also to academic counterparts, patients and the healthcare community. Further, academic dishonesty jeopardizes good standing with the ARRT and can result in ineligibility for applying to sit for the general radiography certification examination.

The program takes academic honesty very seriously and expects full commitment to the honor code and compliance with the Academic Integrity Procedure. Violations of the honor code shall include, but are not limited to:

**Cheating** - The improper taking or tendering of any information or material used or intended to use for academic credit. Taking of information includes, but is not limited to, copying homework assignments from another student; working with others on a take-home test or homework when not specifically permitted by the teacher; looking or attempting to look at another student's screen during an examination. The tendering of information includes, but is not limited to, giving work to another student to be used or copied; giving answers to exam questions as the exam is being given; giving answers or other such information after taking an exam to another student who has not yet taken the exam; giving or selling a term paper or other written materials to another student. *(Adapted from the policy of the University of Florida and the College of Central Florida.)*

Cheating also includes all forms of electronic and web-based data sharing methods. This can include but is not limited to texting, email, websites such as Quizlet, electronic social networking such as Facebook, web-based clinical recordkeeping programs such as Trajecsys, learning platforms such as Canvas; use of any electronic devices, apps, social media, group texting such as Group Me; and any other unnamed collaborative means of taking and tendering and sharing information.

**Plagiarism** - Taking ideas from another and passing them off as one's own, whether the ideas are published, unpublished, or the work of another student. Plagiarism includes, but is not limited to, submitting papers, examinations or assignments written by others; word-for-word copying of portions of another's writing without indicating that the copied passage is a quotation (by the use of quotation marks or some other indicating device) and acknowledging the source in the appropriate format; the use of a particularly unique term or concept that one has come across in reading without acknowledging the author or source; the paraphrasing or abbreviated restatement of someone else's idea(s) without acknowledging the author or source; the use of false citations or citing a source from which an idea has not been obtained; or submitting false or altered data in a laboratory. Plagiarism also occurs in a group project if a member of the group does not do their fair share of the group's work but attempts to take credit for the work of the group. Because electronic information is so easily reproduced, respect for the work and personal expression of others is critical in computer environments. Violations, including plagiarism, invasion of privacy, unauthorized access, and copyright violations are grounds for

disciplinary proceedings. (Adapted from the policies of Wheaton College, Old Dominion University, the University of Florida and the University of North Carolina – Greensboro, and the College of Central Florida.)

**Bribery** - Offering, giving, receiving, or soliciting any materials, items or services of value to gain academic advantage for oneself or another.

**Misrepresentation** - Any act or omission with intent to deceive an instructor or other program official for academic advantage; lying to an instructor to increase one's grade; falsifying clinical documentation; electronically impersonating another student; clocking-in to a clinical facility from any electronic device other than the facility's designated computer; lying or misrepresenting facts when confronted with an allegation of academic dishonesty; providing false statements upon program or school documents; falsifying clinical documentation.

**Conspiracy** - Planning or acting with one or more persons to commit any form of academic dishonesty to gain academic advantage for oneself or another.

**Fabrication** - Use of invented or fictitious information or the falsification of research or other findings with the intent to deceive for academic advantage. (Adapted from the policy of the University of Florida and the College of Central Florida.) A component vital to the Academic Integrity and Honor Code is a pledge that applies to all assignments, examinations, or other course work undertaken by students of the program. On all work submitted by students of the program, the following pledge is either required or implied: *"On my honor I have neither given nor received unauthorized aid of any kind, through any method, on this academic work or clinical procedure, nor am I aware of others doing so."*

The program director and administrative officials of MTC shall establish the procedure for implementation of the Academic Integrity procedure and appropriate corrective actions for violations of the Academic Integrity and Honor Code.

### **Procedure for Implementation**

The purpose of this procedure is to define violation(s) of the honor code and outline the process for resolving such violation(s). Violations of the Academic Integrity Procedure include, but are not limited to, cheating, plagiarism, bribery, misrepresentation, conspiracy, and fabrication as related to the academic process. For purposes of this procedure, cheating, plagiarism, bribery, misrepresentation, conspiracy, and fabrication are defined in the Academic Integrity Procedure.

#### **Step One - Determination**

When an instructor believes or receives information that a student has violated the Academic Integrity Procedure, the instructor will inform the Program Director and the process of corrective action will be established. The student may be charged with a violation of the Code of Student Conduct.

#### **Step Two – First Time Violator**

The instructor and Program Director will discuss the matter with the student. The instructor may consult with or invite the participation of any other instructor who also is involved with teaching the student in the effort to reach optimal resolution with the student. The instructor(s) and student may resolve the problem in a manner acceptable to both.

**Resolution may include:**

- a lower or failing grade in the course;
- a lower or failing grade on the assignment or examination;
- assignment of additional work to provide evidence of the student's academic performance or understanding of the course material;
- probation, suspension, or dismissal from the program.

**It must be noted that a failing grade in any single course in the program results in dismissal from the program.**

**Step Three – Repeat Violator**

If a student is a repeat violator, or fails to resolve a violation with the instructor as outlined in Step Two, the instructor shall refer the student to the program director for a violation of the program's Code of Student Conduct. The Program Director will determine further corrective action up to and including dismissal from the program.

*Honesty*

## CLASSROOM COMPUTERS AND PRINTER USE PROCEDURE

A classroom computer cart is available for student use. Each computer has been equipped with the Safe Exam Browser software required for all quizzes, tests, and final exams - NO EXCEPTIONS. Students may use their personal computers or tablets for all non-testing purposes.

### Computer Usage Expectations:

- Classroom computers are to be used for academic purposes only. Personal browsing, social medial, games, or downloading unauthorized software is not permitted.
- Students are responsible for handling equipment with care. Do not disconnect cables from the cart, remove components, or attempt to alter device settings.
- If a technical issue occurs, report it immediately to the instructor or program faculty. Do not attempt repairs on your own.
- Save all personal files to a USB drive or cloud storage; files saved to classroom computers may periodically be erased.
- Log off and return computers to the cart at the end of each use, ensuring they are properly plugged in for charging.
- DO NOT SAVE PASSWORDS ON THE DEVICE.

All course materials are provided online through the learning platform, Canvas. A classroom printer is available if needed. However, students must be mindful of their usage and the shared nature of resources.

### Printing Guidelines:

- Use the double-sided print feature whenever possible.
- Avoid printing full PowerPoint presentations with one slide per page; instead, print handouts (e.g., 3-6 slides per page)
- Print only necessary materials; excessive or non-academic printing is discouraged.
- If the printer is low on paper or toner, notify faculty immediately – do not attempt to refill or troubleshoot independently.

Failure to follow the computer and printer use policies may result in disciplinary action, limited access to classroom technology, or additional consequences as outlined in the Student Code of Conduct.

## SECTION 4: APPENDICES

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## Appendix A

### The Practice of Radiography

[Adopted in part from the ASRT Radiography Practice Standards 2025]

The practice of radiography is performed by healthcare professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic, or research purposes. A radiographer performs a full scope of radiographic and fluoroscopic procedures and acquires and analyzes data needed for diagnosis at the request of and for interpretation by a licensed practitioner.

The complex nature of disease processes involves multiple imaging modalities. Although an interdisciplinary team of clinicians, radiographers and support staff play a critical role in the delivery of health services, it is the radiographer who performs the radiographic procedure that creates the images needed for diagnosis.

Radiography integrates scientific knowledge, technical competence, patient interaction skills to provide safe and accurate procedures with the highest regard to all aspects of patient care. Radiographers recognize elements unique to each patient, which is essential for the successful completion of the procedure.

Radiographers must demonstrate an understanding of human anatomy, physiology, pathology, and medical terminology.

Radiographers must maintain a high degree of accuracy in radiographic positioning and exposure technique. They must possess, utilize use and maintain knowledge of radiation protection and safety. Radiographers independently perform or assist the licensed independent practitioner in the completion of radiographic procedures. Radiographers prepare, administer, and document activities related to medications in accordance with state and federal regulations or lawful institutional procedure.

Radiographers are the primary liaison between patients, licensed practitioners, and other members of the health care team. Radiographers must remain sensitive to the needs of the patient through communication, assessment, monitoring, and patient care. As members of the health care team, radiographers participate in quality improvement processes and continually assess their professional performance.

Radiographers think critically and use independent, professional, and ethical judgments in all aspects of their work. They engage in continuing education to include their area of practice to enhance patient care, safety, public education, knowledge, and technical competence.

## Radiographer Scope of Practice

**The scope of practice of the medical imaging and radiation therapy professional includes:**

- Administering medications enterally, parenterally, through new or existing vascular or through other routes as prescribed by a licensed practitioner.\*†
- Administering medications with an infusion pump or power injector as prescribed by a licensed practitioner.\*†
- Administering oxygen as prescribed by a licensed practitioner.
- Applying, implementing and monitoring AI.
- Applying principles of ALARA to minimize exposure to patient, self and others.
- Applying principles of patient safety during all aspects of patient care.
- Assisting in maintaining medical records while respecting confidentiality and adhering to HIPAA and established policies.
- Corroborating a patient's clinical history with the procedure and ensuring information is documented and available for use by a licensed practitioner.
- Educating and monitoring students and other health care providers.\*
- Evaluating images for proper positioning and determining if additional images will improve the procedure or treatment outcome.
- Evaluating images for technical quality and ensuring proper identification is recorded.
- Identifying and responding to emergency situations.
- Identifying, calculating, compounding, preparing and/or administering medications as prescribed by a licensed practitioner.\*†
- Maintaining professionalism in patient care.
- Performing ongoing quality assurance activities.
- Performing point of care testing as prescribed by a licensed practitioner. †
- Performing venipuncture as prescribed by a licensed practitioner.\*†
- Postprocessing data.
- Preparing patients for procedures.
- Providing education.
- Providing input for equipment and software purchase and supply decisions when appropriate or requested.
- Providing optimal patient care.
- Receiving, relaying and documenting verbal, written and electronic orders in the patient's medical record.
- Selecting the appropriate protocol and optimizing technical factors while maximizing patient safety.
- Starting, maintaining and/or removing intravenous access as prescribed by a licensed practitioner.\*†
- Using vein localization devices for placement of intravenous catheters when appropriate. \*†
- Verifying archival storage of data.
- Verifying informed consent for applicable procedures.\*
- Assisting a licensed practitioner or radiologist assistant with fluoroscopic and specialized radiologic procedures.
- Performing diagnostic radiographic and noninterpretive fluoroscopic procedures as prescribed by a licensed practitioner.

\*Excludes limited x-ray machine operator

†Excludes medical dosimetry

## Appendix B

### ARRT Standards of Ethics

#### 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 Registered Technologists 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 Registered Technologists 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 Registered Technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The Registered Technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of humankind.
3. The Registered Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The Registered 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 Registered Technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The Registered 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 Registered 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 Registered Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The Registered 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 Registered Technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
11. The Registered Technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients

## B. RULES OF ETHICS

The Rules of Ethics form the second part of the *Standards of Ethics*. They are mandatory standards of minimally acceptable professional conduct for all Registered Technologists and Candidates. ARRT certification and registration demonstrates to the medical community and the public that an individual is qualified to practice within the profession. The Rules of Ethics are intended to promote the protection, safety, and comfort of patients. Accordingly, it is essential that Registered Technologists and Candidates act consistently with these Rules.

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

Registered Technologists 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:

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 the ARRT or any state or federal agency, or by indicating in writing certification and registration with the ARRT when that is not the case.
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 in radiologic technology or certificate of registration with ARRT.
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.
4. Subverting or attempting to subvert ARRT's examination process, and/or the Structured Self-Assessments (SSA) that are part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination and/or CQR SSA process includes, but is not limited to:
  - i. disclosing examination and/or CQR SSA information using language that is substantially similar to that used in questions and/or answers from ARRT examinations and/or CQR SSA when such information is gained as a direct result of having been an examinee or a participant in a CQR SSA 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 SSA information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR SSA 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 SSA 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 SSA participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR SSA materials; and/or
  - iv. using or purporting to use any portion of examination and/or CQR SSA materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR SSA; 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 SSA materials without authorization; and/or
  - vi. removing or attempting to remove examination and/or CQR SSA materials from an examination or assessment room, or having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR SSA of ARRT; and/or
  - vii. having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR SSA 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 SSA of ARRT; and/or
  - ix. communicating with another individual during administration of the examination or CQR SSA for the purpose of giving or receiving help in answering examination or CQR SSA 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 SSA on one’s own behalf; and/or
  - xi. using any other means that potentially alters the results of the examination or CQR SSA such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.
5. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT’s Education Requirements for Obtaining and Maintaining Certification and Registration (“Education Requirements”), including but not limited to, continuing education (CE), clinical experience and competency requirements, structured education activities, and/or Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT’s Education Requirements or CQR Requirements includes, but is not limited to:
- i. providing false, inaccurate, altered, or deceptive information related to CE, clinical experience or competency requirements, structured education or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or

- ii. assisting others to provide false, inaccurate, altered, or deceptive information related to education requirements or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
  - iii. conduct that results or could result in a false or deceptive report of CE, clinical experience or competency requirements, structured education activities or CQR completion; and/or
  - iv. conduct that in any way compromises the integrity of ARRT's education requirements, including, but not limited to, CE, clinical experience and competency requirements, structured education activities, or CQR Requirements such as sharing answers to the post-tests or self-learning activities, providing or using false certificates of participation, or verifying credits that were not earned or clinical procedures that were not performed.
- 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 in full or in part.
- 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
- 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.
- 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.
- 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).
- 11. Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, registration, or ARRT certification and registration to engage in the practice of radiologic technology, in a jurisdiction that mandates such requirements.
- 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.
- 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.

14. Adjudication as mentally incompetent, mentally ill, chemically dependent, or dangerous to the public, by a court of competent jurisdiction.
15. Improper management of 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 and/or any quality control record.
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.
17. Knowingly providing false or misleading information that is directly related to the care of a former or current patient.
18. Violating a state or federal narcotics or controlled substance law, even if not charged or convicted of a violation of law
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.
20. Convictions, criminal proceedings, or military courts-martial as described below:
  - i. conviction of a crime, including, but not limited to, a felony, a gross misdemeanor, or a misdemeanor; 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; and/or
  - iii. military courts-martial related to any offense identified in these Rules of Ethics; and/or
  - iv. required sex offender registration.
21. Knowing of a violation or a probable violation of any Rule of Ethics by any Registered Technologist or Candidate and failing to promptly report in writing the same to ARRT.
22. Failing to immediately report to the Registered Technologist'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.

## Appendix C

### Drug Screening and Substance Abuse Plans and Procedures

Allied Health/Health Occupations programs and specifically the Radiography program are committed to maintaining a safe, healthy and a drug free educational environment for students and the people who come in contact with students and during scheduled learning experiences. The illegal use of alcohol or drugs within the structure of the clinical or academic setting interferes with the accomplishment of this purpose.

Procedure Reference: These procedures are based on the Drug-free workplace as stated in chapter 440 of the Florida Statutes. (440.102)

**Purpose:**

The purpose of this procedure is to define guidelines and requirements to be used for drug screening. The purpose of this procedure is not to diagnose or provide treatment, but rather to serve as a tool to identify and avoid a potential problem; it is intended to be an impetus for any student suspected of chemical impairment or mental illness to undergo professional evaluation and follow-up.

**Scope and Applicability:**

This plan and procedures memorandum applies to the Allied Health/Health Occupations Department and to the Radiography Program located at MTC. The occupational programs under this unit include but are not limited to Radiography, Patient Care Technician, and Nurse Assistant.

**Guidelines**

Students will refrain from the use of alcohol or illegal drugs, controlled substances, or designer (synthetic) drugs at or above the initial testing levels and confirmatory testing levels as established in the contract between MTC and the official provider of drug testing services. This includes Medical Marijuana cards. Students are further prohibited from illegal use, possession, dispensation, distribution, manufacture, or sale of controlled substances, designer (synthetic) drugs, and misuse of alcohol while enrolled in all aspects of the learning environment or participating in any other or additional school related activity.

The Radiography Program will adhere to campus procedure and the policy of its clinical affiliates which require the testing of all employees/students/support services in their facility. This procedure is based on the position that impairment may negatively impact all aspects of life; it is a condition that can be treated successfully; and Allied Health/Health Occupations including Radiography Program faculty have a responsibility to intervene when a patient's safety or any other individual may be threatened by a student who is potentially impaired.

**Requirements**

Drug Screening/Testing shall be done by a drug testing service which meets or exceeds the certification requirements set forth by Clinical Laboratory Improvement Act (CLIA) and/or Substance Abuse and Mental Health Services Administration (SAMHSA). Allied Health/Health Occupations students are

required to undergo drug screens at their expense and at any or all of the following circumstances: enrollment, random, for cause.

**Enrollment** – Drug screening is required on all students in the Allied Health/Health Occupations Department. Screening will be done before the first week of class ends for Radiography students.

**Random** – All drug screens are done as random drug screens and may occur for students enrolled in a clinical or classroom setting. Drug screens will be done at a specific time designated by the instructor and by the assigned laboratory personnel.

**For Cause** - Drug screen testing may be assigned as a result of witnessed inappropriate student behavior observed by an instructor or clinical associate. Inappropriate behaviors are those which may compromise patient safety, violate clinical standards of care, or violate program procedure. Signs of possible impairment include but are not limited to the following:

- Excessive absenteeism
- A pattern of tardiness
- Late assignments with elaborate excuses for not meeting deadlines
- Repeated inability to concentrate
- Avoiding peers and faculty
- Unsafe clinical performance/putting patients at risk
- Impaired judgment in the clinical area
- Leaving the clinical area frequently
- Deteriorating productivity
- Severe mood swings; observed erratic behavior
- Pervasive poor concentration or difficulty making decisions
- Significant distress or impaired ability to function
- Disorganized speech, incoherence, or delusions
- Physical or behavioral indications of possible drug or alcohol impairment such as staggered gait, dilated/pinpoint pupils, or direct observation of drug use
- Post-accident or incident
- An odor of mood-altering substances (alcohol or marijuana)
- Harmful behaviors directed toward self or others

Students exhibiting signs or symptoms of impairment may be dismissed from their duties and escorted back to campus to meet with the student services counselor, administrative personnel, Allied Health/Health Occupations Department Head, and/or Radiography Program faculty. A conference will be held to make the student aware of the observations that were made. A prompt drug screen test and/or medical evaluation may be required. If the drug test and/or medical evaluation do not substantiate the allegations, the student's behavior will be noted on the respective clinical performance evaluation tool and/or student record. Adverse behaviors may negatively impact the clinical grade.

### **Consequences**

Failure to undergo the minimum ten-panel drug screen for any reason will be considered a positive test. Positive results without a valid prescription shall result in the student not being permitted into any clinical course. A student who is not able to participate in clinical courses does not meet the program requirements; therefore, the student will be terminated from the program.

Positive drug screen results and/or failure to submit to a drug screen may be reported to the Florida Department of Health/Medical Quality Assurance Boards or any other required accreditation board and may affect a student's application for licensure/certification. (Florida Statutes 468.3101)

### **Readmission**

Students terminated under this procedure may apply for readmission after rehabilitation has been documented. Admission will be based on current admission requirements and space availability. Enrollment in a clinical course will also be contingent on a negative drug screen for three separate screenings prior to the first day of class.

- The drug screening will be done at the student's expense.
- The drug screening company will be identified by MTC.
- Any subsequent positive result will constitute grounds for permanent dismissal from the program.

### **Confidentiality**

All testing information, interviews, reports, statements, and test results specifically related to the individual are confidential. All drug test results will be sent from the lab to the Risk Management Coordinator. Records will be maintained in a safe, locked cabinet or room. While the issues of testing are confidential within the MTC community, the information regarding substance abuse must be shared with the Florida Department of Health/Medical Quality Assurance Board.

### **“For Cause” Drug and Alcohol Testing**

THE PROGRAM has adopted drug-screening practices conducted to identify students who use illegal drugs or abuse alcohol or prescription drugs. Reasonable Suspicion or “For Cause” Testing – Drug tests will be conducted following any observed behavior creating “reasonable suspicion” of substance abuse, and following accidents where an employee is injured. The following conditions shall apply:

- A. When there is reasonable suspicion to believe a student is:
  - 1) using or has used illegal drugs or;
  - 2) abusing or has abused alcohol
- B. When there is any mishap or accident involving a student in which injury to persons or damage to the organization has or was likely to have occurred.
- C. Circumstances which could be an indication of substance abuse problems and raise reasonable suspicion based on observations include, but are not limited to, the factors stated above under “For Cause.”

## Appendix D

### Bloodborne Pathogen Exposure Control Plan

The Radiologic Technology program at Marion Technical College clinical experiential learning component inherently subjects the students and instructors in the program to potential exposure to hepatitis-B Virus (HBV), or Human Immunodeficiency Virus (HIV). The resultant occupational exposure involves student performance objectives that may result in exposure involving skin, eye, mucous membrane or parenteral contact (e.g. needle stick) with blood or other potentially infectious materials, (PIM). In addition to complying with OSHA regulations, the objective of THE PROGRAM's Exposure Control Plan (ECP) is to minimize exposure and outline measures instituted at all clinical affiliates, to safeguard the health of the students, instructors and patients.

#### Application:

The ECP applies to all students and instructors who are “reasonably anticipated,” as the result of conducting their duties, to have risk of exposure to blood and other PIM. PIM includes the following:

- Human blood, blood components, and products made from human blood
- The following human body fluids; semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions.

#### Regulatory Authority:

The ECP was written to comply with Occupational Safety and Health Administration (OSHA) Standard, Occupational Exposure to Bloodborne Pathogens (29 CFR 1910.1030). These regulations are referred to in this document as the “standard.” The standard is designed to protect students and instructors from anticipated exposures to bloodborne pathogens.

#### Exposure Determination:

Instructors and students of the Radiologic Technology program at Marion Technical College are subject to occupational exposure to bloodborne pathogens, in the performance of their duties in the clinical component of the program.

#### Tasks and procedures in which occupational exposure occurs include but are not limited to:

- Parenteral drug administration
- Specimen collection/transport
- Balloon/catheter treatments
- Wound management
- Fluid aspiration

- Operative/surgical procedures
- Invasive/diagnostic procedures
- Invasive/therapeutic procedures
- Gastric procedures
- Biohazardous waste handling

### **Methods of Compliance:**

The Radiologic Technology program at Marion Technical College understands that there are several areas that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in the clinical setting. These areas are as follows:

- The use of Universal Precautions.
- Establishing appropriate Engineering Controls.
- Implementing appropriate Work Practice Controls.
- Using necessary Personal Protective Equipment.
- Implementing appropriate Housekeeping Procedures

Each of these areas are reviewed with students during their bloodborne pathogens related training (see the "Information and Training" section of this plan for additional information). By rigorously following the requirements of OSHA's Bloodborne Pathogens Standard in these five areas, the program feels that it will eliminate or minimize occupational exposure to bloodborne pathogens as much as is possible.

Universal Precautions:

The program is using the practice of Universal Precautions which is defined by the Centers for Disease Control (CDC) as "a set of precautions designed to prevent transmission of Human Immunodeficiency Virus (HIV), Hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other bloodborne pathogens." As a result, students and instructors will treat all human blood and body fluids as if they are known to be infectious for HBV, HIV and other bloodborne pathogens. In circumstances where it is difficult or impossible to differentiate between body fluid types, employees will assume all body fluids to be potentially infectious. The Program Director and Clinical Coordinator are responsible for overseeing the Universal Precautions Program.

### **Engineering Controls:**

A key aspect to the Exposure Control Plan is the use of Engineering Controls to eliminate or minimize exposure to bloodborne pathogens. As a result, students and instructors use cleaning, maintenance, and other equipment that is designed to prevent contact with blood and other potentially infectious materials.

The Program Director and Clinical Coordinator periodically work with Clinical Site Operators, Maintenance, and Administrators to review tasks and procedures performed in the clinic where engineering controls can be implemented or updated. Any existing engineering control equipment is also reviewed for proper function and needed repair or replacement on an ongoing basis.

**The following engineering controls are used throughout the program's clinical facilities:**

- Hand washing facilities (or antiseptic hand cleaners and towelettes), which are readily accessible to all employees who have the potential for exposure.
- Emergency clean-up supplies supplied to the custodial staff in addition to standard personal protective equipment.
- Mandatory that any agencies providing services requiring needles or reusable sharps furnish the necessary engineering controls and disposal procedures outlined in the OSHA guidelines.

**Work Practice Controls:**

In addition to engineering controls, the program and its clinical sites use a number of Work Practice Controls to help eliminate or minimize employee exposure to bloodborne pathogens. Many of these Work Practice Controls have been in effect for some time. The Program Director and Clinical Coordinator work in conjunction with the clinical site Operators, Administrators, and Staff Development Director to affect this implementation.

**The program has adopted the following Work Practice Controls as part of its Bloodborne Pathogens Compliance Program:**

- Students and Instructors wash their hands immediately or as soon as feasible, after removal of potentially contaminated gloves or other personal protective equipment.
- Following any contact of body areas with blood or any other infectious materials, students and instructors wash their hands and any other exposed skin with soap and water (or an acceptable substitute) as soon as possible. They will also flush exposed mucous membranes with water.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas, including health clinics and diaper changing areas, where there is potential for exposure to bloodborne pathogens.
- Food or drink is not kept in refrigerators, freezers, on counter tops, or in other areas where blood or other potentially infectious materials are present.
- In the event of an accident or exposure, ensure that the appropriate medical action is taken, contaminated areas are protected to prevent further exposure, the site supervisor is notified, the contaminated area is properly cleaned and a report is written for all exposure.

**Needles:**

When possible, substitutes for needles should be used. When needles are necessary, use of safe needle devices, such as self-resheathing needles, are strongly encouraged unless there is no alternative for the specific application. Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e. the needle is integral to the syringe) may be used for the injection or aspiration of PIM. Extreme caution must be used when handling needles and syringes. A needle must not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. Contact EHS for additional information on safe needle devices for a specific application.

**Sharps Disposal Containers:**

Sharps disposal containers must be provided by the work area supervisor and used to contain contaminated sharps. Contaminated sharps disposal containers must be:

- Rigid and puncture-resistant.
- Leak resistant and designed so that they cannot be re-opened, after being sealed.
- Red in color and have a biohazard label.
- Accessible to employees, and located as close as feasible to the immediate area
- Remain upright throughout use and replaced when full.
- Decontaminated before disposal as ordinary trash, or managed through EHS. If autoclaved and disposed as ordinary trash, the container must have a visible indicator that it has been autoclaved (e.g., indicator tape) and physically placed in the dumpster by the employee generating and treating the waste. Custodial employees are not expected to handle sharps containers, or other bio hazardous materials.

**Personal Protective Equipment:**

Personal Protective Equipment (PPE) is the "last line of defense" against bloodborne pathogens. Because of this, the clinical sites provide (at no cost to the students or instructors) the Personal Protective Equipment they need to protect themselves against such exposure. This equipment includes, but is not limited to:

- Disposable gloves, gowns, masks, eye protection
- Emergency clean-up supplies

To make sure that this equipment is used as effectively as possible, the students and instructors adhere to the following practices when using their personal protective equipment:

- Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.
- All potentially contaminated personal protective equipment is removed before leaving a work area.
- Gloves are worn in the following circumstances:
- Whenever employees anticipate hand contact with potentially infectious materials.
- When handling or touching contaminated items or surfaces.
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier."
- Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of.
- Masks and eye protection are used as necessary.

**HOUSEKEEPING:**

All trash cans must have plastic liners. Maintaining the facilities in a clean and sanitary condition is an important part of the Bloodborne Pathogens Compliance Program. To facilitate this, the District has set up a written schedule for cleaning and decontamination of the appropriate areas of the facilities. The schedule, which can be found in each facility provides the following information:

- The area to be cleaned/decontaminated.
- Day and time of scheduled work.
- Cleaners and disinfectants to be used, if different from the standard issue items.
- Any special instructions that are appropriate.

Using this schedule, the custodial staff and other designated employees utilize the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:
- Immediately (or as soon as feasible) when surfaces are visibly contaminated.
- At the end of the work shift if the surface may have been contaminated during the shift.
- Protective Coverings (such as plastic bags or absorbent paper) are removed and replaced:
- As soon as it is feasible when visibly contaminated.
- At the end of the work shift if they may have been contaminated during the shift.
- All trash containers, pails, bins, and other receptacles intended for routine use are inspected, cleaned, and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, etc.).

**Hepatitis-B Vaccination and Post-Exposure Evaluation and Follow-up:**

The program recognizes that even with good adherence to all of the exposure prevention practices, exposure incidents can occur. As a result, the program encourages all students during their orientation procedures, (Fundamentals of Radiologic Technology and Patient Care in Imaging Technology) to receive Hepatitis-B vaccination. This series of three inoculations over a six-month period can be obtained through the county health department or the student's personal physician.

**In a student or instructor is involved in an incident where exposure to bloodborne pathogens may have occurred, there are two things that are the immediate focus for action:**

- Investigating the circumstances surrounding the exposure incident.
- Making sure that the student receives medical consultation and treatment (if required) as soon as possible.

Affiliation agreements with each of our clinical sites state that the clinical sites or "Cooperative Training Agency agrees to provide a referral for appropriate medical treatment to students injured while performing their duties at the Cooperative Training Agency site. Students experiencing a percutaneous injury (e.g. needle stick) will be treated in compliance with the Cooperative Training Agency's Exposure Control Plan."

## Radiologic Technology Student Release Form

WHEREAS, The School Board of Marion County, through the Radiologic Technology program at Marion Technical College, desires that interested and qualified students acquire a safe and meaningful education in the field of Radiologic Technology;

WHEREAS, study and participation in a clinical setting is a necessary part of the training program conducted by the Radiologic Technology program at Marion Technical College, and such clinical study and participation contemplates certain inherent risks, including, but not limited to:

- Exposure to bloodborne pathogens; microorganisms found in blood and other bodily fluids that can cause infections such as hepatitis B and viruses such as HIV, the virus that causes AIDS, both potentially life-threatening disease processes; and
- Exposure to ionizing radiation which may cause biological damage even in low doses

Upon the foregoing recitals, and in consideration of the undersigned's enrollment in the Radiologic Technology program at Marion Technical College, it is:

- *Understood and agreed that the undersigned will abide by the safety policies and procedures of the Radiologic Technology program at Marion Technical College including Universal Precautions as part of the Bloodborne Pathogen Exposure Control Plan.*
- *Understood and agreed that the undersigned, after being informed through the introductory courses in Radiologic Technology; will give due consideration to receiving the Hepatitis-B Vaccination to be obtained by the student through the county health department or through the student's personal physician.*
- *Understood and agreed that the student will wear the radiation dosimeter provided by the program and submit timely exposure readings at time intervals required in the program's Ionizing Radiation and Protection Procedure.*
- *Understood and agreed that the undersigned, for their heirs, executors, and administrators, releases and forever discharges the School Board of Marion County, Marion Technical College, Radiologic Technology program at Marion Technical College and their agents, representatives, employees, successors and assigns of all liabilities, claims, actions, damages, costs or expenses which the undersigned may have against them arising out of or any way connected with their enrollment in the Radiologic Technology training program, and including injuries which may be suffered by them during or after enrollment in said program. The undersigned expressly understands and agrees that this waiver or release of liability includes any claims based on negligence, action or inaction of the School Board of Marion County, Radiologic Technology program at Marion Technical College or their agents, representative, employees, successors and assigns.*
- *The undersigned states that no other promise, inducement or agreement has been made by anyone to the undersigned and the undersigned hereby declares that this waiver or release of liability is made without any reliance upon any such other promise, inducement or agreement. The undersigned further declares that they have relied wholly upon their own judgment, belief and knowledge, and that this waiver or release of liability, which is contractual in nature, contains the entire agreement between the parties hereto.*

The undersigned has read the foregoing Release Form and fully understands it.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed by Student: \_\_\_\_\_ Print Name: \_\_\_\_\_

Witness: \_\_\_\_\_ Program Director: \_\_\_\_\_

## ANNUAL STATEMENT OF UNDERSTANDING, ACCEPTANCE & COMPLIANCE AGREEMENT

I certify that I have received a copy of the Radiologic Technology program at Marion Technical College Student Handbook & Procedure Manual. I certify that I have thoroughly read this handbook and have been given adequate opportunity for asking questions for personal clarification. I also acknowledge, as indicated by my initials, that:

1. \_\_\_\_\_ I have read, understand and agree to assume the inherent risks of exposure to environmental hazards and infectious diseases, including COVID-19 as discussed in this handbook; and comply with the program's personal health standards, and immunization requirements.
2. \_\_\_\_\_ I have read, understand and will abide by the program's Ionizing Radiation and Protection Procedure. I understand pregnancy declaration is voluntary.
3. \_\_\_\_\_ I have read, understand and will agree to abide by the program's clinical supervision procedure as enforced by program faculty, clinical faculty, and the JRCERT.
4. \_\_\_\_\_ I have read, understand and agree to protect the privacy of patients and understand that by signing this agreement and the program's and affiliated clinical site's HIPAA Agreements I am legally bound and accountable to meet all laws concerning patient privacy.
5. \_\_\_\_\_ I have read, understand and agree to comply with program's published procedure on travel requirements and that I have reliable transportation for meeting this travel obligation.
6. \_\_\_\_\_ I have read, understand and agree to comply with the program's Attendance Standards and that I must maintain above 90% attendance in order to comply with the competency-based standards of the program. I agree to fully comply with the attendance requirements, including absence reporting procedures.
7. \_\_\_\_\_ I have read, understand and agree to comply with the program's drug and alcohol procedure.
8. \_\_\_\_\_ I have read and comprehend the program's Conduct Standards and disciplinary measures and am aware of the consequences for violations of said standards.
9. \_\_\_\_\_ I have read and comprehend the program's Academic Performance Standards and am aware that I must complete each course of study and clinical education rotation with an 80% or higher.
10. \_\_\_\_\_ I have read, understand and agree to comply with the program's Academic Integrity Procedure.
11. \_\_\_\_\_ I have read, understand and agree to comply with the program's Cell Phone Procedure.

**I have a thorough understanding of the program's standards, policies and procedures. I understand my rights and responsibilities and, by my signature below, agree to comply with all.**

|                   |            |       |
|-------------------|------------|-------|
| _____             | _____      | _____ |
| Student Signature | Print Name | Date  |

The Student Handbook & Procedure Manual is updated on an annual basis and students will be required to sign this agreement again at the beginning of the second year of the program.