RADIATION THERAPY

PROGRAM

STUDENT HANDBOOK

GATEWAY CAMPUS

CT State Community College Student Handbook Supplement

Allied Health Division

2026-2027

ACADEMIC/CLINICAL CALENDAR 2026-2027

Summer 2026	
Jun 8-July 10	RST 1000 and RST 1000L
Fall 2026	
August 27	First Day of Classes/Clinical
September 2	Last Day to Add Course(s)/Last Day to drop course with 100% refund
September 7	Labor Day, College Closed, No Classes/Clinical
September 10	Academic Engagement Deadline for Students
September 17	Last Day to Drop with 100% fees & 90% Tuition Refund (by 4pm) for full semester classes
November 6	Incomplete Deadline for Sp/Su'2026
November 20	Last Day to Withdraw from Full Semester Classes
November 25 – November 29	Thanksgiving Recess, No Classes/No Clinical
December 9	Last Day of Classes/Clinical
December 10-16	Final Exams, No Clinical
December 21	Semester Ends/Final Grades Due
Winter Intersession 26/27	
Dec 28, 2026-January 15, 2027	Clinical Practice II (RADT1295) and VI (RADT 2295)
Spring 2027	
January 22	First Day of Classes/Clinical
January TBD	Last Day to Add Classes
February 15	President's Day, No Classes
March 15-21	Spring Break, No Classes/Clinical
March 26	Day of Reflection Recess, College Closed
April TBD	Last Day to Withdraw from Course
May TBD	Last Day of Classes/Clinical for Spring 2026
May TBD	Final Exams, No Clinical
May 14	Allied Health Pinning
May TBD	Graduation
May 24	First Day of Clinical Practice IV (RADT1495)
May 31	Memorial Day, College Closed
June 19	Juneteenth, College Closed
July 5	Independence Day, College Closed
July 23	Last Day of Clinical IV

Note: Anytime the College is closed, students should not report to clinical. If there is a delayed start or early closing, students in clinical should follow that schedule for the day.

Clinical dates are subject to change to meet required program objectives if necessary. Ample notification will be provided whenever possible.

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PROGRAM INFORMATION

Introduction:

This Student Handbook contains academic and general information and statements of procedures in effect at Gateway campus for the 2026-2027 year. It is each student's responsibility to become thoroughly familiar with the Radiation Therapy Program Student Handbook. The student will be held accountable for meeting the expectations outlined in the Radiation Therapy Program Student Handbook, College Catalog, College Student Handbook, which can be found on the College website **(https://ctstate.edu/images/Forms-Documents/CTS-Student-Handbook.pdf)** Affiliates' code of conduct and department policies; and the Code of Ethics of the pertinent professional organization (ARRT, ASRT).

> Student behavior with College and Clinical Affiliate faculty and staff, peers, therapists, physicians, patients, and members of the public must be courteous and appropriate for a professional in training. Students are expected to conduct themselves in a positive manner compatible with their desired profession and in accordance with the ASRT and ARRT Codes of Ethics.

CT State Community College reserves the right to modify any statement contained herein. Students are responsible for compliance with all regulations contained in this Student Handbook and the dates cited in the official academic calendar. Officially approved changes will be disseminated through the Student Handbook Supplement.

This Handbook is not intended to cover all topics and circumstances. We reserve the right to respond to specific situations in a manner that we believe best suits the needs of the program and the student(s) involved, and most closely follow our stated policies.

Non-Discrimination Statement:

The Radiation Therapy Program follows the non-discrimination of CT State Community College which can be found in the CT State Community College Student Handbook at https://ctstate.edu/images/Forms-Documents/CTS-Student-Handbook.pdf

Radiation Therapy: Associate of Science Degree:

This curriculum (see appendix A) is designed to prepare students for employment as radiation therapists in hospitals and cancer centers. Upon completion of the program, the student will be eligible to apply for application to the certifying board examination administered by the American Registry of Radiologic Technology (Radiation Therapy).

The Program is based on twenty months of full-time study. The structure of the curriculum is designed to include didactic and supervised clinical education to assure sufficient opportunity to achieve all didactic and clinical requirements. Students are assigned on a rotating basis to the clinical education centers. Required Program orientation begins in June.

Total Clinical Practice I, II, III, IV, V, VI, and VII, hours are approximately 2,000 total.

Accreditation:
The Radiation Therapy Program is accredited by:
The Joint Review Committee on Education in Radiologic Technology (JRCERT)
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312)704-5300
www.jrcert.org
mail@jrcert.org
The program has an 8-year accreditation and will be up for review in 2030.

Certification/Licensure Disclosure Statement:

Federal Regulation, 34 CFR 668.43-Institutional Information for Disclosure for Licensure Program requires the institution to disclose whether completion of a covered licensure program would be sufficient to meet licensure requirements in a State for that occupation. An institution can make one or more of the following determinations:

The Radiation Therapy program at Gateway campus is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), 20 N.Wacker Drive, Suite 2850, Chicago, IL, 60606 and meets the state education requirements for "a recognized course of study in radiologic technology" in the state of Connecticut. In addition, an applicant for Radiographer licensure in the state of Connecticut must successfully complete the American Registry of Radiologic Technologists examination.

The Radiation Therapy program at Gateway campus has not determined if the associate degree program in Radiation Therapy meets the state education requirements in any other state, any U.S. Territory, or the District of Columbia. Program applicants should investigate each state licensure requirements prior to accepting an offer of admission to the Radiation Therapy program at Gateway Campus.

The licensure boards in each state are responsible for establishing the requirements for licensure/certification for their state. Students who intend to seek licensure in any state other than Connecticut need to consult with the state professional licensing board. The state professional licensing boards make the decision on whether an individual is eligible for licensure based on the rules and regulations in place at the time the individual submits their application for licensure.

Information on the State of Connecticut Radiographer licensure requirements can be found at this link: https://portal.ct.gov/dph/practitioner-licensing--investigations/radiographer/radiographer-licensure?language=en_US

Radiation Therapy: Program Mission:
The mission of the Radiation Therapy Programs is to provide a learner centered Joint Review Committee on Education in Radiologic Technology (JRCERT) accredited educational program that will render qualified and compassionate radiation therapists for the community.

Radiation Therapy Program Goals and Student Learning Outcomes:

Goal 1. Students will demonstrate effective communication skills.
Student Learning Outcomes
- Students will evaluate and assess daily the physiological responsiveness of each patient to treatment delivery utilizing effective oral communication.
- Students will evaluate and assess daily the physiological and psychological responsiveness of each patient prior to treatment delivery utilizing effective written communication.

Goal 2. Students will demonstrate critical thinking.
Student Learning Outcomes
- Students will demonstrate the ability to evaluate and assess treatment delivery components to perform proper treatment procedures.
- Students will demonstrate the ability to assess disease specific information and outcomes of the specific cancer.

Goal 3. Students will exhibit ethical professional behaviors appropriate for a health care professional.
Student Learning Outcomes
- Students will evaluate and assess treatment delivery components within a healthcare team.
- Students will maintain values congruent with the professional code of ethics and scope of practice while adhering to national, institutional and/or departmental standards, policies and procedures regarding treatment delivery and patient care.

Goal 4. Students will demonstrate specific skills necessary to be competent entry level Radiation Therapy professionals.
Student Learning Outcomes
- Students will apply the principles and practices of radiation protection.
- Students will demonstrate basic simulation skills.

Allegations of Non-Compliance:
The Radiation Therapy program is accredited by:
The Joint Review Committee on Education in Radiologic Technology (JRCERT).
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312)704-5300
www.jrcert.org
mail@jrcert.org

In order to maintain this accreditation, the program must strictly follow the **Standards for an Accredited Educational Program in Radiologic Sciences (Appendix L)** which is published by the JRCERT. You will find these standards published in this student program handbook for your convenience. Students have the right to file a complaint if any of the standards has been violated by the Program. All allegations regarding non-compliance with JRCERT Standards will be handled in the following manner:

How to file a complaint:
An allegation is to be submitted in writing to the Program Director within thirty (30) days of the date of non-compliance or when the student knew of the alleged violation. The written allegation shall specify the **Standard** claimed to have been violated and a brief summation of the underlying facts surrounding the violation.

Procedure for Complaint Resolution:
The Program will investigate any allegation within thirty (30) days of the date the complaint was submitted. In the course of each investigation, the Program will consult directly with the Allied Health Division Director. The allegation is then forwarded to the **Academic Standards** Committee for further review. A recommendation shall be rendered by the **Academic Standards** Committee within thirty (30) days of submission of the allegation by the Program.

RADIATION THERAPY CONTACT PERSONS AND TELEPHONE NUMBERS

CT State Gateway	**Telephone**
Gina Finn, Program Director, Radiation Therapy	(203)285-2392
Veronica Cardinale, Clinical Coordinator	(203)285-2402

Yale-New Haven Hospital-Smilow Cancer Hospital-located in New Haven, CT
Ann Jasman, Clinical Preceptor
CT/Sim (203)200-2152, B unit (203)200-2145, C unit (203)200-2138, D unit (203)200-2148,
E unit (203)200-2793

McGivney Center for Cancer Care at Yale-New Haven Hospital Hamden Campus)-located in Hamden, CT
Christa Ryszczyk, Clinical Preceptor
(203)867-5628

Danbury Hospital-located in Danbury, CT
Michele Bailey, Clinical Preceptor
(203)739-7528

Lawrence & Memorial Hospital-located in Waterford, CT
Michelle Evangalisti, Clinical Preceptor
(860)442-0711 ext.3116-sim, ext. 3118-C, ext. 3181-D

Bridgeport Hospital-Norma Pfriem Cancer Institute Park Ave-located in Trumbull, CT
Heidy Malin**,** Clinical Preceptor
(203)337-8700-**leave a message or**
(203)984-1595-Heidy Malin, cell number

Yale-New Haven Hospital Shoreline Medical Center Guilford-located in Guilford, CT
Karen Lovington, Clinical Preceptor
(203)453-7257
(203)453-7170

Stamford Hospital-Located in Stamford, CT
Jonathan Ortiz, Clinical Preceptor
(203)276-7886
(203)919-7921, cell number

Greenwich Hospital-Located in Greenwich, CT
Heidy Malin, Clinical Preceptor
(203)863-3701-front desk or
(203)984-1595-Heidy Malin, cell number

Students are not allowed to contact college or affiliate staff/faculty via their home/personal telephones or emails.

Transportation and Parking:

Students are responsible for transportation to and from the campus and clinical affiliates. Students will travel to clinical affiliates located throughout Connecticut. Students are subject to the parking regulations established by the clinical affiliates and are expected to park in designated areas only. If a violation occurs, the car may be towed at the student's expense. CT State Community College and the Gateway Radiation Therapy Program are not responsible for parking or towing expenses or injury to property sustained at a clinical affiliate site. Please note: The student is responsible for all fees associated with parking and transportation.

School Closing/Inclement Weather:

All students should sign up for text, email and or voicemail alerts through CT State Community College-Gateway notification system. Students can check the College website, Facebook, and/or Instagram for class delays, late openings, cancellations, or school closings. In the event that college classes are cancelled, clinical experiences for that date are also cancelled. The clinical affiliate staff members do not have the authority to allow students to be excused from attending clinical due to inclement weather. Students can choose to use CTO time due to inclement weather before the campus has made any official decisions regarding delays or cancellations, eight (8) hours will be deducted from their CTO bank.

EXPECTATIONS FOR STUDENT

In accordance with the American Registry of Radiologic Technologists (ARRT) Code of Ethics, the discipline of radiation therapy requires professionalism, assumption of personal responsibility and ethical behavior in all aspects of clinical practice. For your convenience, a copy of the ARRT Code of Ethics can be found in Appendix **(see appendix B)** section of this Radiation Therapy Program Student Handbook. Radiation Therapy Program students are guests of the clinical affiliates. As guests, students are expected to abide by the policies and procedures of their assigned clinical affiliate. Students are expected to rotate through all clinical affiliates therefore it is the student's responsibility to be familiar with the policies and procedures of each

site. Failure to follow hospital policies and procedures could lead to dismissal from the clinical site and program dismissal.

Further, as a student at CT State Community College-Gateway, you are expected to follow the Code of Student Conduct found in the CT State Community College Student Handbook. Any violation of conduct will be dealt with according to the standards and practices outlined in this Radiation Therapy Program Student Handbook, the CT State Community College Student Handbook located on the College website **(www.CTState.edu),** the Connecticut State Colleges and Universities (CSCU) student code of conduct at 2.1 student code of conduct.pdf. Insubordinate behavior and/or behavior that interferes with the operations of the College, Program or Clinical Affiliate, violates established clinical guidelines policies and/or procedures, discredits the Program or is offensive to patients, visitors, program staff, clinical staff or fellow students will not be tolerated. Appropriate action will be taken and will follow the Program Disciplinary Standards which are meant to encourage learning and are generally progressive in nature and proportionate to the behavior in question. Behaviors that are deemed egregious may result in immediate dismissal. Egregious conduct is any action that is obviously wrong, beyond any reasonable degree.

In such cases where the continued presence of a student in the clinical setting constitutes a danger to the health and safety of patients or staff, the clinical affiliate may temporarily or permanently remove a student from their site and refer the student immediately to the Program Director. A student who is **permanently** removed from a clinical affiliate will be immediately dismissed from the Program and will be ineligible for re-admission to the program at any time in the future. In accordance with college process, all conduct violations will be reported to the Office of Student Services. The student must immediately deliver their film badge and hospital ID's to the Clinical Coordinator/Program Director.

Student behavior, physical or emotional condition in the clinical teaching/learning setting that is a conflict with the expectations for student conduct will be managed in accordance with the judgement of clinical faculty/staff present. In consultation with the Radiation Therapy Program Director and/or Clinical Coordinator, clinical faculty/staff may determine that the expertise of additional college personnel, healthcare professionals or administrators is needed to establish direction appropriate to an individual situation. If the physical or emotional condition of the student is disability related and an *Academic Adjustment* has been granted by the CT State Community College-Gateway *Student Accessibility Services Coordinator* prior to making further determination. The actions of faculty are sanctioned based upon the overarching requirement to protect the student(s) and/or patient(s), other students, and/or agency employees with whom they carry responsibility for delivering safe competent patient care and radiation practices. The dismissal of a student from the clinical education setting for unsafe radiation therapy practice beyond one day (interim suspension) is made by the Radiation Therapy Program Director and Clinical Coordinator. If interim suspension from clinical is a consideration, the student is provided an opportunity to meet with designated college personnel to provide pertinent information for consideration prior to any decision.

The dismissal of a student from any course teaching/learning activities other than clinical beyond one day (interim suspension) must be made in collaboration with designated Radiation Therapy

Program Director and the Dean of Student Services for the campus. If interim suspension from any course teaching/learning activities other than clinical is a consideration, the student is provided an opportunity to meet with designated college personnel to provide pertinent information. The information provided by the student is considered by the designated college personnel in collaboration with the Dean of Student Services prior to any decision addressing interim suspension from course teaching/learning activities other than clinical.

Clinical Disciplinary Procedure:

The program follows a prescribed disciplinary procedure for clinical violations. The procedure is intended to encourage learning and as such is generally progressive in nature and proportionate to the behavior in question. The progression of the Clinical disciplinary procedures is as follows:

- First violation of a specific clinical guideline or requirement= documented verbal warning
- Second violation of a specific clinical guideline or requirement= written warning
- Third violation of a specific clinical guideline or requirement= clinical probation
- Fourth violation of a specific clinical guideline or requirement= program dismissal

For example: If a student were to take a sick day from clinical without following the guidelines for calling out sick, the student would receive a documented verbal warning. If the student did it again, they would receive a written warning. If they did it a third time, they would be placed on clinical probation and if they did it a fourth time, they would be dismissed from the program.
A freshman student who fails 1 clinical rotation in a semester will be on clinical probation and a clinical improvement plan will be implemented. A senior student who fails 2 or more clinical rotations in a semester or summer session will result in program dismissal and receive a grade of F for clinical. A student who fails the clinical rotation evaluation during winter intersession will result in program dismissal and receive a grade of F for clinical**.**

Disciplinary Process:

The following procedures shall govern the enforcement of the Program Disciplinary Procedure:

- Upon receipt of the report of a violation of student conduct in the clinical setting, the Program Director may immediately impose restrictions on or suspend a student from the clinical setting on an interim basis if, in the judgement of the Program Director, the continued presence of the student at the clinical setting poses a danger or disrupts the learning process.
- The Program Director will provide the student an opportunity to meet within (3) working days of the reported violation. The student will then have an opportunity to submit any relevant information regarding the violation to the Program Director within (3) working days after said meeting.
- The Program Director will review and investigate allegations and render a decision within (5) working days of meeting with the student. During the investigation period, the student may be placed on temporary suspension from the clinical obligations of the Program. The decision of the Program Director as to whether the student committed the reported violation and the appropriate sanction is final.
- If the student is not satisfied with the resolution, the student may bring the concern to the Allied Health Division Director within (5) working days of receiving the decision. The

Allied Health Division Director will respond in writing within (5) working days of the receipt of the appeal.

- If the student is not satisfied with the decision of The Allied Health Division Director, the student can initiate the college student grievance procedure as outlined in the College Student Handbook.

Use of Electronic Devices:

Hospital computers and other electronic devices may only be used for relevant clinical documentation. Personal use is prohibited. Students may not bring personal computers of any type to the clinical affiliate. Personal cell phones, tablets or electronic devices (i,e. Apple Watch) should not be used in the clinical area. They should be kept on silent at all times. Students are reminded that they are required to adhere to the *Health Insurance Portability and Accountability Act (HIPAA)* at all times.

Social Media:

Radiation Therapy students are reminded that posts to any social networking or social media (i.e. Facebook, Twitter, blogs, Snapchat, Instagram) must reflect the same behavioral standards of honesty, respect, consideration and professionalism that are expected in academic and clinical environments. In any social media posts or communications, students must adhere to the same restrictions related to privacy for fellow students, faculty, and patients as they do in a classroom, laboratory or clinical environments in accordance with federal *Health Insurance Portability and Accountability Act (HIPAA)*. Information related to clinical experiences must NOT be posted on any social media outlet. Inappropriate use of social media by students is subject to disciplinary action up to and including program dismissal.

Academic Integrity:

A student's written work is expected to be original and done independently unless otherwise indicated. Footnotes and references must be used to acknowledge the source and avoid plagiarism in accordance with the American Psychological Association (APA) standards. Selected portions of the radiation therapy curriculum are taught, reinforced, or reviewed using educational software, instructional media, publisher resources, computer programs, or audio/video recordings, as examples. Students are required to adhere to all copyright policies when using these resources. Students acknowledge agreement with the Confidentiality Agreement and Consent to Video Record through their signature on the Radiation Therapy Student Handbook Acknowledgement of Receipt and Agreement to Comply. Violations of academic integrity will be dealt with in accordance with program disciplinary standards and College policy.

Gateway Radiation Therapy Guidelines for Academic Conduct

In accordance with the CT State Community College Catalog, Academic Policies and Procedures – Expectation of Academic Integrity, the CT State Gateway Radiation Therapy students are expected to uphold the core values of academic integrity in all aspects of the Radiation Therapy program including any distance learning program courses. The core values include honesty, trust, respect and responsibility.

- Honesty – Presenting one's own work truthfully.
- Trust – Creating fair and reliable learning environments.

- Respect – Acknowledging others' contributions and intellectual property.
- Responsibility – Being accountable for one's learning and actions.

Student Responsibilities:

1. Authentic Work
    - Submit only work created independently unless collaboration is explicitly allowed.
    - Accurately cite all external sources, including AI tools when permitted.
    - Do not share course materials (assignments, quizzes, exams) without permission.
2. Use of Technology
    - Use authorized devices and resources only.
    - Do not use external help (e.g., unauthorized AI tools, answer-sharing sites, messaging apps) for assessments.
    - Maintain secure passwords and protect personal accounts.
3. Assessment Conduct
    - Follow all instructions for quizzes, exams, and projects.
    - Report any suspected integrity breaches.

Anti-Plagiarism Detection Software:

Safe Assign, Turn it in or other anti-plagiarism detection software products may be used in this program. Anti-plagiarism detection software products assist faculty and students in preventing and detecting plagiarism. Professors may utilize such software in order to check the originality of the academic work students submit in a course by comparing submitted papers to those contained in its database consisting of submitted papers and other sources. Anti-plagiarism detection software returns an "originality report" for each submission. The report is limited in scope to merely identifying passages that are not original to the author of the submitted work and which may include correctly cited quotations and information. Professors and students must carefully review such reports. No adverse action may be taken by a professor with respect to a student solely on the basis of an originality report which indicates the potential for plagiarism.
In **any** course you may be asked to submit your academic papers and other creative work containing personally identifiable information for originality reporting. By doing so, your work along with personally identifiable information will be retained in the product database and may be subsequently reported out containing your personally identifiable information not only to your professor, but also to professors of the other Twelve CT State Community College campuses as part of subsequent originality reports. You may decline to submit your work for originality reporting. If so, you must be provided with an alternative method in which to submit your work. However, your professor, after removing your personally identifying information, may nonetheless submit limited portions of your academic work for originality reporting.

Standards for Program Progression:

To successfully progress through the Program, students must meet all course requirements to progress to the next course. All Radiation Therapy and co-requisite courses must be taken in the prescribed order according to the program of study. Students must maintain a minimum grade of C in each and all math and science courses. The student is required to maintain a minimum grade of 75 in all program specific courses. Any student who does not meet the minimum grade requirement of 75 or higher in program specific courses will not be able to progress to the next semester, winter/summer sessions as outline. The student will meet with the Program Director to discuss program withdrawal, readmission or re-application.

RADIATION THERAPY PROGRAM
GRADES AND QUALITY POINTS

NUMBER GRADE	LETTER GRADE	GRADE WEIGHT
94-100	A	4.0
90-93	A-	3.7
87-89	B+	3.3
84-86	B	3.0
80-83	B-	2.7
77-79	C+	2.3
75-76	C	2.0
70-74	C-	1.7
67-69	D+	1.3
64-66	D	1.0
60-63	D-	0.7
below 60	F	0.0
	I	Incomplete
	W	Withdraw
	N	Non-attendance
	Au	Audit
	P	Pass

Academic Advising/Academic Improvement Plan Guidelines:
Students in the Gateway Radiation Therapy program will receive on going academic advising from the program faculty to be sure that all the College and program graduation requirements have been met in a timely manner. Faculty are available during office hours and by appointment to offer academic advisement/remediation to all program students. Students are encouraged to make an appointment with their instructors if they need help. Academic Improvement Plans are created for those students who do not meet the minimum grade requirement and are typically done at mid semester.

Academic advising and improvement plan guidelines are based on the minimum grade requirement of 75 or higher. If, at mid semester, the student's course grade is below the minimum grade requirement, a Faculty Academic Alert will be submitted to the student's assigned Guided Pathways Advisor. Guided Pathways Advisors are available to help students obtain the most from their college experience and can provide valuable resources for student

success. Please visit the CT State website to learn more about Guided Pathways or click here Guided Pathways.

Mental Health and Wellness Center

Navigating college responsibilities while balancing the demands of life can be a challenge. Many college students often find themselves feeling overwhelmed and struggling to cope. These stressors can interfere with your ability to be academically successful. A licensed Wellness Counselor can help you identify your current stressors, assist you in developing healthy coping skills and connect you to additional resources. Mental Health and Wellness staff are here to create an inclusive environment to provide equitable mental health support and wellness service to all CT State students. Contact the Wellness Center at 203-285-2480, or visit the Mental Health Counseling and Wellness Center on The CT State website or click here https://ctstate.edu/life-at-ct-state/wellness

Grade Appeal Process for Radiation Therapy Students:

Students can appeal a grade by following the process below:

1) The student must submit their appeal in writing to the faculty involved within two (2) business days of the incident.
2) If the student is not satisfied with the resolution at step one, the student must submit their appeal in writing to the Program Director within two (2) business days. If the faculty member involved is the program director, the process will move to step three.
3) If the student is not satisfied with the resolution at step two, the student must submit their appeal in writing to the Allied Health Division Director within two (2) business days. The Allied Health Division Director will respond to the appeal in writing within four (4) business days of the receipt of the appeal.
4) If the student is not satisfied with the decision of the Allied Health Division Director, the student can initiate the college level student grievance procedure as outlined in the CT State Community College Student Handbook.

Any student who must withdraw from the Program due to academic failure, after successful completion of the first semester and before the withdrawal deadline and wishes to re-admit to the Program must meet with the Program Director to develop a readmission plan which will include dates for readmission, health assessment updates, cpr requirement, course registration information and any remediation recommendations. No requests for withdrawal will be accepted after the withdrawal deadline established by the BOR for that semester. The withdrawal date can be found on the Academic Calendar at the beginning of the handbook or on the CT State Community College website at www.ctstate.edu

Leave of Absence:

In cases of extenuating circumstances such as extensive illness, hardship or emergency, a student may request a leave of absence from the Program for a period of no more than one year. A request for a leave of absence may only be made after the student has satisfactorily completed the first full, fifteen-week semester of the Radiation Therapy Program. **Request for a leave of absence must be submitted in writing to the Program Director by the course withdrawal**

date set forth by the BOR for that semester. There are no exceptions. Students who withdraw because of personal or health-related issues and who are in good academic and clinical standing are eligible to **re-admit** to the Program and must follow the Program's **Readmission Procedures** which are included in this handbook. Applications for readmission should be accompanied by a healthcare provider's release and a complete health form which states that the student is able to return to class and clinical attendance with no restrictions.

If a student needs to withdraw from the Radiation Therapy Program before the successful completion of the first full, fifteen-week semester, he/she must re-apply to the Program as a new student and follow the program application requirements including an information session within 12 months of applying. Written notification of withdrawal must be submitted to the Program Director, **by course withdrawal date set forth by the BOR for that semester,** and the student must withdraw from all program specific courses immediately and submit Change of Curriculum form to the Registrar's office.

Student Withdrawal:

Should a student wish to withdraw from the Program, they should submit their request to withdraw in writing to the Program Director, **by course withdrawal date set forth by the BOR for that semester**. The student will meet with the Program Director for an exit interview. At that time, the student will return all hospital ID badges and the radiation badge. **The student must complete the Withdrawal form and Change of Program form, which are located on the CT State Gateway One Stop Enrollment Center webpage under the stuident forms tab at https://ctstate.edu/admissions-registration/one-stop-enrollment-center by the course withdrawal date set forth by the BOR for that semester. There are no exceptions.** If a student needs to withdraw from the Radiation Therapy Program before successful completion of the first full fifteen-week semester, the student must re-apply to the program as a new student and follow the program application requirements.

Readmission Procedures:

Readmission to the Radiation Therapy Program is based on a review of, but not limited to, past academic and clinical evaluations, and evidence of interim efforts to strengthen areas of weakness. A student is eligible for readmission to the Radiation Therapy Program within 12 months of withdrawal date. Consideration for readmission to the program can only be granted if there are available openings, clinical resources and faculty. In the event there are more readmission applicants than available openings, a ranking system will be applied based on program GPA. Readmission requests are evaluated on an individual basis and may be made subject to special conditions to be met by readmitted students by the Program Director. The Program Director reserves the right to deny readmission to those students who do not complete the requirements of the readmission plan.

Readmission Eligibility Requirements

All applicants must meet the following criteria in order to be eligible to apply for Readmission:

- Has successfully completed the first semester of the Radiation Therapy Program;
- Be in good clinical standing at the time of leaving the Program;

- Have a minimum GPA of 2.0 at the time of program withdrawal;
- Meet with the Program Director prior to leaving the Program to develop a Readmission plan;

Please note, if a student is granted readmission, he/she will be required to repeat any course(s) where the grade did not meet the minimum requirement. In addition, the student will be required to register for an Independent Study, ALH 198- Allied Health Clinical Refresher, during the semester they readmit.

For example, a student earns a grade of C-in RADT*1002 but passes RADT*1395, RST*1005, during the spring 2026 semester. The student must apply for readmission to the program to be readmitted into the spring 2027 semester. When they return for spring 2027, they must register for the course they did not pass with a C or higher, in this case RADT*1002 and will register for an Independent Study, **ALH*198**-Allied Health Clinical Refresher, which will require them to participate in the clinical course they successfully completed during the spring 2026 and will have to audit RST*1005.

Readmission Process

The student must:

- Submit a request for program readmission form to the Program Director by January 1st for the summer session or fall semester re-entry, or July 1st for winter intersession or spring semester re-entry. This form is located in the **appendix section** of this handbook.
- Successfully complete a clinical refresher Independent Study to maintain their clinical skills. This must be completed during the semester prior to the semester he/she wishes to be considered for readmission. The student will be required to attend clinical 8 hours per week. The clinical rotation schedule will be determined by the Clinical Coordinator. The student must pass the clinical skills evaluation conducted by the supervising radiation therapist and Clinical Coordinator to be eligible for clinical entry.
- Complete and pass cpr, core background and have a negative toxicology screening.
- Submit current health assessment forms as outlined in the readmission advisement plan between the Program Director and the student.
- Notification will be given to the student prior to the semester they are required to complete the Independent Study.

Ineligibility for Readmission

- A student who receives a final grade of F (Fail) in any clinical practice
- The student has been readmitted once before
- The student has withdrawn or been dismissed from the Radiation Therapy Program for more than 12 months.

Graduation:

In addition to the College's general requirements for graduation, students of the Radiation Therapy Program must have completed all math and science courses with a 75% C or better and program specific courses with a numerical grade of 75% C or better. Students who have not completed all clinical assignments, objectives and competencies required by the specific program

or are on academic/clinical probation may not be considered for program awards and be considered registry eligible.

Clinical Student Attendance:

Clinical Time: All time spent in the radiotherapy department directly or indirectly involving clinical assignments.

In general, hours are 8:00 a.m. to 5:00 p.m. with either a thirty- or sixty-minute lunch. Please report to clinical on time and be ready to start at 8:00 a.m. Students are directly responsible to the therapist in charge of the machine and the students will work out the lunch break with her or him. No variation/alteration of these hours is permitted.

The day is geared so that we complete our work at 5:00 p.m., but on occasion, it may run over. You, as a student, if directly involved with a case should feel responsibility to see that case through.

Your therapist will decide if the need for your assistance is required. This situation is of a give-and- take nature. There may be other times during your assignment that you might be able to complete your day a little early. Try to be adaptable.

Students are expected to follow the clinical rotation schedules that are distributed by the Clinical Coordinator. Clinical rotations are based on providing equitable education to all students and are created at the discretion of the Clinical Coordinator and Program Director. All students are required to rotate to all clinical affiliates in order to meet the clinical requirements of the program. Students are expected to attend clinical practicum in 8-hour shifts on scheduled clinical days. Please report to your clinical assignment **on time** and be ready to start when your shift begins.

Hours worked must be verified on a daily basis either by the clinical coordinator/therapist in your assigned area or by the Preceptor/Supervisor in the area, i.e., the Preceptor/Supervisor signs a daily time sheet.

It is the student's responsibility to sign in and out on their time sheet each day including lunch breaks. It is strongly suggested that each student keep his or her own records. If students fail to record their time **accurately**, they will not receive credit for the hours of training. Any inaccuracies entered on a timecard will be considered falsification of documents and will result in immediate dismissal from the Radiation Therapy Program as determined by Clinical Coordinator. If you are at the clinic, it is your responsibility to sign the time sheet when coming in or leaving the hospital.

Students are required to fulfill their clinical obligations. Therefore, no one is permitted to leave the affiliate before the shift ends unless the clinical coordinator, preceptor/supervisor has granted approval. Chronic absenteeism and tardiness will be dealt with in accordance with the disciplinary standards for the program. Lateness is defined as reporting to your assigned area

anytime later than the scheduled start time or returning late from your scheduled break. Lateness will not be tolerated. Three (3) incidents of lateness will result in a loss of 8 hours CTO.

Students MUST accrue their hours in their assigned area. Changes in scheduled rotations by a student, without permission of the Clinical Coordinator, will result in loss of those hours. Because of the necessity to complete competencies in all areas, this ruling will be strictly enforced. The program reserves the right to alter the assignment schedule as needed to ensure all students have adequate rotations in all areas. Students are assigned to clinical rotations based solely on educational objectives and affiliate staffing. Student requests for changes in clinical rotation assignments will not be considered. The Clinical Coordinator/Program Director reserves the right to change clinical assignments due to educational and/or staffing concerns.

Accurate time sheets MUST be submitted at the end of each rotation. Please note that this data will be part of your clinical grade. Failure to submit these sheets will result in loss of hours for the rotation, as well as a failure in competency for that rotation. Falsification of time sheets will result in program dismissal.

Students who are late or unable to report for clinical duty at the start of their scheduled shifts must notify their Clinical Coordinator AND the Supervising Therapist, Preceptor/Supervisor assigned to the clinical area within one half hour of the scheduled shift.

When a student is assigned to a clinical rotation, he/she is expected to be on time and complete the daily expected hours of practicum. Only in an emergency will students be able to leave their assignment with approval of the clinical supervisor.

CLINICAL TIME OFF (CTO):

Students may only take CTO time in four (4) or eight (8) hour blocks.

1st year (August-July) a total of 8 CTO days
2nd year (September-May) a total 5 CTO days
Students are allotted two (2) CTO days per clinical practice.
Students are allotted three (3) CTO days for the summer clinical practice.
Students are allotted one (1) CTO day during the winter clinical practice.
CTO days cannot be accrued.
When a student plans to use their CTO hours:

- The student must send an **email** to the Program Director and Clinical Coordinator, 24 hours in advance requesting time off.
- CTO time must be approved by the Program Director and Clinical Coordinator and students need to receive confirmation of approval before taking time off.
- The student is responsible for informing the clinical affiliate supervisor and/or supervising therapist of scheduled day off that has been approved.
- The student must notify both the clinical affiliate supervisor and/or supervising therapist, Program Director and Clinical Coordinator whenever they are late, absent, or leave early.

***When you are late or absent text the Clinical Coordinator and call clinical affiliate**

An absence of more than two (2) consecutive days requires a physician's note before returning to your clinical site. A student absent without notification for three (3) consecutive days on which the student was scheduled for clinical duty is considered a voluntary resignation from the

program without notice. If a student exceeds the allotted days per clinical practice, the excess may be made up at the discretion of the Clinical Coordinator/Program Director based on time/space available at a clinical site.
Any student who is absent from clinical due to medical emergencies or surgeries is required to submit a "return to work/school clinical" note from a healthcare provider stating that the student can return to the clinical setting without restriction. This must be submitted to the Clinical Coordinator prior to returning to any clinical site. Should the student need to miss an extended amount of time due to illness/injury, the student must meet with the Clinical Coordinator and Program Director to discuss the next steps which could include program withdrawal or leave of absence.

Bereavement Time:
It is the policy of the Radiation Therapy Program to grant students reasonable bereavement time off without loss of CTO days when a death occurs in a student's immediate family. The Program recognizes the following as immediate family: Spouse, parent, stepparent, daughter, son, brother, sister, stepchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, grandparent, grandchild, a person who is legally acting in one of the above capacities, or another relative living in the student's residence.

Benefit Provisions - When a death occurs in a student's immediate family, the bereaved student will be granted bereavement time off up to three (3) consecutive days to attend the funeral, to make arrangements relating to the death. The Program Director reserves the right to require verification of the death and relationship. The student must submit a request for additional bereavement time to the Program Director.

Change in Student Information:
It is very important that the Program Director has the most up-to-date contact information for each student. Any change of name, address, phone number or email address should be givento the Program Director, Clinical Coordinator. Students should update their information with the College on the CT State website under Student Forms section of One Stop Enrollment page or here https://ctstate.edu.forms

CLINICAL HEALTH AND SAFETY STANDARDS

Health Requirements:
All students are required to submit a current health assessment completed by a primary care provider within the last twelve (12) months. Documentation of specific student health requirements is mandatory prior to participation in any clinical experiences. The health assessment, including all supporting documentation, must be uploaded through Castle Branch website by the designated deadline. Failure to complete and submit the required Health Assessment Form, by the required deadline and the signed Student Statement of Responsibility may result in dismissal from the Radiation Therapy Program. Clinical affiliate contracts state the student must be in good physical and emotional health and free of communicable diseases. Certain items will require additional follow-up during the Program (i.e. Hepatitis B immunization, Influenza vaccine, and Tuberculin testing). The student is required to follow all

instructions for documentation of immunization status with the required laboratory reports, and to obtain the signature of the health care provider as indicated. The student is strongly encouraged to receive the Hepatitis B immunization series; any student who refuses to receive the immunization must submit the Hepatitis B waiver form. Tuberculin tests (PPD) must be updated annually and supporting documentation must be submitted through Castle Branch website. Students who have a history of positive PPD must submit one of the following: CXR report within the past two years or Quantiferon Gold lab test. Non-compliance will result in removal from the clinical affiliate and may result in disciplinary action.

Criminal Background Checks & Toxicology Screening:

Due to clinical learning affiliate requirements, criminal background checks and toxicology (drug) screening is required for all radiation therapy students prior to participation in clinical experiences. Due to this requirement, student refusal of either the background check or drug screening will result in dismissal from the Radiation Therapy Program due to the inability to complete clinical requirements. Students must follow instructions for obtaining criminal background checks and toxicology screenings.

Students who do not pass the background check or toxicology screening will not be able to participate in clinical practice since they cannot meet the requirement as set by the clinical affiliates. If a student cannot participate in a clinical rotation at an assigned facility, the student will not be able to complete the objectives of the course and program.

Guidelines for Student Toxicology (Drug) Screening and Criminal Background Checks

Confidential toxicology (drug) screening and/or criminal background check is required for radiation therapy students prior to participation in clinical rotations utilizing the vendor(s) adopted by the College (i.e. Certified Background, Connecticut League for Nursing/CLN, etc.). The following guidelines are applicable to Toxicology Screening and/or Criminal Background Checks for any student.

1. Fees for all screenings must be paid by the student.
2. The need for additional screening/assessment beyond the initial screening/assessment is related to clinical affiliate requirements and/or results of the initial screening/assessment.
3. Notification and recordkeeping of toxicology screening results and/or criminal background checks are performed in a manner that ensures the integrity, accuracy and confidentiality of the information.
4. Students are not allowed to hand-deliver the results of either toxicology screening or criminal background checks:
5. Students are required to sign a release for results of toxicology screening and criminal background checks to be sent to the radiation therapy program; and
6. Results of student background checks and toxicology screening do not become a part of the student's educational record, as defined by the Family Educational Rights and Privacy Act ("FERPA").

Toxicology Screening Standards and Guidelines

The following guides the response to a **positive** Toxicology Screening for any student:

1. All specimens identified as non-negative/positive on the initial test shall be confirmed, reviewed, and interpreted by the vendor.

2. The student is required to provide documentation by a healthcare provider in the event there is a medical explanation for a positive test result (i.e. a result of a legally prescribed medication). In accordance with federal law, a positive toxicology screen for legally prescribed marijuana can prohibit a student from being placed in a clinical setting that accepts federal funding.
3. If a student challenges a result, only the original sample can be retested.

Toxicology Screening that requires Retesting:

1. Vendor reports that the screening specimen was diluted.

Response to a Confirmed Positive Toxicology Screen

If a student tests positive for drugs that are illegal substances, non-prescribed legal substances (i.e., marijuana), or the student is deemed unsafe for the clinical setting by a healthcare provider, the student may be immediately dismissed from the Radiation Therapy Program.

Readmission following dismissal from the Program in response to a confirmed positive toxicology screen is subject to re-entry guidelines and the following conditions:

1. The student provides documentation from a qualified healthcare professional indicating status of abuse, addition or recovery and/or documented rehabilitation related to alcohol/drug abuse.
2. A confirmed negative toxicology screen is documented immediately prior to readmission and
3. The student meets all other requirements for readmission.

Reasonable Suspicion Screening

Students may also be required to submit to additional toxicology screening during the radiation therapy program in accordance with clinical affiliate contracts when reasonable suspicion of impairment exists. Reasonable suspicion testing may include, but not be limited to, the following:

1. Physical symptoms such as slurred speech, unsteady gait, confusion or other manifestations of drug/alcohol use.
2. Presence of an odor of alcohol or illegal substance.
3. Abnormal conduct or erratic behavior during clinical or on-campus learning activities, chronic absenteeism, tardiness, or deterioration of performance regardless of any threat to patient safety.
4. Suspected theft or medications including controlled substances while at the clinical facility; and
5. Evidence of involvement in the use, possession sale, solicitation or transfer of illegal or illicit drugs while enrolled in the Radiation Therapy Program.

Criminal Background Checks Standards and Guidelines

Students who are found guilty of committing a felony will be prevented from participating in clinical experiences by clinical learning facility policy. If a student cannot participate in a clinical rotation at an assigned facility, she/he will not be able to complete the objectives of the course and program.

If a criminal background check reveals that a student has been found guilty or convicted as a result of an act which constitutes a felony and the student is unable to be placed at a clinical learning site, then the student is unable to meet the clinical objectives/outcomes of the course. The Director notifies the student, and the student is provided with the opportunity to withdraw

from the program. Should the student refuse to withdraw, the student will be terminated from the program.

Smoking Guidelines:
CT State Community College-Gateway is a smoke free campus/workplace. Students are required to follow hospital policy regarding smoking. Please be advised that we require all students to come to clinical free from any tobacco product odor. If a student smells of tobacco products, they will be asked to leave clinical immediately and will lose CTO time. Any student looking for smoking cessation resources may visit the following website for further information: **http://www.cdc.gov/tobacco/campaign/tips/quit-smoking** or call 1-800-Quit-Now

Health and Safety Training:
Students are required to complete the online CT Hospital (CHA) Health and Safety Training Course prior to participation in Patient Care Orientation. The course is available at: https://www.cthosp.org/education/ct-health-and-safety-training-course/

Standard Precautions and HIPAA:
Students enrolled in the Radiation Therapy Program must adhere to all policies and procedures concerning Standard Precautions and Infectious Disease Policies and Health Insurance Portability and Accountability Act of 1996 (HIPAA) as practiced at the assigned clinical affiliate.

Students must never disclose confidential information including anything pertaining to the medical history, diagnosis, treatment, and prognosis to anyone not directly involved in the care of the patient. In addition, students are required to follow HIPAA regulations on "Protected Health Information" which includes any "individually identifiable health information". This includes information such as the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).
Please visit www.hhs.gov/hipaa/for-professionals/index.html for more information. Failure to adhere to this code constitutes a violation of the "Right to Privacy Act," as well as HIPAA and is professionally unacceptable, as well as potentially compromising from a medical/ legal standpoint.

Health Insurance:
All Radiation Therapy students are required to carry personal health insurance. CT State Community College does not offer personal/optional health insurance plans to students. Students must identify a health insurance plan to provide coverage while enrolled in the Radiation Therapy Program. Proof of insurance is required prior to the beginning of the first clinical practicum course and prior to each subsequent clinical practice course. Each student is responsible for all costs of treatment/medical care required unless covered under the accident insurance policy. Students may want to evaluate options available via Connecticut Health

insurance exchange online at Access Health CT, via phone 1-855-805-9325 if you are not a CT resident at Healthcare.gov.

Incident/Accident Reports:
Students must report any incident or accident that occurs at the clinical affiliate immediately to the clinical coordinator or program director. An incident or accident report for each occurrence must be completed according to the guidelines of the clinical affiliate site. Students must provide a copy of the incident report from the clinical affiliate site to the program director within 24 hours. Failure to report an occurrence to the clinical coordinator or program director will result in a disciplinary sanction. For any incidents or accidents that occur while on the CT State Community College Gateway campus, the student should follow the guidelines outlined in the CT State Community College student handbook.

Liability Insurance Coverage:
CT State Community College provides a secondary supplemental accident insurance policy to registered full-time and part-time students which covers up to a maximum benefit of $20,000. Please see the CT State Community College student handbook for more details.

Latex and Allergies:
Most clinical sites, as well as the campus Radiation Therapy labs are not latex-free. While we provide latex-free exam gloves during lab, program students who have a known latex sensitivity/allergy an action plan will be created. This information must also be indicated on health assessment form.

Basic Life Support and Venipuncture:
Students are required to provide documentation of current professional level certification in Basic Life Support for adults, child and infant. Certification can only be earned through the American Heart Association or the American Red Cross and must remain current throughout the Program. Courses meeting this requirement are:

- The American Heart Association Basic Life Support (BSL) for Healthcare Providers
- The American Red Cross CPR/AED for the Professional Rescuer

A copy of the current certification card must be uploaded to Castlebranch prior to the start of the first semester in the Program. Failure to comply will result in exclusion from the clinical learning experience. Online certifications will not be accepted.

All students must participate in **venipuncture training** provided by the RADT Program and/or the clinical affiliate, regardless of previous certifications or training.

Radiation Therapy Program Technical Standards:
Technical Standards reflect reasonable expectations of the radiation therapy student for the performance of common functions of the registered radiation therapist. The radiation therapy student must be able to apply the knowledge and skills necessary to function in a board variety of clinical situations (see appendix E).

Guidelines for Clinical/Lab Practice:
Students are expected to be able to perform all clinical requirements within the scope of the Radiation Therapy Technical Standards. If a student is unable to meet these technical standards at any time in the program, they will be required to submit written documentation from their healthcare provider stating such. The student is required to use clinical time off while they are unable to attend clinical and/or lab, written medical clearance must be provided by the healthcare provider. Any time owed must be made up prior to the completion of the program. Make up time must be approved by the Clinical Coordinator and Program Director.

Guidelines for the Pregnant Student:
The Gateway Radiation Therapy program is committed to providing equal educational opportunities for all Radiation Therapy students experiencing pregnancy and related conditions in accordance with the Board of Regents (BOR) Policy 4-13, Interim Discriminatory Harassment, Nondiscrimination and Title IX Policy. In addition, the Program is required by the Joint Review Committee on Education in Radiologic Technology (JRCERT) to have guidelines that clearly inform the pregnant student the declaration of pregnancy is strictly voluntary. A pregnant student can voluntarily declare the pregnancy, continue in the Program without modification and withdraw the declaration of pregnancy at any time. These pregnancy guidelines are intended to provide an option for pregnant students who are occupationally exposed to ionizing radiation. If the student chooses to voluntarily declare the pregnancy, she can complete the Declaration of Pregnancy form found in the appendices of this handbook (Appendix G) and return it to the Program Director. Once a declaration of pregnancy is made, a student may withdraw this declaration at any time. This withdrawal must be in writing and can be completed by using the Withdrawal of Pregnancy Declaration form found in the appendices of this handbook (Appendix H). A Withdrawal of Pregnancy Declaration form should also be completed upon delivery of the baby.

The Radiation Therapy Program at CT State Community College-Gateway is required to assure that the dose to the embryo/fetus during the entire pregnancy due to occupational exposure of the declared pregnant woman does not exceed 0.50 mSv (50 mRem) month. The U.S. NRC regulations define the declared pregnant woman as one who has voluntarily informed the program, in writing, of her pregnancy and the estimated date of conception.

Following the disclosure of a pregnancy, the student will be counseled, by either the Radiation Safety Officer or Program Director, as to the potential risks that are associated with radiation exposure to the fetus in addition to the review of the pregnancy guidelines in this section. She will be asked to sign a statement acknowledging that the possible danger has been explained to her. It is recommended that she also consults her own health care provider on this matter.

Following the review of the Guidelines for the Pregnant Student with the Program Director, the declared student will determine whether she will remain in the Program, take a pregnancy leave or withdraw from the Program. She will have 7 days after she has declared to make her decision. After that time, she must sign the appropriate form indicating her decision.

Option 1: The declared student remains in the program:

- Individuals who are pregnant are not prohibited from developing their clinical skills or frequenting diagnostic radiation areas. These individuals may also operate sources of ionizing radiation (radiation therapy equipment, diagnostic x-ray equipment, including fluoroscopy and portables) and rotate through all advanced modality areas without restrictions.

- If you choose this option, during your pregnancy you are expected to perform your assigned duties as a Radiation Therapy student, unless certain restrictions are placed upon you by your health care provider. You are expected to follow established radiation safety policies.

- Once you have officially declared your pregnancy, a fetal radiation badge will be ordered, and you will wear this at the level of the waist or under your lead apron. This badge will be in addition to your standard collar badge which you will also wear.

- Make-up time for clinical absences due to the pregnancy will follow the same make-up time guidelines as outlined in the Clinical Time Off section of this handbook. All make-up options must be approved by the Clinical Coordinator

If the student declines to take a Leave for Pregnancy after declaring pregnancy, the student still may, at a later date, decide to take a Pregnancy Leave.

Option 2: The declared student takes a voluntary leave of absence from the Program

- If the declared student desires or if it is deemed medically advisable by her health care provider, the student may voluntarily take a leave of absence from the Program, in accordance with the Program Leave of Absence guidelines.

- To initiate this leave, the student shall acknowledge this decision by signing the Request for Leave form.

- The student may return to the Program and complete the Program if a leave of absence is taken for pregnancy. After the birth of the child, the student may be required to extend clinical/didactic education beyond the normally required two years to make up for the missed didactic or clinical classes.

Option 3: The declared student withdraws from the program

- If the declared student decides to withdraw from the program the student should refer to the Student Withdrawal section of this handbook.

- If at a later date the student wishes to return to the Program, the student will need to reapply to Program in accordance with the Readmission Procedures as outlined in this handbook.

Responsibilities of Radiation Badge Users

Radiation Monitoring for Radiation Therapy Students

Radiation monitoring is a method to record the accumulative dose of radiation received by students working in the controlled environment of the clinical education settings. Students will be supervised and instructed in a manner that will follow the ALARA (As Low As Reasonably Achievable) safety principle and strictly follow Occupational Dose Limits for Adults asset forth by the United States Nuclear Regulatory Commission (U.S.NRC) (see Table I).
The following is the procedure by which this monitoring is accomplished:

1. The Radiation Therapy program at CT State Community College-Gateway has a radiation monitoring service provided by Radiation Detection Co., LLC. This service provides radiation monitoring badges and services associated with radiation safety for our students.
2. Radiation Detection Co., LLC will make recommendations consistent with the ALARA guidelines as needed. While highly unlikely, if a student were to exceed their quarterly/annual limit, they are no longer allowed to receive any further exposure until the cumulative lifetime dose equivalent is less than the cumulative limit. A student who exceeds 50 mrem in a one-month period will meet with the Program Director in consultation with a representative from Radiation Detection Co., LLC

   Please note: A student over the age of 18 is allowed an annual exposure of 50mSv or .05 Sv (5000 mrems or 5rem). A student who is 18 years of age is allowed an annual exposure of 1 mSv or .001 Sv (100 mrems or 0.1 rem).

3. The badges must be turned in quarterly at a date designated by Radiation Detection Co., LLC for the badge reading.
4. Students will review and initial their quarterly radiation report. All reports will be kept on file in the Program Directors office in a locked cabinet.

Responsibilities of Radiation Badge Users:

1. Radiation badges **must** be worn during all clinical practice and all labs. A student who fails to bring their badge to clinical or lab will not be allowed to participate and will be sent home.
2. Badges are to be worn outside at collar level.
3. Badges are to be protected from heat, light and moisture. Do not store your badge in your car on a sunny day. Do not let your badge go through the laundry.
4. Do not share your badge with someone else.
5. If you lose your badge, you should notify the Clinical Coordinator immediately. A new badge will be issued and the student will be responsible for any fees associated with the replacement of the badge.
6. Do not wear your badge if you are PERSONALLY going through any diagnostic or therapeutic procedure.
7. The badge is the property of the vendor and must be turned in when the student has completed the Program. Final ARRT examination verification by the Program Director will not be given if your badge is not turned in. Any student dismissed from the Program must hand in the badge immediately to the Program Director or Clinical Coordinator.
8. Students will turn in their radiation badges for quarterly radiation badge readings on a date specified by the Program director and or Clinical Coordinator.

Disciplinary Action for Radiation Badge Users:

1. Failure to **perform badge readings** at designated time intervals will result in immediate disciplinary sanctions in accordance with the proscribed Program Disciplinary Standards located in this handbook.
2. Tampering with the radiation badge or exposing it to ionizing radiation so as to cause a false positive reading shall be considered a serious offense and will result in immediate dismissal from the Program.

TABLE I
MAXIMUM PERMISSABLE OCCUPATIONAL RADIATION EXPOSURE LIMITS

		Quarterly Limit	Annual Limit
1.	Total Effective Dose Equivalent (TEDE) including Weighted Internal Doses	1.25 Rem	5 Rem
2.	Lens of Eye	3.75 Rem	15 Rem
3.	Individual Organ Dose	12.5 Rem	50 Rem
4.	Skin of the whole body, skin of the extremities	12.5 Rem	50 Rem
5.	Embryo/Fetal Dose (Declared Pregnancy)	0.05 Rem	0.5 Rem

TABLE II
ORGAN DOSE WEIGHTING FACTORS

Organ or Tissue	Weight Factor
Gonads	0.25
Breast	0.15
Red Bone Marrow	0.12
Lung	0.12
Thyroid	0.03
Bone Surfaces	0.03
Remainder	0.30*
Whole Body	1.00

*Remainder – 0.30 results from 0.06 for each of 5 "remainder" organs (excluding the skin and lens of the eye) that receive the highest doses.

ALARA GOALS

Type of Exposure	Maximum Permissible Exposure		Level I 10%	Level II 30%
				(millirem/Quarter)
Total Effective Dose Equivalent (Includes deep whole body dose plus weighted single organ doses)	1,250 mRems/3 months 5,000 mRems/year	or	125	375
Lens of the Eye	3,750 mRems/3 months 15,000 mRems/year	or	375	1,125
Individual Organ Limit (Includes hands, forearms, feet and ankles)	12,500 mRems/3 months 50,000 mRems/year	or	1,250	3,750
Declared Pregnant Occupationally Exposed Personnel	500 mRems/9 months	less than 50 mR/month		

MRI Safety and Screening Guidelines
To ensure the safety of all students having potential access to the magnetic resonance environment, all students are educated of and screened for magnetic wave and radiofrequency hazards. Prior to starting clinical experience, students are taught MRI safety practices in the RST 1000 course. Each student enrolled in the Radiation Therapy Program is required to complete the **MR Metal Screening Questionnaire for Students Form and** watch a mandatory MRI Power Point presentation and video on MRI safety. In addition, all students are required to complete an MRI Safety Quiz during RST 1000 and must earn a score of 80% or higher. Attendance at all MRI safety lectures is mandatory, and MR Metal Screening Questionnaire for Students must be completed. There are no exceptions.

Students who have answered "YES" (with the exception of piercings which MUST be removed before/prior to entering the scan area) on the MR Metal Screening Questionnaire for Students form will NOT be asked to perform any MRI procedure outside the "Safe Zone". All clinical sites will be informed of questionnaire results and asked to excuse the student from participating in any MRI procedure as part of their clinical rotations. Any health changes, such as metal implants or anything that would change answers on the MRI screening form from a "no to "yes" require students to immediately contact the clinical coordinator. This screening form must be completed and reviewed prior to any clinical rotations and again at the start of any clinical rotation containing an MRI unit. This form will be reviewed with the appropriate MRI personnel and maintained in the student's file in the Program Director's office.

PROFESSIONAL APPEARANCE

General Dress Code Requirements:
Be aware that your personal appearance is as important in good patient care as your words and actions are. Professional dress codes are designed to ensure appropriate clothing for the work involved, as well as to project the necessary clean and professional image that is so valuable in building patient confidence.

An established dress code serves two purposes:

- Creates a professional atmosphere that ultimately leads to patient confidence.
- Provides for and maintains staff and student safety.

General Requirements:
Attire: Uniform attire should be properly maintained. Uniforms must be clean and free of stains, wrinkles and odors. Tattoos must be covered. Practical shoes should be well constructed.

Hair: Hair longer than shoulder length will be securely tied back to keep it from coming into contact with patients. Hairstyles are to be conducive to the professional atmosphere of the clinical affiliate. Hair ornaments, such as bows, decorative barrettes or combs may not be worn with the student uniform.

Personal Hygiene: Individual hygiene practices should ensure the lack of personal odors that may be offensive to others. Male students are to be clean shaven. If a student has a beard or mustache, it must be neat, clean and well-trimmed.

Jewelry: For purposes of safety and protection, earrings must not extend beyond ear lobes and ornamental rings are not permitted in direct patient care areas. Necklaces, excessive rings and ornamental jewelry of any kind are not permitted. Any type of nose, facial, tongue, or visible body jewelry is not permitted during clinical labs and at the clinical site. These may be hazardous to the patient, as well as the student.

Fingernails: Fingernails shall be kept at a length of no more than ¼ inch, as recommended by the CDC, clean and well-manicured for both patient protection and good infection control (the ¼ inch measurement pertains to the white part of the nail extending from the nail bed at the distal end of the finger). Nail polish, if worn, must be neatly maintained (free of cracks and chips). Polish must be either clear or pastel in color. Bright or dark colors are not acceptable. Rhinestones, sparkles, designs or foreign bodies/nail jewelry are not permitted. Artificial nails and nail tips are prohibited.

Cosmetics: Cosmetics, including perfume/cologne/after shave is not to be worn.

Identification: Radiation monitors, and student ID tags must be worn at all times. Lanyards are not allowed. All IDs must be visible and attached to attire/lab coat.

Smoking, chewing tobacco or gum is not permitted in the clinical setting.

Radiation Therapy Program Specific Dress Code Includes:
Designated shirt with the Program logo, navy blue lab coat, designated pants, clean white shoes or plain white non-canvas sneakers (no high-tops), white socks. **The program uniform may not be altered in any way. All students must have shoes/sneakers approved by the Clinical Coordinator and Program Director prior to the start of clinical.**

Other Required Supplies: The student is also required to have the following:

- a one (1) inch three (3) ring binder and one (1) large three (3) for the Clinical Practice. This binder must contain timecards, monthly evaluation, rotation schedule and any clinical handouts. Students may choose to keep a copy of health physical form, current PPD, Influenza vaccination, or any other vaccines and BSL certification in this binder. This binder must be always present at the clinical site while the student is in clinical.
- a small notebook that will fit in the student's lab coat pocket for clinical notes.

Program faculty and Clinical staff/preceptors reserve the right to dismiss or restrict a student from the clinical setting for failure to comply with the dress code and/or extremes in personal grooming. A student who does not comply with the Dress Code while at any of the clinical affiliates will be dismissed from the affiliate site until the next clinical day, will receive a written warning and student's clinical evaluation for that rotation will be affected. Each day the student is out of compliance with the Dress Code will result in a loss of CTO time.

CLINICAL GUIDELINES

Clinical Rotation Evaluations:

Students must complete objectives and fulfill competencies in accordance with the syllabus and clinical evaluation guide. Students will be evaluated on a regularly scheduled basis by the primary evaluator in his or her assigned area. The purpose of the evaluation is to measure the student's clinical knowledge and problem-solving skills. The review must be an interactive one with both the evaluator and student discussing and critiquing performance regarding clinical competency and maintenance. Signatures are required.

The written evaluation is next submitted to the clinical coordinator/preceptor, who may in turn review it with the student to assure understanding and to offer direction to improve areas of deficiencies. Signatures are required.

All evaluations are then forwarded, reviewed, and signed by the program director (or his/her designee) before being filed in the student's record.

Keeping Your Own Records:
Students must keep a copy of their clinical evaluation sheets and recorded hours for their personal records at their expense. This concept is necessary to both verify hours and for reference when applying for employment. Clinical records and evaluations cannot be removed from the college once they are submitted.

Supervision Procedure:
Direct Supervision - Student supervision under the following parameters:

A qualified Radiation Therapist reviews the procedure in relation to the student's achievement.
A qualified Radiation Therapist evaluates the condition of the patient in relation to the student's knowledge.
A qualified Radiation Therapist is present during the conduct of the procedure.
A qualified Radiation Therapist reviews and approves the procedure.
A qualified Radiation Therapist is present during student performance of any repeat of any unsatisfactory radiograph/digital image or scan.

Imaging/Treatment Sign Off:
No student, regardless of competency level, will perform any diagnostic or treatment procedure without first reviewing the request with an ARRT certified staff radiation therapist. No student will pass a radiograph/digital image or scan, complete a treatment without the written verification of an ARRT certified staff radiation therapist. All radiographs/digital image, scans and treatments must be reviewed and initialed by the supervising therapist. **There are no exceptions**.

Repeat Standard:
No student will repeat a radiograph/digital image or scan without the direct consultation and supervision of an ARRT certified staff radiation therapist. **There are no exceptions.**

Goals For Radiation Therapy Clinical Practice:
The clinical practice in the Radiation Therapy Program serves a twofold purpose. First, the student will learn to perform all procedures and patient interaction skills. Secondly, the clinical

practicum will allow the student to develop the maturity necessary to face the responsibilities the student will meet as a future therapist and employee.

The student is expected to treat the clinical practicum as if it were a job. The only way the faculty can assess the student's skills and anticipated behavior as a therapist is by observing the student's performance in the clinic. The habits the student develops during the time spent in this program are habits that will follow the student in the future as an employed therapist.

Employers are reluctant to hire, and the faculty will be hesitant to recommend those students who have a history of excessive absenteeism or tardiness. The student should remember this throughout his/her training period. In conclusion, the student's attitude, and dedication while in the Program will affect not only his/her grades, but also the student's opportunities after graduation.

Lines of Authority:
Respect lines of authority, recognizing that reliable execution of the physician's orders for the patient is essential and a proper medical ethic. In the clinical setting, observe the appropriate line of authority with respect to clinical assignments and activities. The chief therapist or the supervising therapists are the immediate authority in the clinical setting. These individuals work with and under the guidance of the Clinical Coordinator and Program Director.

Confidentiality:
Students must never disclose confidential information (anything pertaining to the medical history, diagnosis, treatment, and prognosis) to anyone not directly involved in the care of the patient. Failure to respect this code constitutes a violation of the "Right to Privacy Act," is professionally unacceptable, as well as potentially compromising from a medical/ legal aspect. Students may not discuss the diagnosis or prognosis with the patient, family members, or family friends.

Radiation Protection and Safety:
Make it your personal responsibility to practice all appropriate radiation protection procedures for yourself, the patient, and other members of the health care team. This includes utilizing personnel radiation monitoring devices, observing rules such as utilization of equipment safety devices, protective shielding and clothing, safety precautions with respect to radioactive materials, measures for protection of non-medical assisting personnel, and all other radiation protection measures.
In addition to radiation protection practices, observation of all appropriate general safety, fire regulations, and institutional regulations in effect for medical asepsis should be considered part of your personal responsibility in delivering safe, competent patient care. Make it your responsibility to know and understand these regulations.

Student Initiative:
Some behaviors that demonstrate initiative and a willingness to participate include:

Your attentiveness to those who are explaining procedures, case studies or other like situations to either you or others in your vicinity.

Asking questions pertinent to the clinical situation.

Recognizing and learning the major duties and responsibilities applicable to your assigned clinical area, followed by consistent performance of these duties without the need for a constant reminder.

Recognizing when your assistance is needed in an area other than your assigned area and recognizing when it is appropriate for you to leave your assigned area to help others.

Following Orders:
Proper professional conduct calls for you to follow the instructions of your immediate supervisors. Questions, conflicts, and concerns which you may have with respect to what is required of you in the clinical setting are never debatable at the time of a patient procedure in the presence of a patient. Should you have concerns about clinical requirements in affiliates, such matters should be brought to the attention of the supervisor, clinical instructor, or Program Director in an orderly and professional manner as soon as possible after the immediate patient care requirements have been met.

Dependability/Accountability:
Proper medical care depends upon all members of the health care team knowing their responsibilities and being in the right place at the right time. You are expected to be prompt to give advance notice if it is unavoidable that you'll be late or absent from class or clinic. Steady and reliable attendance is expected. Keep your absence from your clinical experience to a minimum. Absence should only be for the most serious of reasons. In recognizing that even though you are a student, you still perform a role in the department. You should recognize your responsibility to the department and inform them with sufficient advance notice of any expected absence or tardiness on your part. You will need to demonstrate a sense of responsibility and dependability with respect to the use of time, equipment, and materials at your disposal in the classroom, laboratories, and clinical affiliates.

Accepting Critique/Limitations:
Since you will be in a learning capacity for some time, there is no need to feel hesitant about asking questions, seeking clarification, or advice and assistance at any time if it is necessary with any aspect of your training. Also, constructive critical analysis of your work and progress is an essential part of the educational process. You will have the opportunity to comment freely and respond to the periodic evaluation reports made by faculty and clinical instructors. Make an effort to take necessary constructive criticism in stride and benefit from it.

Medical Records:
From an ethical and medical/legal standpoint, proper medical record notation and record keeping is a fundamental responsibility and obligation of the health care professional. Proper form, legibility, accuracy, correct terminology, avoidance of jargon and irrelevancy are all aspects of good record keeping.

Attitude Towards Patients:

A patient must feel that those participating in his/her medical care are competent, confident, and otherwise worthy of the trust placed in them. The impression that you give to the patient as to your level of professionalism is an important factor in engendering a feeling of confidence and trust. The successful completion of a procedure, and to some extent, the probability of recovery of the patient is dependent upon the patient having faith in his/her ability to recover and having faith in those he/she has entrusted to participate in his/her medical care. The patient's estimation of your professionalism is a key factor in his/her development of faith. Your ability to recognize in yourself what your real feelings, attitudes, and motivations are, and your ability to correctly recognize how your behaviors are being interpreted by the patient are important tasks which you must master. Behaviors which patients interpret as earmarks of professionalism may include:

Let the patient know that you are fully aware of what is occurring. Explain each step of the procedure to the patient as you perform it.

Keep an interested expression on your face. Never underestimate the power and great value of a pleasant attitude and a smile. Focus on what is occurring here and now. Do not daydream or think about anything except the patient's needs and the performance of the examination.

Always maintain composure. If you encounter a situation where you are not sure about what to do next, excuse yourself from the patient and ask for assistance in a manner which will not destroy the patient's trust in you. Do not leave the patient alone; however, make arrangements to have someone attend the patient in your absence.

Physical deformity, unsightly wounds, unpleasant odors, and the like are conditions over which the patient has little or no control. Thus, the patient's physical appearance must be accepted with no visible display of distaste or displeasure. Perhaps it will help to remember that such patients are generally deeply embarrassed with respect to their personal appearance and suffer greatly as a result of being the source of distaste and disgust.

Communicating with Patients:

At all times provide your patients with the basic conditions which are their due as human beings as well as patients. Attention to important details, such as addressing the patient by name and introducing yourself and any other person participating in the procedure is your duty. With the possible exception of small children, patients are not to be called by their first names or familiar endearments. Use the prefix Mr., Mrs., Ms., etc. and the patient's last name.

The patient should always be treated courteously and in a manner consistent with his or her age. Further, it is the patient's right to have the procedure explained, and to know what is expected of him or her. Providing maximum privacy, comfort and safety for the patient and his/her belongings and considerations should never be overlooked.

Patients frequently need to talk, and it is entirely appropriate for you to be an empathetic and encouraging listener. However, you should make an effort to avoid becoming involved in discussions of the relative merits or failures of various physicians, hospitals, nurses, clinics, and other health care professionals. It is unacceptable professional conduct to engage in gossip about other institutions or medical personnel.

You should not allow the patient to put you on the spot with respect to the details of his/her diagnosis or treatment. In such instances, admit honestly that you are not the doctor, and cannot assume that role.

Never put off a patient who has a desire to know what it is his/her right to know. If the information sought is within your power and authority to relate, then do so. If it is not, then assist the patient in knowing whom to contact and how to get the information and assistance he/she may need. The limits and extent of your authority in these matters may vary from situation to situation, but the basic requirement for all of us is to be prepared to deal with the patient's questions with honesty, tact, and humanity.

Honesty and Integrity:

Nothing characterizes you more completely than the role of trust you assume when you assume the care of other human beings. In the personal therapeutic relationship that exists between caregiver and client, practitioner and patient, there is no room for small, medium, or large dishonesties of mind, spirit, or substance. From being honest with oneself with respect to one's talents (and limitations), to the most exquisite honesty and care in making treatment records, or reporting events related to patient care, the onus is on us to be worthy of the trust placed in us as caregivers, and to exemplify the quality of character such a profession demands. Nothing characterizes us more or serves us better in our professional lives as the quality of our honesty and integrity.

Additional Clinical Guidelines:

1. Always ARRIVE A FEW MINUTES EARLY, or at least on time. Traffic, weather, broken alarm clocks, parking problems, etc. are not good excuses. You need to leave earlier in bad weather, listen to traffic reports in the morning, and investigate the parking situation at each affiliate before you arrive. You are not allowed to come in early just so you can leave early without obtaining permission from your clinical supervisor AND the Program Director in advance.

2. You must always notify the therapist you are working with, the clinical supervisor/preceptor, AND the Clinical Coordinator when you are going to be late, leaving early, or absent. It is not the Clinical Coordinator's responsibility to notify the clinical affiliate when you have scheduled time-off. The student is responsible for reminding/notifying the clinical staff.

3. You must be a RELIABLE and DEPENDABLE student if you want a good job reference in the future. Be ready to begin work in the clinic immediately upon arrival.

4. Be ORGANIZED!!! Buy a date book and look ahead to the following week. Put all of your clinical assignments, deadlines, exam dates, meeting dates, etc. in the date book. You are responsible for knowing where you must be at all times. Missing the first day of a clinical rotation is unacceptable. The excuse, "I forgot that I was supposed to be in Bridgeport this rotation" is an unsatisfactory response.

5. Show INITIATIVE!!! Check the schedule, set-up the room for the next procedure without being told, stock rooms (linens, supplies, etc.). Do anything that you can to make the day go smoother without being told, and don't stop stocking rooms when you become more competent in other clinical tasks. Adequate supplies are an integral part of being able to run a room efficiently.

6. ASK the therapists to teach you during slow times.

7. Don't ask to leave early because it's slow; find something to do.

8. Schedule doctor appointments, etc. at the very beginning or the very end of the day. Notify the Clinical Coordinator well in advance. Try to make all appointments during your breaks at the College, evenings, or weekends if at all possible! You must also let your therapist know if the Clinical Coordinator has given you permission to arrive late or leave early.

9. ALWAYS keep your therapist/clinical preceptor informed of your whereabouts.

10. Take notes for each room, and study them the night before you begin your next rotation in that room. If you have trouble with a particular clinical task(s) that you know you should have mastered already, see the Clinical Coordinator about possible tutoring or extra help.

11. You must RETAIN what you learn in all of your RADT courses and clinical labs and be able to apply the knowledge to the clinical setting.

12. DO NOT LEAVE THE DEPARTMENT (to eat, study, smoke, etc.) except when you have been excused by your supervising therapist.

13. Eat breakfast at home!!! You are not allowed to arrive at 8:00am, ask if there's anything to do, and then leave to have breakfast in the cafeteria.

14. Constantly check your room's schedule.

15. Help out in other rooms, if needed, when your room is slow.

16. DO NOT STUDY DURING CLINICAL TIME, unless there is absolutely nothing else to do and you have exhausted every option to learn something clinically related. You need to set aside time to study at home.

17. Do not read novels, non-radiation therapy related magazines, etc. during clinical time.

18. Always be PREPARED for clinic. There is no excuse for not having a pen, a black Sharpie, ruler, a lab coat, proper dress code, etc.

19. Lab coats, pants, skirts, and shirts should always be clean and pressed. Shoes should always be clean.

20. You must ask the therapist and hand him/her a competency form before you attempt a competency, not after.

21. Gossiping and negative discussions regarding the Program, the College, fellow students, Faculty, staff or clinical site will not be tolerated. Gossiping makes a bad impression. Remember that this is a 2-year job interview. Disciplinary sanctions will be invoked if complaints are made by the clinical staff regarding inappropriate discussions.

Student Program Fees:

The student is responsible for all fees associated with the following Program requirements:
Textbooks - $1500
Uniforms - $200
Toxicology Screening - $73
Background Check - $78
Castle Branch online health management system - $35
Radiation badges-variable
Transportation and associated costs – variable
Health care immunizations and titers – variable
BLS or CPR/AED – variable
ASRT membership – variable

*These fees are approximate and subject to change. If a student takes a leave of absence from the program, they will need to cover additional program fees as needed.

CLINICAL EDUCATION
THE EVALUTION SYSTEM

Rationale

The clinical aspect of the radiation therapy profession is of utmost importance. Clinical skills must be performed daily in an accurate, professional and caring manner. The Radiation Therapy Program at Gateway campus has developed competencies and an evaluation system to meet these standards. Clinical education is broken down into distinct categories.

Technical skills
Patient care skills
Behavioral skills
Professional objectives
Radiographic Anatomy
Medical Terminology

In addition, clinical competencies have been developed regarding:

Mandatory setups (Rx & simulator)
Simulator/Computer Tomography skills
Dosimetry skills
Gamma-med/HDR skills (Brachytherapy procedures)
CTCL skills
Stereotactic Radiosurgery
Gamma Knife observations
TBI skills
Craniospinal Axis
Clinic experience
Treatment Accessory Devices

The student is instructed and gains knowledge in a logical sequential manner. Basic skills are taught and learned before complex ones. The student first develops all individual skills needed to perform complete procedures and setups. Once these individual skills are mastered, the student then proceeds to be tested in an orderly manner. Once the student attains competency in any area, they shall maintain and practice their skills.

At the completion of the program, the student will have demonstrated and documented entry level clinical skills.

CLINICAL PERFORMANCE OBJECTIVES
MANDATORY TREATMENT SETUPS
Feb. 1st yr….

While in the clinical setting under the direct supervision of the program director, clinical coordinator, clinical supervisor or a designated staff therapist, the student will demonstrate the ability to complete the following **MANDATORY SETUP (S) WITH 100% ACCURACY**.

MANDATORY SETUPS (18) will commence in the student's 6th month of training (Feb. 1st yr.).
February,March, April/May - 4 treatment setups *per rotation.*
May - 10 treatment setups *per rotation.*
June –10 treatment setups *per rotation*.
July – 10 treatment setups *per rotation*.
September-May- 5 treatment setups *per rotation.*

ALL TREATMENT SETUP competencies must be repeated twice to achieve competency**.**

FAILURE TO ACHIEVE THE ABOVE REQUIREMENTS WILL RESULT IN DISMISSAL FROM THE PROGRAM.

MANDATORY TREATMENT SETUPS (18)

BRAIN
- Primary
- Metastatic

HEAD AND NECK
- Multi-Field

THORAX
- Multi-Field (non-IMRT)
- IMRT and/or arc therapy

BREAST
- Tangents Only
- Tangents with Supraclavicular
- Tangents with Supraclavicular and Posterior Axilla Boost
- Special Set-up (e.g.,Photon or Electron Boost, Prone, IMRT, Gating)

ABDOMEN*
- Multi-Field Abdomen

PELVIS*
- Multi-Field Supine
- Multi-Field Prone

SKELETAL
- Multi-Field Spine
- Extremity

ELECTRON FIELDS
- Single
- Abutting Fields

Multi-Field includes two or more fields, and may include 3D conformal, IMRT and/or arc therapy (unless specified otherwise). *Abdomen and pelvis do not include treatments for metastatic disease.

PARTICIPATORY PROCEDURES

TBI
Craniospinal Axis

ASSISTS

CTCL Skills
Gamma-Med/HDR
SRS/SBRT

OBSERVATION

Gamma Knife

CLINICAL EXPERIENCE
Dosimetry
Clinic Experience
Treatment Accessory Devices

- Students must complete all mandatory treatment setups.
- All treatment setups must be successfully completed by April of the senior year.
- All treatment setups must be repeated twice to demonstrate competency.
- Students must complete all participatory procedures by March of the senior year. Utilize additional area specific forms.
- Students must complete CTCL skills, Gamma-Med/HDR skills, SRS/SBRT by March of the senior year. Utilize additional area specific forms.
- Student must complete Gamma Knife observation by March of the senior year. Utilize additional area specific forms.
- Students must complete all clinical experiences by March of the senior year. Utilize additional area specific forms.
- Individual set-up evaluation form, a patient specific and a diagram must be completed for each treatment set-up.

Objectives

Review chart prior to setup

Set-up instructions
Flims/Digital images
Photographs
Review the isodose plan and treatment prescription prior to implementation
Verify the treatment plan is consistent with the prescription and can be accurately implemented in the treatment room
Physician's notes
Blood values
Weight
Verify MLC's/custom blocks/wedges

Prepare treatment room

Couch
Immobilization devices
Accessory devices

- Identify and greet the patient properly (timeout procedure).
- Assist the patient into the Rx. Room.
- Assist the patient onto the treatment couch.
- Explain the procedure to the patient (including breathing instructions for gating).
- Confirm patient understanding.
- Position the patient correctly according to the setup instructions & couch limitations (couch indexing).
- Drape the patient properly.
- Immobilize the patient for treatment as required.

Wingboard
Headholder
S frame
Aquaplast
Vac Lock
Breast board
Others

- Set the field size.
- Reproduce the setup.
  Distance (TSD/TAD)
  Marks to light field
  Side lights
  Shielding
  Shielding placement
  Gantry angle
  Couch angle
  Correct wedge
  Wedge placement
  Bolus
  Compensating filter
- Recognize any setup discrepancies.
- Correct the setup (if needed).
- Inform the patient that therapist is leaving the room and Rx. will begin

Console preparation and treatment

Set appropriate controls
M. U.
Wedge information
Other:
Activate machine to:
Deliver dose
Clear fault(s) as needed
Recognize any deviations in delivery of treatment and take appropriate action

- Monitor the patient.
- Add and record the dose.
- Check the treatment prescription.
- Record any pertinent data.
- Take verification film as necessary using EPID or KV/KV or CBCT.
- Return to room and treat next appropriate field.
- Assist patient from couch and confirms next appointment with patient.
- Disassemble setup.
- Perform cleanup of equipment and accessory devices as required.

SIMULATOR SETUP OBJECTIVES SHEET
MANDATORY SETUPS

Under the direct supervision of the clinical supervisor or a supervising therapist, the student will demonstrate the ability to complete the following simulations with 100% accuracy.

MANDATORY SETUPS will commence to be achieved in the student's 6th month of training (February1st yr.). Each simulator rotation students are required to complete a minimum of 4 competencies.
SIMULATOR SETUP competencies must be repeated twice to achieve competency.

FAILURE TO ACHIEVE THE ABOVE REQUIREMENTS WILL RESULT IN DISMISSAL FROM THE PROGRAM

MANDATORY SETUPS (7)
Brain
Head and Neck
Thorax
Breast
Special Treatment Simulation Procedure (e.g., 4D CT, SBRT, Gating, or Brachytherapy)
Pelvis
Skeletal

- Students must complete the 7 mandatory set-ups.
- All simulator set-ups must be repeated twice to demonstrate competency.
- Mandatory set-ups must be successfully completed by March of the senior year.
- Individual set-up evaluation forms, patient specific and a diagram must be completed for each simulator set-up.
- All simulator competencies must be demonstrated on patients.

OBJECTIVES
- Reviews all available data prior to setup.
- Prepares a NP folder/navigate electronic chart
- Prepares the simulator room appropriately for setup.
- Greets/assists/identifies (timeout procedure) the correct patient into the simulator. Check consent form.
- Assists the patient onto the simulator table.
- Explains the procedure to the patient (include breathing instructions).
- Confirms understanding
- Positions the patient correctly according to physician's instructions or accepted policy for the treatment field.
- Drapes the patient properly.

- Create and immobilize patient for simulation as required.
- Utilizes surface anatomy to center field over general area and straighten patient.
- Utilizes programmable lasers.
- Takes a field separation as needed.
- Place the patient at the appropriate TSD/TAD
- Sets up preliminary field as required or
- Performs/assists in scan to establish appropriate field.
- Take scout films and determine scan area, slice thickness according to prescription.
- Sets proper exposure technique.
- Has scan approved or corrected by physician.
- Corrects scan as required.
- Marks patient appropriately.
- Take necessary measurements/shifts as required.
- Takes placement x-rays for implants as required.
- Records all information on the "tech sheet/computer in-put & acquire patient information.
- Inform patient of skin care instructions.
- Arranges or calls supervisor to schedule treatment time.
- Assist patient from the simulator room.
- Disassembles setup.
- Performs clean-up of equipment and delivers labeled devices as required to appropriate treatment unit.

CALCULATION OF CLINICAL GRADE

FRESHMEN

A student must receive a yes or N/A for all rotation objectives in order to pass.

Technical Skills:	Level One	All Yes's/NA's=Pass for rotation
	Level Two	Two or more No's =Failure for rotation
	Level Three	April/May-2 or more No's=Failure for rotation
	Summer rotations	All Yes's/NA's=Pass for each rotation
Patient Care & Behavioral Skills:		All Yes's/NA's =Pass for each rotation

SENIOR

A student must receive a yes or N/A for all rotation objectives in order to pass.

Technical Skills: Level Three All Yes's/NA's=Pass for each rotation

Patient Care & Behavioral Skills : All Yes's/NA's=Pass for each rotation

Year	Season	Session	If Passed	If Failed
Freshman Year	Summer	Orientation	Move on to Clinical	Program dismissal
	Fall (Assigned to at least 2 different clinical sites)	September/October November/December	Move on to Winter	1 rotation evaluation failure= program probation
	Winter	January	Move on to Spring	Program Dismissal
	Spring(Assigned to at least 2 different clinical sites)	February March April/May	Move on to Summer	2 or more rotation evaluation failures= program dismissal
	Summer(Assigned to at least 2 different clinical sites)	May June July	Move on to Fall	2 or more rotation evaluation failures= program dismissal
Senior Year	Fall(Assigned to at least 2 different clinical sites)	September October November/December	Move on to Winter	2 or more rotation evaluation failures= program dismissal
	Winter	January	Move on to Spring	Program dismissal
	Spring(Assigned to at least 2 different clinical sites)	February March April/May-begin Exit Comps	Graduation	1 rotation evaluation failures= program dismissal

Note:

According to the RADT Student Program Handbook, Readmission Procedures *Radiation Therapy courses may be repeated only once. A final grade of C- or less in a program specific course being repeated and/or failing a clinical practice results in permanent severance from the Radiation Therapy program.*

Appendix A

FRESHMAN YEAR

Course #	Title	Credit Hours=69
	Fall Semester	
RADT* 2018	Understanding Cancer	3
RST* 2000	Cross Sectional Anatomy	3
RADT* 1001	Principles and Practice of Radiation Therapy I	3
PSY* 1011	General Psychology	3
RADT* 1195	Clinical Practice I	2
CCS* 1001	College & Career Success	3
		17
	Winter Intersession	
RADT* 1295	Clinical Practice II	**1**
	Spring Semester	
ENG* 1020	Composition II & Literature	3
RADT* 2020	Treatment Planning I	3
RST* 1005	Radiologic Sciences Physics	3
RADT* 1002	Principles and Practice of Radiation Therapy II	3
RADT* 1395	Clinical Practice III	2
		14
	Summer Session	
RADT* 1495	Clinical Practice IV	**3**

SENIOR YEAR

	Fall Semester	
RADT* 2222	Radiation Oncology I	2
RADT* 2001	Principles & Practice of Radiation Therapy III	3
RADT* 2195	Clinical Practice V	3
RADT* 2021	Treatment Planning II	3
RADT* 2040	Operational & Quality Management in Radiation Therapy	2
COM* 1301/1302	Public Speaking/Interpersonal Communication	3
		16
	Winter Intersession	
RADT* 2295	Clinical Practice VI	**1**
	Spring Semester	
RADT* 2024	Radiobiology and Protection	3
RADT* 2025	Radiation Therapy Physics	3
RADT* 2395	Clinical Practice VII	3
RADT* 2032	Radiation Oncology II	2
RADT* 2002	Principles & Practice of Radiation Therapy IV	3

Appendix B

THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS CODE 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 mankind.
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.

Appendix C

AMERICAN HOSPITAL ASSOCIATION-THE PATIENT CARE PARTNERSHIP: UNDERSTANDING EXPECTATIONS, RIGHTS AND RESPONSIBILITIES

This document replaced the "Patient's Bill of Rights" in 2003, and is distributed to patients in the form of an easy to read brochure.

1. High quality hospital care. Our first priority is to provide you with the care you need, when you need it, with skill, compassion and respect. Tell your caregivers if you have concerns about your care or if you have pain. You have the right to know the identity of doctors, nurses and others involved in your care, and you have the right to know when they are students, residents or other trainees.
2. A clean and safe environment. Our hospital works hard to keep you safe. We use special policies and procedures to avoid mistakes in your care and keep you free from abuse and neglect. If anything unexpected and significant happens during your hospital stay, you will be told what happened, and any resulting changes in your care will be discussed with you.
3. Involvement in your care. You and your doctor often make decisions about your care before you go to the hospital. Other times, especially in emergencies, those decisions are made during your hospital stay. When decision-making takes place, it should include:
    a. **Discussing your medical condition and information about medically appropriate treatment choices.** To make informed decisions with your doctor, you need to understand:
        i. The benefits and risks of each treatment.
        ii. Whether your treatment is experimental or part of a research study.
        iii. What you can reasonably expect from your treatment and any long-term effects it might have on your quality of life.
        iv. What you and your family will need to do after you leave the hospital.
        v. The financial consequences of using uncovered services or out-of-network providers.
        vi. Please tell your caregivers if you need more information about treatment choices.
    b. **Discussing your treatment plan.** When you enter the hospital, you sign a general consent to treatment. In some cases, such as surgery or experimental treatment, you may be asked confirm in writing that you understand what is planned and agree to it. This process protects your right to consent to or refuse a treatment. Your doctor will explain the medical consequences of refusing recommended treatment. It also protects your right to decide if you want to participate in a research study.
    c. **Getting information from you.** Your caregivers need complete and correct information about your health and coverage so that they can make good decisions about your care. That includes:
        i. Past illnesses, surgeries or hospital stays.

ii. Past allergic reactions.
iii. Any medicines or dietary supplements (such as vitamins and herbs) that you are taking.
iv. Any network or admission requirements under your health plan.

d. **Understanding your health care goals and values.** You may have health care goals and values or spiritual beliefs that are important to your well-being. They will be taken into account as much as possible throughout your hospital stay. Make sure your doctor, your family and your care team knows your wishes.

e. **Understanding who should make decisions when you cannot.** If you have signed a health care power of attorney stating who should speak for you if you become unable to make health care decisions for yourself, or a "living will" or "advance directive" that states your wishes about end-of-life care; give copies to your doctor, your family and your care team. If you or your family need help making difficult decisions, counselors, chaplains and others are available to help.

4. Protection of your privacy. We respect the confidentiality of your relationship with your doctor and other caregivers, and the sensitive information about your health and health care that are part of that relationship. State and federal laws and hospital operating policies protect the privacy of your medical information. You will receive a Notice of Privacy Practices that describes the ways that we use, disclose and safeguard patient information and that explains how you can obtain a copy of information from our records about your care.
5. Preparing you and your family for when you leave the hospital. Your doctor works with hospital staff and professionals in your community. You and your family also play an important role in your care. The success of your treatment often depends on your efforts to follow medication, diet and therapy plans. Your family may need to help care for you at home. You can expect us to help you identify sources of follow-up care and to let you know if our hospital has a financial interest in any referrals. As long as you agree that we can share information about your care with them, we will coordinate our activities with your caregivers outside the hospital. You can also expect to receive information and, where possible, training about the self-care you will need when you go home.
6. Help with your bill and filing insurance claims. Our staff will file claims for you with health care insurers or other programs such as Medicare and Medicaid. They will also help your doctor with needed documentation. Hospital bills and insurance coverage are often confusing. If you have questions about your bill, contact our business office. If you need help understanding your insurance coverage or health plan, start with your insurance company or health benefits manager. If you do not have health coverage, we will try to help you and your family find financial help or make other arrangements. We need your help with collecting needed information and other requirements to obtain coverage or assistance.

Appendix D

Radiation Therapy Technical Standards

Our program technical standards have been developed to help students understand nonacademic standards, skills, and performance requirements expected of a student in order to complete this particular curriculum. The Associate degree in Radiation Therapy (RADT) signifies that the graduate is prepared for an entry-level position into the practice of Radiation Therapy.

Therefore, the graduate must have both the knowledge and skills to function in a broad variety of situations and to render a wide spectrum of health-related services. Students should possess the following minimal physical requirements to adequately perform RADT responsibilities.

If an accommodation and/or academic adjustment is necessary to participate in the program, it is imperative to identify a reasonable accommodation to those students who qualify under the Americans with Disabilities Act (ADA). Reasonableness is determined by Student Accessibility Services and the program on a case-by-case basis utilizing the program technical standards. The accommodation and/or academic adjustment needs to be in place prior to the start of the program, or it may delay your ability to start the program. It is the student's responsibility to contact Student Accessibility Services and request an accommodation and/or academic adjustment each semester.

SKILLS	DESCRIPTION	SPECIFIC EXAMPLES
MOTOR SKILLS	Stand and move around most of the day Sit occasionally Bend, stoop and reach Climb to reach patient care equipment Lift or carry a minimum of 50 pounds Push or pull a minimum of 50 pounds	Assisting patients from stretcher or wheelchair to treatment table and vice-versa. Must be comfortable touching patients while positioning them on the treatment table and help them move on and off treatment table, stretcher, wheelchair, or other equipment. Moving treatment equipment and patient transport equipment such as a stretcher or wheelchair Retrieving supplies
VISION	Ability to read information in print and electronically	Ability to access information in print as well as on the computer or from treatment equipment; able to assist patients safely on and off equipment
HEARING	Ability to respond to instructors, classmates, and patients	Auditory ability sufficient for physical monitoring and assessment of patient health
TECHNOLOGICAL	Use of treatment equipment, imaging systems and computers	Able to operate medical computers and equipment to acquire and process patient studies
COMMUNICATION	Ability to use verbal, non-verbal, and written communication to perform job duties.	Able to verbally communicate with others in a clear and concise manner. Able to respond appropriately to non-verbal cues such as eye contact, body language, and facial expressions.

		Able to interact with others using written word
CRITICAL THINKING/ PROBLEM SOLVING	Ability to perform radiation therapy procedures accurately and solve issues that may arise in clinical situations while ensuring patient safety and treatment accuracy.	Able to follow understand and apply clinical instruction Able to trouble shoot basic equipment issues
INTERPERSONAL SKILLS	Professionalism and teamwork	Able to interact with patients, instructors, students, radiation therapists and other members of the healthcare team in a professional manner
ENVIRONMENTAL TOLERANCE	Temperature, lighting, noise, exposure	Able to work in a healthcare environment where air conditioning may be at a cooler setting, lighting may be dimly lit, noise from equipment may be present, and potential exposure to bodily fluids exists

This document is intended to serve as a guide regarding the physical, emotional, intellectual, and psychosocial expectations placed on a student. This document cannot include every conceivable action, task, ability, or behavior that may be expected of a student. Meeting these technical standards does not guarantee employment in this field upon graduation. Ability to meet the program's technical standards does not guarantee a student's eligibility for any licensure, certification exam, or successful completion of the degree program.

Appendix E

Radiation Therapy Practice Standards:

Imaging and Radiation Therapy

These practice standards serve as a guide for the medical imaging and radiation therapy profession. These standards define the practice and establish general criteria to determine compliance. Practice standards are authoritative statements established by the profession, through evidentiary documentation, for evaluating the quality of practice, service and education provided by individuals within the profession.

Practice standards can be used by individual facilities to develop job descriptions and practice parameters. Those outside the profession can use the standards as an overview of the role and responsibilities of individuals within the profession.

The medical imaging and radiation therapy professional and any individual who is legally authorized to perform medical imaging or radiation therapy must be educationally prepared and clinically competent as a prerequisite to professional practice. The individual should, consistent with all applicable legal requirements and restrictions, exercise individual thought, judgment and discretion in the performance of the procedure. Federal and state statutes, regulations, accreditation standards and institutional policies could dictate practice parameters and may supersede these standards.

Format

The ASRT Practice Standards for Medical Imaging and Radiation Therapy are divided into five sections:

- *Introduction* – defines the practice and the minimum qualifications for the education and certification of individuals in addition to an overview of the specific practice.
- *Medical Imaging and Radiation Therapy Scope of Practice* – delineates the parameters of the specific practice.
- *Standards* – incorporate patient assessment and management with procedural analysis, performance and evaluation. The standards define the activities of the individual responsible for the care of patients and delivery of medical imaging and radiation therapy procedures; in the technical areas of performance, such as equipment and material assessment safety standards and total quality management; and in the areas of education, interpersonal relationships, self-assessment and ethical behavior.
- *Advisory Opinion Statements* – provide explanations of the practice standards and are intended for clarification and guidance for specific practice issues.
- *Glossary* – defines terms used in the practice standards document.

The standards are numbered and followed by a term or set of terms that describes the standards. The next statement is the expected performance of the individual when performing the procedure or treatment. A rationale follows and explains why an individual should adhere to the particular standard of performance.

- *Criteria* – used to evaluate an individual's performance. Each standard is divided into two parts: the general criteria and the specific criteria. Both should be used when evaluating performance.
- *General Criteria* – written in a style that applies to medical imaging and radiation therapy professionals and should be used for the appropriate area of practice.
- *Specific Criteria* – meet the needs of the individuals in the various areas of professional performance. Although many areas of performance within medical imaging and radiation therapy are similar, others are not. The specific criteria were developed with these differences in mind.

Within this document, all organizations are referenced by their abbreviation and spelled out within the glossary.

Introduction

Definition

The medical imaging and radiation therapy profession comprises health care professionals identified as a bone densitometry technologist, cardiac-interventional and vascular-interventional technologist, computed tomography technologist, limited x-ray machine operator, magnetic resonance technologist, mammographer, medical dosimetrist, nuclear medicine technologist, quality management technologist, radiation therapist, radiographer, radiologist assistant or sonographer who are educationally prepared and clinically competent as identified by these standards.

Furthermore, these standards apply to health care employees who are legally authorized to perform medical imaging or radiation therapy and who are educationally prepared and clinically competent as identified by these standards.

The complex nature of disease processes involves multiple imaging modalities. Medical imaging and radiation therapy professionals are vital members of a multidisciplinary team that forms a core of highly trained health care professionals, who each bring expertise to the area of patient care. They play a critical role in the delivery of health services as new modalities emerge and the need for medical imaging and radiation therapy procedures increases.

Medical imaging and radiation therapy integrates scientific knowledge, technical competence and patient interaction skills to provide safe and accurate procedures with the highest regard to all aspects of patient care. A medical imaging and radiation therapy professional recognizes elements unique to each patient, which is essential for the successful completion of the procedure.

Medical imaging and radiation therapy professionals are the primary liaison between patients, licensed practitioners and other members of the support team. These professionals must remain sensitive to the needs of the patient through good communication, patient assessment, patient monitoring and patient care skills. As members of the health care team, medical imaging and radiation therapy professionals participate in quality improvement processes and continually assess their professional performance.

Medical imaging and radiation therapy professionals think critically and use independent, professional and ethical judgment 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.

Radiation Therapy

The practice of radiation therapy is performed by health care professionals responsible for the administration of high doses of ionizing radiation for the purpose of treating diseases, primarily cancer. A radiation therapist acquires and analyzes data in preparation for patient treatment, uses various imaging technologies to localize the treatment area, participates in treatment planning and performs radiation therapy procedures as prescribed and supervised by a radiation oncologist.

Radiation therapists are the primary liaison between patients and other members of the radiation oncology team. They also provide a link to other health care providers, such as social workers and dietitians. Radiation therapists must remain sensitive to the needs of the patient through good communication, patient assessment, patient monitoring and patient care skills. Radiation therapy often involves daily treatments extending over several weeks using highly sophisticated equipment. It requires thorough initial planning as well as constant patient care and monitoring.

Education and Certification

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Only medical imaging and radiation therapy professionals who have completed the appropriate education and training as outlined in these standards should perform medical imaging and radiation therapy procedures.

Medical imaging and radiation therapy professionals performing multiple modality hybrid imaging should be registered by certification agencies recognized by the ASRT and be educationally prepared and clinically competent in the specific modality(ies) they are responsible to perform. Medical imaging and radiation therapy professionals performing diagnostic procedures in more than one imaging modality will adhere to the general and specific criteria for each area of practice.

To maintain certification(s), medical imaging and radiation therapy professionals must complete appropriate continuing education requirements to sustain their expertise and awareness of changes and advances in practice.

Radiation Therapy

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification(s) as outlined in these standards should perform radiation therapy procedures.

Radiation therapists prepare for their roles on the interdisciplinary team by meeting examination eligibility criteria as determined by the ARRT.

Those who have passed the ARRT radiation therapy examination use the credential R.T.(T).

Medical Imaging and Radiation Therapy Scope of Practice

Scopes of practice delineate the parameters of practice and identify the boundaries for practice. A comprehensive procedure list for the medical imaging and radiation therapy professional is impractical because clinical activities vary by the practice needs and expertise of the individual. As medical imaging and radiation therapy professionals gain more experience, knowledge and clinical competence, the clinical activities may evolve.

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.*†
- 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 established policy.
- 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.*†
- Performing ongoing quality assurance activities.
- 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.*†
- Verifying archival storage of data.
- Verifying informed consent for applicable procedures.*

*Excludes limited x-ray machine operator
†Excludes medical dosimetry

Radiation Therapy

- Constructing/preparing immobilization, beam directional and beam-modification devices.
- Delivering radiation therapy treatments as prescribed by a radiation oncologist.
- Detecting and reporting significant changes in patients' conditions and determining when to withhold treatment until the radiation oncologist is consulted.
- Monitoring doses to normal tissues within the irradiated volume to ensure tolerance levels are not exceeded.
- Participating in brachytherapy procedures.
- Performing simulation, localization, treatment planning procedures and dosimetric calculations as prescribed by a radiation oncologist.
- Using imaging technologies for the explicit purpose of simulation, treatment planning and treatment delivery as prescribed by a radiation oncologist.

Appendix F

CT State Community College - Gateway Emergency Guidebook:

- This is a safety guide, which informs staff, students and faculty of procedures to follow in case of an emergency on campus.
- To view the Emergency Guidebook click on the following link: Gateway Emergency Action Response Plan

Gateway Public Safety Officer Escorts:

- Gateway Public Safety Officers will provide escorts to and from the Temple St. Garage and the Gateway Garage.
- A Gateway community member must either call 203-285-2246 or stop by one of the public safety stations to request this service.

CT State Community College – Gateway Campus ID's:

- Gateway ID's can be done online or in person.
- Students need to complete the online form which can be found on the CT State website by searching College ID or Click here for more information.
- Once the online form is completed and submitted, you will receive an email letting you know when it is ready to be picked up.
- All students must have a CT State Community College ID or visitor pass visible on their person while on the Gateway campus.

Appendix G

Gateway Campus
Request for Program Readmission – Radiation Therapy

Student Name: _____ Banner ID: _____

Mailing Address:
_____

_____

Email address: _____ Phone: _____

Please select the semester you are requesting to make program readmission:

Fall ☐ Spring ☐ Summer ☐

Year: _____

_____ _____

Student Signature Date

For office use only

Program Director APPROVE ☐ DENY ☐

Comments:

Appendix H

DECLARATION OF PREGNANCY FORM

NAME _____

I am declaring that I am pregnant. I believe that I became pregnant _____ (month and year only).

By providing this information to the Program Director, in writing, I am making voluntary disclosure of a formal notification to the director that I am pregnant. Under the Program's Radiation Protection policy, I understand the fetal dose is not allowed to exceed 5mSv (500mrem) during my entire pregnancy from occupational exposure to radiation. I understand this limit includes exposure I have already received since becoming pregnant.

When the pregnancy has termed, I will inform the Program Director in writing as soon as practical. I also understand I have the right to revoke this declaration of pregnancy at any time. I understand that I will be asked to sign a revocation form.

_____

Signature of student Date

I have received notification from the above individual that she is pregnant. I have explained to her the options for reducing her exposure to as low as reasonable achievable (ALARA).

_____

Program Director/Radiation Safety Officer Date

I have evaluated her prior exposure and established appropriate limits to control the dose to the developing embryo/fetus.

_____

Radiation Safety Officer Date

Appendix I

WITHDRAWAL OF PREGNANCY DECLARATION

I am withdrawing my previous declaration of pregnancy. I understand that as a result of signing and submitting this form, any leave of absence for pregnancy will be discontinued as of _____
(date)

Date of Withdrawal of Pregnancy Declaration: _____

_____ _____
Signature of Student Date

Acknowledgement of receipt of Pregnancy Withdrawal Document:

_____ _____
Signature of Program Director Date

Appendix J

FETAL RADIATION EXPOSURE ADVISEMENT FORM

I have been advised of the policy regarding pregnant students in Radiation Therapy and I understand I have the option of taking a leave of absence from my education in the Radiation Therapy Program.

I understand that there is a potential hazard to the fetus from radiation and that the possibility of future genetic mutations exists. These hazards have been explained to me by_____.

I have read the Pregnant Radiation Therapy Students Policy and I fully understand the risks involved and I have been given the opportunity to take a leave of absence from my education in the Radiation Therapy Program during this pregnancy.

I have been advised to discuss this decision with my personal physician and I will advise the Program Director / Radiation Safety Officer (RSO) immediately should I and/or my physician determine that a leave is warranted.

_____ _____

Signature Date

Appendix K

PREGNANT STUDENT RADIATION THERAPY REQUEST FOR LEAVE OF ABSENCE

I have been advised of the policy regarding pregnant students in Radiation Therapy and I understand I have the option of taking a medical leave from my education in the Radiation Therapy Program.

I understand that there is a potential hazard to the fetus from radiation and that the possibility of future genetic mutations exists. These hazards have been explained to me by
_____.

I have read the Pregnant Radiation Therapy Students Policy and I fully understand the risks involved and I have been given the opportunity to take a leave of absence from my education in the Radiation Therapy Program during this pregnancy.

I have chosen to take a leave of absence from the Program due to my pregnancy.

_____ _____

Signature Date

Appendix L

Standards for an Accredited Educational Program in Radiation Therapy

Effective January 1, 2021

Adopted April 2020

JRCERT

Excellence in Education

Introductory Statement

The Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Radiation Therapy** are designed to promote academic excellence, patient safety, and quality healthcare. The **Standards** require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

The JRCERT is recognized by both the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). The JRCERT **Standards** incorporate many of the regulations required by the USDE for accrediting organizations to assure the quality of education offered by higher education programs. Accountability for performance and transparency are also reflected in the **Standards** as they are key factors for CHEA recognition.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process not only helps to maintain program quality but stimulates program improvement through outcomes assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- **Explanation -** provides clarification on the intent and key details of the objective.

- **Required Program Response -** requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.

- **Possible Site Visitor Evaluation Methods -** identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation in determining compliance with the particular objective. Review of supplemental materials and/or interviews is at the discretion of the site visit team.

Regarding each standard, the program must:

- Identify strengths related to each standard
- Identify opportunities for improvement related to each standard
- Describe the program's plan for addressing each opportunity for improvement
- Describe any progress already achieved in addressing each opportunity for improvement
- Provide any additional comments in relation to each standard

The self-study report, as well as the results of the on-site evaluation conducted by the site visit team, will determine the program's compliance with the Standards by the JRCERT Board of Directors.

Standards for an Accredited Educational Program in Radiation Therapy

Table of Contents

Standard One: Accountability, Fair Practices, and Public Information 4
The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

Standard Two: Institutional Commitment and Resources 13
The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Standard Three: Faculty and Staff..... 18
The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Standard Four: Curriculum and Academic Practices..... 26
The program's curriculum and academic practices prepare students for professional practice.

Standard Five: Health and Safety 38
The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement 44
The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

Glossary 50

Awarding, Maintaining, and Administering Accreditation 53

Standard One: Accountability, Fair Practices, and Public Information

The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

Objectives:

1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.

1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.

1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.

1.4 The program assures the confidentiality of student educational records.

1.5 The program assures that students and faculty are made aware of the JRCERT **Standards for an Accredited Educational Program in Radiation Therapy** and the avenue to pursue allegations of noncompliance with the **Standards**.

1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

1.7 The sponsoring institution and program comply with the requirements to achieve and maintain JRCERT accreditation.

1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.

Explanation:
Institutional and program policies and procedures must be fair, equitably applied, and promote professionalism. Policies, procedures, and relevant information must be current, accurate, published, and made readily available to students, faculty, staff, and the public on the institution's or program's website to assure transparency and accountability of the educational program. For example, requiring the public to contact the institution or program to request program information is not fully transparent. Policy changes must be made known to students, faculty, and the public in a timely fashion. It is recommended that revision dates be identified on program publications.

At a minimum, the sponsoring institution and/or program must publish policies, procedures, and/or relevant information related to the following:

- ☐ admission and transfer of credit policies;
- ☐ tuition, fees, and refunds;
- ☐ graduation requirements;
- ☐ grading system;
- ☐ program mission statement, goals, and student learning outcomes;
- ☐ accreditation status;
- ☐ articulation agreement(s);
- ☐ academic calendar;
- ☐ clinical obligations;
- ☐ grievance policy and/or procedures.

Any policy changes to the above must be made known to students, faculty, and the public in a timely fashion.

In addition, programs must develop a contingency plan that addresses any type of catastrophic event that could affect student learning and program operations. Although the contingency plan does not need to be made readily available to the public, program faculty must be made aware of the contingency plan.

Required Program Response:
- Describe how institutional and program policies, procedures, and relevant information are made known to students, faculty, staff, and the public.
- Describe how policies and procedures are fair, equitably applied, and promote professionalism.
- Describe the nature of any formal grievance(s) and/or complaints(s) and their resolution.
- Provide publications that include the aforementioned policies, procedures, and relevant information, including the hyperlink for each.
- Provide a copy of the resolution of any formal grievance(s).

Possible Site Visitor Evaluation Methods:

- Review of institutional and program website
- Review of institutional and program materials
- Review of student handbook
- Review of student records
- Review of formal grievance(s) record(s), if applicable
- Interviews with institutional administration
- Interviews with faculty
- Interviews with staff
- Interviews with students

1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.

Explanation:
Nondiscriminatory recruitment and employment practices assure fairness and integrity. Equal opportunity for employment must be offered to each applicant with respect to any legally protected status such as race, color, gender, age, disability, national origin, or any other protected class. Employment practices must be equitably applied.

Required Program Response:

- Describe how nondiscriminatory recruitment and employment practices are assured.
- Provide copies of employment policies and procedures that assure nondiscriminatory practices.

Possible Site Visitor Evaluation Methods:

- Review of employee/faculty handbook
- Review of employee/faculty application form
- Review of institutional catalog
- Interviews with faculty

1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.

Explanation:

Nondiscriminatory recruitment practices assure applicants have equal opportunity for admission. Defined admission practices facilitate objective student selection. In considering applicants for admission, the program must follow published policies and procedures. Statistical information such as race, color, religion, gender, age, disability, national origin, or any other protected class may be collected; however, the student must voluntarily provide this information. Use of this information in the student selection process is discriminatory.

Required Program Response:

- Describe how institutional and program admission policies are implemented.
- Describe how admission practices are nondiscriminatory.
- Provide institutional and program admission policies.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with admissions personnel, as appropriate
- Interviews with students

1.4 The program assures the confidentiality of student educational records.

Explanation:
Maintaining the confidentiality of educational records protects students' right to privacy. Educational records must be maintained in accordance with the Family Educational Rights and Privacy Act (FERPA). If educational records contain students' social security numbers, this information must be maintained in a secure and confidential manner. Space should be made available for the secure storage of files and records.

Required Program Response:
Describe how the program maintains the confidentiality of students' educational records.

Possible Site Visitor Evaluation Methods:

- Review of institution's/program's published policies/procedures
- Review of student academic and clinical records, including radiation monitoring reports
- Tour of program offices
- Tour of clinical setting(s)
- Interviews with faculty
- Interviews with clerical staff, if applicable
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

1.5 The program assures that students and faculty are made aware of the JRCERT **Standards for an Accredited Educational Program in Radiation Therapy** and the avenue to pursue allegations of noncompliance with the **Standards**.

Explanation:
The program must assure students and faculty are cognizant of the **Standards** and must provide contact information for the JRCERT.

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.

Contacting the JRCERT must not be a step in the formal institutional or program grievance policy/procedure. The individual must first attempt to resolve the complaint directly with institutional/program officials by following the grievance policy/procedures provided by the institution/program. If the individual is unable to resolve the complaint with institutional/program officials or believes that the concerns have not been properly addressed, the individual may submit allegations of noncompliance directly to the JRCERT.

Required Program Response:
- Describe how students and faculty are made aware of the **Standards**.
- Provide documentation that the **Standards** and JRCERT contact information are made known to students and faculty.

Possible Site Visitor Evaluation Methods:
- Review of program publications
- Review of program website
- Interviews with faculty
- Interviews with students

1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Explanation:
Program accountability is enhanced, in part, by making its program effectiveness data available to the program's communities of interest, including the public. In an effort to increase accountability and transparency, the program must publish, at a minimum, its most recent five-year average credentialing examination pass rate data, five-year average job placement rate data, and annual program completion rate data on its website to allow the public access to this information. If the program cannot document five years of program effectiveness data, it must publish its available effectiveness data.

The program effectiveness data must clearly identify the sample size associated with each measure (i.e., number of first-time test takers, number of graduates actively seeking employment, and number of graduates).

Program effectiveness data is published on the JRCERT website. Programs must publish a hyperlink to the JRCERT website to allow students and the public access to this information.

Required Program Response:
- Provide the hyperlink for the program's effectiveness data webpage.
- Provide samples of publications that document the availability of program effectiveness data via the JRCERT URL address from the program's website.

Possible Site Visitor Evaluation Methods:
- Review of program website
- Review of program publications
- Interviews with faculty
- Interviews with students

1.7 The sponsoring institution and program comply with requirements to achieve and maintain JRCERT accreditation.

Explanation:
Programs must comply with all JRCERT policies and procedures to maintain accreditation. JRCERT policies are located at www.jrcert.org. In addition, substantive changes must be reviewed and approved by the JRCERT prior to implementation, with the exception of a change of ownership.

JRCERT accreditation requires that the sponsoring institution has the primary responsibility for the educational program and grants the terminal award. Sponsoring institutions may include educational programs established in colleges, universities, vocational/technical schools, hospitals, or military facilities. The JRCERT does not recognize a healthcare system as the program sponsor. A healthcare system consists of multiple institutions operating under a common governing body or parent corporation. A specific facility within the healthcare system must be identified as the sponsor. The JRCERT requires each program to have a separate accreditation award and does not recognize branch campuses. The JRCERT recognizes a consortium as an appropriate sponsor of an educational program.

The JRCERT requires programs to maintain a current and accurate database. The program must maintain documentation of all program official qualifications, including updated curricula vitae and current ARRT certification and registration, or equivalent documentation. This documentation is not required to be entered into the Accreditation Management System (AMS). Newly appointed institutional administrators, program officials, and clinical preceptors must be updated through the AMS within thirty (30) days of appointment.

No Required Program Response

Possible Site Visitor Evaluation Method:
Review of a representative sample of program official qualifications

Standard Two: Institutional Commitment and Resources

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Objectives:

2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.

2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.

2.3 The sponsoring institution provides student resources.

2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.

2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.

Explanation:
The program must have sufficient institutional support and ongoing funding to operate effectively. The program's relative position in the organizational structure helps facilitate appropriate resources and enables the program to meet its mission.

The sponsoring institution should provide the program with administrative/clerical services as needed to assist in the achievement of its mission.

Required Program Response:

- Describe the sponsoring institution's level of commitment to the program.
- Describe the program's position within the sponsoring institution's organizational structure and how this supports the program's mission.
- Describe the adequacy of financial resources.
- Describe the availability and functions of administrative/clerical services, if applicable.
- Provide institutional and program organizational charts.

Possible Site Visitor Evaluation Methods:

- Review of organizational charts of institution and program
- Review of published program materials
- Review of meeting minutes
- Interviews with institutional administration
- Interviews with faculty
- Interviews with clerical staff, if applicable

2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.

Explanation:
Physical resources include learning environments necessary to conduct teaching and facilitate learning. The sponsoring institution must provide faculty with adequate office and classroom space needed to fulfill their responsibilities. Faculty office space should be conducive to course development and scholarly activities. Space must be made available for private student advisement and program meetings. Classrooms must be appropriately designed to meet the needs of the program's curriculum delivery methods.

Resources include, but are not limited to, access to computers, reliable and secure Internet service, instructional materials (computer hardware and/or software, technology-equipped classrooms, simulation devices, and other instructional aides), and library resources.

Laboratories must be conducive to student learning and sufficient in size. The sponsoring institution must provide the program with access to a laboratory. The program may utilize laboratory space that is also used for patient care. In the event patient flow disallows use of the laboratory space, the program must assure that laboratory courses are made up in a timely manner.

The JRCERT does not endorse any specific physical resources.

Required Program Response:
Describe how the program's physical resources, such as offices, classrooms, and laboratories, facilitate the achievement of the program's mission.

Possible Site Visitor Evaluation Methods:
- Tour of the classroom, laboratories, and faculty offices
- Review of learning resources
- Interviews with faculty
- Interviews with students

2.3 The sponsoring institution provides student resources.

Explanation:
Student resources refer to the variety of services and programs offered to promote academic success. The institution and/or program must provide access to information for personal counseling, requesting accommodations for disabilities, and financial aid.

The JRCERT does not endorse any specific student resources.

Required Program Response:

- Describe how students are provided with access to information on personal counseling, disability services, and financial aid.
- Describe how the program utilizes other student resources to promote student success.

Possible Site Visitor Evaluation Methods:

- Tour of facilities
- Review of published program materials
- Review of surveys
- Interviews with faculty
- Interviews with students

2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.

Explanation:
If the program has elected to participate in Title IV financial aid and the JRCERT is identified as the gatekeeper, the program must:

- maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources;
- have a monitoring process for student loan default rates;
- have an appropriate accounting system providing documentation for management of Title IV financial aid and expenditures; and
- inform students of responsibility for timely repayment of Title IV financial aid.

The program must comply with all USDE requirements to participate in Title IV financial aid.

Required Program Response:
- Describe how the program informs students of their responsibility for timely repayment of financial aid.
- Provide evidence that Title IV financial aid is managed and distributed according to the USDE regulations to include:
    - recent student loan default data and
    - results of financial or compliance audits.

Possible Site Visitor Evaluation Methods:
- Review of records
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

Standard Three: Faculty and Staff

The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Objectives:

3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.

3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.

3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.

3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.

3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.

Explanation:
An adequate number of faculty promotes sound educational practices. Full- and part-time status is determined by, and consistent with, the sponsoring institution's definition. Institutional policies and practices for faculty workload and release time must be consistent with faculty in other comparable health sciences programs in the same institution. Faculty workload and release time practices must include allocating time and/or reducing teaching load for educational, accreditation, and administrative requirements expected of the program director and clinical coordinator.

A full-time program director is required. A full-time equivalent clinical coordinator is required if the program has more than fifteen (15) students enrolled in the clinical component of the program (e.g., the total number of students simultaneously enrolled in all clinical courses during a term). The clinical coordinator position may be shared by no more than four (4) appointees. If a clinical coordinator is required, the program director may not be identified as the clinical coordinator. The clinical coordinator may not be identified as the program director.

A minimum of one clinical preceptor must be designated at each recognized clinical setting. The same clinical preceptor may be identified at more than one site as long as a ratio of one full-time equivalent clinical preceptor for every ten (10) students is maintained. The program director and clinical coordinator may perform clinical instruction; however, they may not be identified as clinical preceptors.

Required Program Response:
- Describe faculty workload and release time in relation to institutional policies/practices and comparable health sciences programs within the sponsoring institution.
- Describe the adequacy of the number of faculty and clinical preceptors to meet identified accreditation requirements and program needs.
- Provide institutional policies for faculty workload and release time.

Possible Site Visitor Evaluation Methods:
- Review institutional policies for faculty workload and release time
- Review of faculty position descriptions, if applicable
- Review of clinical settings
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with students

3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.

Position	Qualifications
Program Director	Holds, at a minimum, a master's degree; For master's degree programs, a doctoral degree is preferred;
	Proficient in curriculum design, evaluation, instruction, program administration, and academic advising;
	Documents three years' clinical experience in the professional discipline;
	Documents two years' experience as an instructor in a JRCERT-accredited program;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent[1], in radiation therapy.
Clinical Coordinator	Holds, at a minimum, a bachelor's degree; For master's degree programs, holds, at a minimum, a master's degree;
	Proficient in curriculum development, supervision, instruction, evaluation, and academic advising;
	Documents two years' clinical experience in the professional discipline;
	Documents one year's experience as an instructor in a JRCERT-accredited program;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent[1], in radiation therapy.
Full-time Didactic Faculty	Holds, at a minimum, a bachelor's degree;
	Is qualified to teach the subject;
	Proficient in course development, instruction, evaluation, and academic advising;
	Documents two years' clinical experience in the professional discipline;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent[1], in radiation therapy.
Adjunct Faculty	Holds academic and/or professional credentials appropriate to the subject content area taught;
	Is knowledgeable of course development, instruction, evaluation, and academic advising.
Clinical Preceptor	Is proficient in supervision, instruction, and evaluation;
	Documents two years' clinical experience in the professional discipline;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent[2], in radiation therapy.
Clinical Staff	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent[2], in radiation therapy.

[1] Equivalent: an unrestricted state license for the state in which the program is located.

[2] Equivalent: an unrestricted state license for the state in which the clinical setting is located.

Explanation:
Faculty and clinical staff must possess academic and professional qualifications appropriate for their assignment. Clinical preceptors and clinical staff supervising students' performance in the clinical component of the program must document American Registry of Radiologic Technologists (ARRT) certification and registration (or equivalent) or other appropriate credentials. Health care professionals with credentials other than ARRT certification and registration (or equivalent) may supervise students in specialty areas (e.g., Registered Nurse supervising students performing patient care skills or Certified Medical Dosimetrist supervising treatment planning activities).

No Required Program Response.

3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.

Position	Responsibilities must, at a minimum, include:
Program Director	Assuring effective program operations;
	Overseeing ongoing program accreditation and assessment processes;
	Participating in budget planning;
	Participating in didactic and/or clinical instruction, as appropriate;
	Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development;
	Assuming the leadership role in the continued development of the program.
Clinical Coordinator	Correlating and coordinating clinical education with didactic education and evaluating its effectiveness;
	Participating in didactic and/or clinical instruction;
	Supporting the program director to assure effective program operations;
	Participating in the accreditation and assessment processes;
	Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development;
	Maintaining current knowledge of program policies, procedures, and student progress.
Full-Time Didactic Faculty	Preparing and maintaining course outlines and objectives, instructing, and evaluating student progress;
	Participating in the accreditation and assessment process;
	Supporting the program director to assure effective program operations;
	Participating in periodic review and revision of course materials;
	Maintaining current knowledge of professional discipline;
	Maintaining appropriate expertise and competence through continuing professional development.
Adjunct Faculty	Preparing and maintaining course outlines and objectives, instructing and evaluating students, and reporting progress;
	Participating in the assessment process, as appropriate;
	Participating in periodic review and revision of course materials;
	Maintaining current knowledge of the professional discipline, as appropriate;
	Maintaining appropriate expertise and competence through continuing professional development.

Position	Responsibilities must, at a minimum, include:
Clinical Preceptor	Maintaining knowledge of program mission and goals;
	Understanding the clinical objectives and clinical evaluation system and evaluating students' clinical competence;
	Providing students with clinical instruction and supervision;
	Participating in the assessment process, as appropriate;
	Maintaining current knowledge of program policies, procedures, and student progress and monitoring and enforcing program policies and procedures.
Clinical Staff	Understanding the clinical competency system;
	Understanding requirements for student supervision;
	Evaluating students' clinical competence, as appropriate;
	Supporting the educational process;
	Maintaining current knowledge of program clinical policies, procedures, and student progress.

Explanation:

Faculty and clinical staff responsibilities must be clearly delineated and support the program's mission. The program director and clinical coordinator may have other responsibilities as defined by the sponsoring institution; however, these added responsibilities must not compromise the ability, or the time allocated, to perform the responsibilities identified in this objective. For all circumstances when a program director's and/or clinical coordinator's appointment is less than 12 months and students are enrolled in didactic and/or clinical courses, the program director and/or clinical coordinator must assure that all program responsibilities are fulfilled.

Required Program Response:

- Describe how faculty and clinical staff responsibilities are delineated.
- Describe how the delegation of responsibilities occurs to assure continuous coverage of program responsibilities, if appropriate.
- Provide documentation that faculty and clinical staff positions are clearly delineated.
- Provide assurance that faculty responsibilities are fulfilled throughout the year.

Possible Site Visitor Evaluation Methods:

- Review of position descriptions
- Review of handbooks
- Interviews with institutional administration
- Interviews with faculty
- Interviews with clinical preceptors
- Interviews with clinical staff
- Interviews with students

3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.

Explanation:
Evaluating program faculty, including but not limited to program directors and clinical coordinators, assures that responsibilities are performed, promotes proper teaching methodology, and increases program effectiveness. The performance of program faculty must be evaluated and shared minimally once per year. Any evaluation results that identify concerns must be discussed with the respective individual(s) as soon as possible.

It is the prerogative of the program to evaluate the performance of clinical preceptors who are employees of clinical settings. If the program elects to evaluate the clinical preceptors, a description of the evaluation process should be provided to the clinical preceptors, along with the mechanism to incorporate feedback into professional growth and development.

Required Program Response:
- Describe the evaluation process.
- Describe how evaluation results are shared with program faculty.
- Describe how evaluation results are shared with clinical preceptors, if applicable.
- Provide samples of evaluations of program faculty.
- Provide samples of evaluations of clinical preceptors, if applicable.

Possible Site Visitor Evaluation Methods:
- Review of program evaluation materials
- Review of faculty evaluation(s)
- Review of clinical preceptor evaluation(s), if applicable
- Interviews with institutional administration
- Interviews with faculty
- Interviews with clinical preceptor(s), if applicable
- Interviews with students

3.5 The sponsoring institution and/or program provides faculty with opportunities for continued professional development.

Explanation:
Opportunities that enhance and advance educational, technical, and professional knowledge must be available to program faculty. Faculty should take advantage of the available resources provided on an institutional campus. Program faculty should not be expected to use personal leave time in order to attend professional development activities external to the sponsoring institution.

Required Program Response:

- Describe how professional development opportunities are made available to faculty.
- Describe how professional development opportunities have enhanced teaching methodologies.

Possible Site Visitor Evaluation Methods:

- Review of institutional and/or program policies for professional development
- Interviews with institutional administration
- Interviews with faculty

Standard Four: Curriculum and Academic Practices

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

Objectives:

4.1 The program has a mission statement that defines its purpose.

4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.

4.3 All clinical settings must be recognized by the JRCERT.

4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.

4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.

4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.

4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.

4.9 The program has procedures for maintaining the integrity of distance education courses.

4.1 The program has a mission statement that defines its purpose.

Explanation:
The program's mission statement should clearly define the purpose or intent toward which the program's efforts are directed. The mission statement should support the mission of the sponsoring institution. The program must evaluate the mission statement, at a minimum every three years, to assure it is effective. The program should engage faculty and other communities of interest in the reevaluation of its mission statement.

Required Program Response:
- Describe how the program's mission supports the mission of the sponsoring institution.
- Describe how the program reevaluates its mission statement.
- Provide documentation of the reevaluation of the mission statement.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of meeting minutes
- Interviews with institutional administration
- Interviews with faculty

4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.

Explanation:
A well-structured curriculum must be comprehensive, current, appropriately sequenced, and provide for evaluation of student achievement. This allows for effective student learning by providing a knowledge foundation in didactic and laboratory courses prior to competency achievement. Continual refinement of the competencies achieved is necessary so that students can demonstrate enhanced performance in a variety of situations and patient conditions. The well-structured curriculum is guided by a master plan of education.

At a minimum, the curriculum should promote qualities that are necessary for students/graduates to practice competently, make ethical decisions, assess situations, provide appropriate patient care, communicate effectively, and keep abreast of current advancements within the profession. Expansion of the curricular content beyond the minimum is required of programs at the bachelor's degree or higher levels.

Use of a standard curriculum promotes consistency in radiation therapy education and prepares the student to practice in the professional discipline. All programs must follow a JRCERT-adopted curriculum. An adopted curriculum is defined as:

- the most recent American Society of Radiologic Technologists (ASRT) Radiation Therapy curriculum and/or
- another professional curriculum adopted by the JRCERT Board of Directors.

The JRCERT encourages innovative approaches to curriculum delivery methods that provide students with flexible and creative learning opportunities. These methods may include, but are not limited to, distance education courses, part-time/evening curricular tracks, service learning, and/or interprofessional development.

Required Program Response:

- Describe how the program's curriculum is structured.
- Describe the program's clinical competency-based system.
- Describe how the program's curriculum is delivered, including the method of delivery for distance education courses. Identify which courses, if any, are offered via distance education.
- Describe alternative learning options, if applicable (e.g., part-time, evening and/or weekend curricular track(s)).
- Describe any innovative approaches to curriculum delivery methods.
- Provide the Table of Contents from the master plan of education.
- Provide current curriculum analysis grid.
- Provide samples of course syllabi.

Possible Site Visitor Evaluation Methods:

- Review of the master plan of education
- Review of didactic and clinical curriculum sequence
- Review of input from communities of interest
- Review of part-time, evening and/or weekend curricular track(s), if applicable
- Review of course syllabi
- Observation of a portion of any course offered via distance delivery
- Interviews with faculty
- Interviews with students

4.3 All clinical settings must be recognized by the JRCERT.

Explanation:
All clinical settings must be recognized by the JRCERT. Clinical settings must be recognized prior to student assignment. Ancillary medical facilities and imaging centers that are owned, operated, and on the same campus of a recognized setting do not require JRCERT recognition. A minimum of one (1) clinical preceptor must be identified for each recognized clinical setting.

If a facility is used as an observation site, JRCERT recognition is not required. An observation site is used for student observation of equipment operation and/or procedures that may not be available at recognized clinical settings. Students may not assist in, or perform, any aspects of patient care during observational assignments. Facilities where students participate in community-based learning do not require recognition.

Required Program Response:
- Assure all clinical settings are recognized by the JRCERT.
- Provide a listing of ancillary facilities under one clinical setting recognition.
- Describe how observation sites, if used, enhance student clinical education.

Possible Site Visitor Evaluation Methods:
- Review of JRCERT database
- Review of clinical records
- Interviews with faculty
- Interviews with clinical preceptors
- Interviews with clinical staff
- Interviews with students

4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.

Explanation:
Programs must have a process in place to assure timely, appropriate, and educationally valid clinical experiences to all admitted students. A meaningful clinical education plan assures that activities are equitable, as well as prevents the use of students as replacements for employees. Students must have sufficient access to clinical settings that provide a wide range of procedures for competency achievement. The maximum number of students assigned to a clinical setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical setting must not exceed the total number of therapeutic devices available for treatment and simulation.

Students assigned to medical dosimetry, patient care, and/or advanced radiation oncology modalities, such as proton therapy, CyberKnife®, Gamma-knife, MR-Linac, etc., are included in the calculation of the approved clinical capacity. If the opportunity to observe or perform advanced radiation therapy modalities exists for one student, then all students must have access to observe or perform an advanced modality.

Clinical placement must be nondiscriminatory in nature and solely determined by the program. Students must be cognizant of clinical policies and procedures including emergency preparedness and medical emergencies.

Programs must assure that clinical involvement for students is limited to not more than ten (10) hours per day. If the program utilizes evening and/or weekend assignments, these assignments must be equitable, and program total capacity must not be increased based on these assignments. Students may not be assigned to clinical settings on holidays that are observed by the sponsoring institution. Programs may permit students to make up clinical time during the term or scheduled breaks; however, appropriate supervision must be maintained. Program faculty need not be physically present; however, students must be able to contact program faculty during makeup assignments. The program must also assure that its liability insurance covers students during these makeup assignments.

Required Program Response:
- Describe the process for student clinical placement including, but not limited to:
    - assuring equitable learning opportunities,
    - assuring access to a sufficient variety and volume of procedures to achieve program competencies, and
    - orienting students to clinical settings.
- Describe how the program assures a 1:1 student to therapeutic device ratio at all clinical settings.
- Provide current clinical student assignment schedules in relation to student enrollment.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of clinical placement process
- Review of course objectives
- Review of student clinical assignment schedules
- Review of clinical orientation process/records
- Review of student records
- Interviews with faculty
- Interviews with clinical preceptors
- Interviews with clinical staff
- Interviews with students

4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.

Explanation:
The program must provide learning opportunities in advanced imaging and/or therapeutic technologies. It is the program's prerogative to decide which advanced imaging and/or therapeutic technologies should be included in the didactic and/or clinical curriculum.

Programs are not required to offer clinical rotations in advanced imaging and/or therapeutic technologies; however, these clinical rotations are strongly encouraged to enhance student learning.

Students assigned to imaging modalities such as computed tomography, positron emission tomography, and magnetic resonance, are not included in the calculation of the approved clinical capacity unless the clinical setting is recognized exclusively for advanced imaging modality rotations. Once the students have completed the imaging assignments, the program must assure that there are sufficient physical and human resources to support the students upon reassignment to the radiation oncology department.

Required Program Response:
Describe how the program provides opportunities in advanced imaging and/or therapeutic technologies in the didactic and/or clinical curriculum.

Possible Site Visitor Evaluation Methods:
- Review of clinical rotation schedules, if applicable
- Interviews with faculty
- Interviews with students

4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

Explanation:
Program length must be consistent with the terminal award. The JRCERT defines program length as the duration of the program, which may be stated as total academic or calendar year(s), total semesters, trimesters, or quarters.

Required Program Response:
Describe the relationship between the program length and the terminal award offered.

Possible Site Visitor Evaluation Methods:

- Review of course catalog
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students

4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.

Explanation:
Defining the length of didactic, laboratory, and clinical courses facilitates the transfer of credit and the awarding of financial aid. The formula for calculating assigned clock/credit hours must be consistently applied for all didactic, laboratory, and clinical courses, respectively.

Required Program Response:

- Describe the method used to award credit hours for didactic, laboratory, and clinical courses.
- Provide a copy of the program's policies and procedures for determining credit hours and an example of how such policies and procedures have been applied to the program's coursework.
- Provide a list of all didactic, laboratory, and clinical courses with corresponding clock or credit hours.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of class schedules
- Interviews with institutional administration
- Interviews with faculty
- Interviews with students

4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.

Explanation:
Appropriate academic and clinical advisement promotes student achievement and professionalism. Student advisement should be both formative and summative and must be shared with students in a timely manner. Programs are encouraged to develop written advisement procedures.

Required Program Response:

- Describe procedures for student advisement.
- Provide sample records of student advisement.

Possible Site Visitor Evaluation Methods:

- Review of students' records
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with students

4.9 The program has procedures for maintaining the integrity of distance education courses.

Explanation:
Programs that offer distance education courses must have processes in place that assure that the students who register in the distance education courses are the same students that participate in, complete, and receive the credit. Programs must verify the identity of students by using methods such as, but not limited to, secure logins, passcodes, proctored exams, and/or video monitoring. These processes must protect the student's privacy.

Required Program Response:
- Describe the process for assuring the integrity of distance education courses.
- Provide published institutional/program materials that outline procedures for maintaining the integrity of distance education courses.

Possible Site Visitor Evaluation Methods:
- Review of published institutional/program materials
- Review the process of student identification
- Review of student records
- Interviews with institutional administration
- Interviews with faculty
- Interviews with students

Standard Five: Health and Safety

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Objectives:

5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.

5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.

5.3 The program assures that students employ proper safety practices.

5.4 The program assures that all radiation therapy procedures are performed under the direct supervision of a qualified practitioner.

5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.

Explanation:
Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The program must monitor and maintain student radiation exposure data. All students must be monitored for radiation exposure when using equipment in energized laboratories as well as in the clinical environment during, but not limited to, simulation procedures, image production, or quality assurance testing.

Students must be provided their radiation exposure report within thirty (30) school days following receipt of the data. The program must have a published protocol that identifies a threshold dose for incidents in which student dose limits are exceeded. Programs are encouraged to identify a threshold dose below those identified in federal regulations.

The program's radiation safety policies must also include provisions for the declared pregnant student in an effort to assure radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). The pregnancy policy must be made known to accepted and enrolled female students, and include:

- a written notice of voluntary declaration,
- an option for written withdrawal of declaration, and
- an option for student continuance in the program without modification.

The program may offer clinical component options such as clinical reassignments and/or leave of absence. Pregnancy policies should also be in compliance with Title IX regulations. The program should work with the Title IX coordinator and/or legal counsel to discuss and resolve any specific circumstances.

Required Program Response:

- Describe how the policies and procedures are made known to enrolled students.
- Describe how the radiation exposure report is made available to students.
- Provide copies of appropriate policies.
- Provide copies of radiation exposure reports.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Review of student radiation exposure reports
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with students

5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.

Explanation:
Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for the program's energized laboratories.

Required Program Response:
Provide certificates and/or letters for each energized laboratory documenting compliance with state and/or federal radiation safety laws.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of compliance records
- Interviews with faculty

5.3 The program assures that students employ proper safety practices.

Explanation:
The program must assure that students are instructed in the utilization of imaging equipment, accessories, optimal exposure factors, and proper patient positioning to minimize radiation exposure to patients, selves, and others. These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).

Students must understand basic safety practices prior to assignment to clinical settings. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.

Programs must develop policies regarding safe and appropriate use of energized laboratories by students. Students' utilization of energized laboratories must be under the supervision of a qualified practitioner who is available should students need assistance. If a qualified practitioner is not readily available to provide supervision, the radiation exposure mechanism must be disabled.

Programs must establish a magnetic resonance imaging (MRI) safety screening protocol and students must complete MRI orientation and screening which reflect current American College of Radiology (ACR) MR safety guidelines prior to the clinical experience. This assures that students are appropriately screened for magnetic field or radiofrequency hazards. Policies should reflect that students are mandated to notify the program should their status change.

Required Program Response:
- Describe how the curriculum sequence and content prepares students for safe radiation practices.
- Describe how the program prepares students for magnetic resonance safe practices.
- Provide the curriculum sequence.
- Provide policies/procedures regarding radiation safety.
- Provide the MRI safety screening protocol and screening tool.

Possible Site Visitor Evaluation Methods:
- Review of program curriculum
- Review of radiation safety policies/procedures
- Review of magnetic resonance safe practice and/or screening protocol
- Review of student handbook
- Review of student records
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

5.4 The program assures that all radiation therapy procedures are performed under the direct supervision of a qualified practitioner.

Explanation:
Appropriate supervision assures patient safety and proper educational practices. The program must develop and publish supervision policies that clearly delineate its expectations of students, clinical preceptors, and clinical staff.

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

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

Supervision of students over closed-circuit monitor(s) is not acceptable.

Required Program Response:

- Describe how the supervision policies are made known to students, clinical preceptors, and clinical staff.
- Describe how supervision policies are enforced and monitored in the clinical setting.
- Provide policies/procedures related to supervision.
- Provide documentation that the program's supervision policies are made known to students, clinical preceptors, and clinical staff.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

Explanation:
Appropriate health and safety policies and procedures assure that students are part of a safe, protected environment. These policies must, at a minimum, address campus safety, emergency preparedness, harassment, communicable diseases, and substance abuse. Enrolled students must be informed of policies and procedures.

Required Program Response:

- Describe how institutional and/or program policies and procedures are made known to enrolled students.
- Provide institutional and/or program policies and procedures that safeguard the health and safety of students.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with students

Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement

The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

Objectives:

6.1 The program maintains the following program effectiveness data:

- five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- five-year average job placement rate of not less than 75 percent within twelve months of graduation, and
- annual program completion rate.

6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.

6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.

6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.

6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.

6.1 The program maintains the following program effectiveness data:

- **five-year average <u>credentialing examination pass rate</u> of not less than 75 percent at first attempt within six months of graduation,**
- **five-year average <u>job placement rate</u> of not less than 75 percent within twelve months of graduation, and**
- **annual <u>program completion rate</u>.**

Explanation:
Program effectiveness outcomes focus on issues pertaining to the overall curriculum such as admissions, retention, completion, credentialing examination performance, and job placement.

The JRCERT has developed the following definitions and criteria related to program effectiveness outcomes:

Credentialing examination pass rate: The number of graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation.

Job placement rate: The number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment, for example, due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.

Program completion rate: The number of students who complete the program within the stated program length. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating the program's completion rate. When calculating the total number of students enrolled in the program (denominator), programs need not consider students who attrite due to nonacademic reasons such as: 1) financial, medical/mental health, or family reasons, 2) military deployment, 3) a change in major/course of study, and/or 4) other reasons an institution may classify as a nonacademic withdrawal.

Credentialing examination, job placement, and program completion data must be reported annually via the JRCERT Annual Report.

No Required Program Response.

Possible Site Visitor Evaluation Methods:
- Review of program effectiveness data
- Interviews with faculty

6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.

Explanation:
Analysis of program effectiveness data allows the program to determine if it is meeting its mission. This analysis also provides a means of accountability to faculty, students, and other communities of interest. Faculty should assure all data have been analyzed and discussed prior to sharing results with an assessment committee or other communities of interest. Sharing the program effectiveness data results should take place in a timely manner.

Programs must use assessment results to promote student success and maintain and improve program effectiveness outcomes. Analysis of program effectiveness data must occur at least annually, and results of the evidence-based decisions must be documented.

In sum, the data analysis process must, at a minimum, include:

- program effectiveness data that is compared to expected achievement; and
- documentation of discussion(s) of data analysis including trending/comparing of results over time to maintain and improve student learning.
    - If the program does not meet its benchmark for a specific program effectiveness outcome, the program must implement an action plan that identifies the issue/problem, allows for data trending, and identifies areas for improvement. The action plan must be reassessed annually until the performance concern(s) is/are appropriately addressed.

Required Program Response:

- Describe examples of evidence-based changes that have resulted from the analysis of program effectiveness data and discuss how these changes have maintained or improved program effectiveness outcomes.
- Provide actual program effectiveness data since the last accreditation award.
- Provide documentation of an action plan for any unmet benchmarks.
- Provide documentation that program effectiveness data is shared in a timely manner.

Possible Site Visitor Evaluation Methods:

- Review of aggregated data
- Review of data analysis and actions taken
- Review of documentation that demonstrates the sharing of results with communities of interest
- Review of representative samples of measurement tools used for data collection
- Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.

Explanation:
A formalized written assessment plan allows programs to gather useful data to measure the goals and student learning outcomes to facilitate program improvement. Student learning outcomes must align with the goals and be explicit, measurable, and state the learning expectations. The development of goals and student learning outcomes allows the program to measure the attainment of its mission. It is important for the program to engage faculty and other communities of interest in the development or revision of its goals and student learning outcomes.

The program must have a written systematic assessment plan that, at a minimum, contains:

- goals in relation to clinical competency, communication, and critical thinking;
- two student learning outcomes per goal;
- two assessment tools per student learning outcome;
- benchmarks for each assessment method to determine level of achievement; and
- timeframes for data collection.

Programs may consider including additional goals in relation to ethical principles, interpersonal skills, professionalism, etc.

Programs at the bachelor's and higher degree levels should consider the additional professional content when developing their goals and student learning outcomes.

The program must also assess graduate and employer satisfaction. Graduate and employer satisfaction may be measured through a variety of methods. The methods and timeframes for collection of the graduate and employer satisfaction data are the prerogatives of the program.

Required Program Response:

- Describe how the program determined the goals and student learning outcomes to be included in the systematic assessment plan.
- Describe the program's cycle of assessment.
- Describe how the program uses feedback from communities of interest in the development of its assessment plan.
- Provide a copy of the program's current assessment plan.

Possible Site Visitor Evaluation Methods:

- Review of assessment plan
- Review of assessment methods
- Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.

Explanation:
Analysis of student learning outcome data allows the program to determine if it is meeting its mission, goals, and student learning outcomes. This analysis also provides a means of accountability to faculty, students, and other communities of interest. Faculty should assure all data have been analyzed and discussed prior to sharing results with an assessment committee or other communities of interest. Sharing the student learning data results must take place in a timely manner.

Programs must use assessment results to promote student success and maintain and improve student learning outcomes. Analysis of student learning outcome data must occur at least annually, and results of the evidence-based decisions must be documented.

In sum, the data analysis process must, at a minimum, include:

- student learning outcome data that is compared to expected achievement; and
- documentation of discussion(s) of data analysis including trending/comparing of results over time to maintain and improve student learning.
    - If the program does meet its benchmark for a specific student learning outcome, the program should identify how student learning was maintained or improved and describe how students achieved program-level student learning outcomes.
    - If the program does not meet its benchmark for a specific student learning outcome, the program must implement an action plan that identifies the issue/problem, allows for data trending, and identifies areas for improvement. The action plan must be reassessed annually until the performance concern(s) is/are appropriately addressed.

Required Program Response:

- Describe examples of changes that have resulted from the analysis of student learning outcome data and discuss how these changes have maintained or improved student learning outcomes.
- Describe the process and timeframe for sharing student learning outcome data results with its communities of interest.
- Provide actual student learning outcome data and analysis since the last accreditation award.
- Provide documentation of an action plan for any unmet benchmarks.
- Provide documentation that student learning outcome data and analysis is shared in a timely manner.

Possible Site Visitor Evaluation Methods:

- Review of aggregated/disaggregated data
- Review of data analysis and actions taken
- Review of documentation that demonstrates the sharing of results with communities of interest
- Review of representative samples of measurement tools used for data collection
- Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.

Explanation:
Identifying and implementing needed improvements in the assessment process leads to program improvement and renewal. As part of the assessment process, the program must review its mission statement, goals, student learning outcomes, and assessment plan to assure that assessment methods are providing credible information to make evidence-based decisions.

The program must assure the assessment process is effective in measuring student learning outcomes. At a minimum, this evaluation must occur at least every three years and be documented. In order to assure that student learning outcomes have been achieved and that curricular content is well-integrated across the curriculum, programs may consider the development and evaluation of a curriculum map. Programs may wish to utilize assessment rubrics to assist in validating the assessment process.

Required Program Response:
- Describe how assessment process reevaluation has occurred.
- Discuss changes to the assessment process that have occurred since the last accreditation award.
- Provide documentation that the assessment process is evaluated at least once every three years.

Possible Site Visitor Evaluation Methods:
- Review of documentation related to the assessment process reevaluation
- Review of curriculum mapping documentation, if applicable
- Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

Glossary of Terms

Academic calendar: the official institutional/program document that, at a minimum, identifies specific start and end dates for each term, holidays recognized by the sponsoring institution, and breaks.

Accreditation status: a statement of the program's current standing with the JRCERT. Per JRCERT Policies 10.000 and 10.700, accreditation status is categorized as one of the following: Accredited, Probationary Accreditation, and Administrative Probationary Accreditation. The program must also identify its current length of accreditation award (i.e., 8-year, 5-year, 3-year, probation). The JRCERT publishes each program's current accreditation status at www.jrcert.org.

Administrator: individual(s) that oversee student activities, academic personnel, and programs.

Articulation agreement: a formal partnership between two (2) or more institutions of higher education. Typically, this type of agreement is formed between a hospital-based program and a community college or a community college and a four (4) year academic institution with the goal of creating a seamless transfer process for students.

Campus: the buildings and grounds of a school, college, university, or hospital. A campus does not include geographically dispersed locations.

Clinical capacity: the maximum number of students that can partake in clinical experiences at a clinical setting at any given time. Clinical capacity is determined by the availability of human and/or physical resources. Students assigned to medical dosimetry, patient care, and/or advanced radiation oncology modalities, such as proton therapy, CyberKnife®, Gamma-knife, MR-Linac, etc., are included in the calculation of the approved clinical capacity.

Clinical obligations: relevant requirements for completion of a clinical course including, but not limited to, background checks, drug screening, travel to geographically dispersed clinical settings, evening and/or weekend clinical assignments, and documentation of professional liability.

Communities of interest: the internal and external stakeholders, as defined by the program, who have a keen interest in the mission, goals, and outcomes of the program and the subsequent program effectiveness. The communities of interest may include current students, faculty, graduates, institutional administration, employers, clinical staff, or other institutions, organizations, regulatory groups, and/or individuals interested in educational activities in medical imaging and radiation oncology.

Comparable health sciences programs: health science programs established in the same sponsoring institution that are similar to the radiation therapy program in curricular structure as well as in the number of faculty, students, and clinical settings.

Consortium: two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an education program. A consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

Curriculum map (-ping): process/matrix used to indicate where student learning outcomes are covered in each course. Level of instructional emphasis or assessment of where the student learning outcome takes place may also be indicated.

Distance education: refer to the Higher Education Opportunity Act of 2008, Pub. L. No. 110-315, §103(a)(19) and JRCERT Policy 10.800 - Alternative Learning Options.

Asynchronous distance learning: learning and instruction that do not occur in the same place or at the same time.

Distance education: an educational process characterized by the separation, in time and/or place, between instructor and student. Distance education supports regular and substantive interaction synchronously or asynchronously between the instructor and student through one or more interactive distance delivery technologies.

Distance (Delivery) technology: instructional/delivery methods that may include the use of TV, audio, or computer transmissions (broadcast, closed-circuit, cable, microwave, satellite transmissions); audio, computer, or Internet-based conferencing; and/or methodologies.

Hybrid radiation therapy course: a professional level radiation therapy course that uses a mix of face-to-face traditional classroom instruction along with synchronous or asynchronous distance education instruction. Regardless of institutional definition, the JRCERT defines a hybrid radiation therapy course as one that utilizes distance education for more than 50% of instruction and learning.

Online radiation therapy course: a professional level radiation therapy course that primarily uses asynchronous distance education instruction. Typically, the course instruction and learning is 100% delivered via the Internet. Often used interchangeably with Internet-based learning, web-based learning, or distance learning.

Synchronous distance learning: learning and instruction that occur at the same time and in the same place.
[Definitions based on Accrediting Commission of Education in Nursing (ACEN) Accreditation Manual glossary]

Equivalent: with regards to certification and registration, an unrestricted state license for the state in which the program and/or clinical setting is located.

Faculty: the teaching staff for didactic and clinical instruction. These individuals may also be known as academic personnel.

Faculty workload: contact/credit hours or percentages of time that reflect the manner in which the sponsoring institution characterizes, structures, and documents the nature of faculty members' teaching and non-teaching responsibilities. Workload duties include, but are not limited to, teaching, advisement, administration, committee activity, service, clinical practice, research, and other scholarly activities.

Gatekeeper: the agency responsible for oversight of the distribution, record keeping, and repayment of Title IV financial aid.

Grievance policy and/or procedure: a grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. The program must have a policy/procedure to provide individuals an avenue to pursue grievances. If the institutional policy/procedure is to be followed, this must be clearly identified and provided to students. The policy/procedure must outline the steps for formal resolution of any grievance. The final step in the process must not include any individual(s) directly associated with the program (e.g., program director, clinical coordinator, faculty, administrator). The procedure must assure timely resolution. The program must maintain a record of all formal grievances and their resolution. Records must be retained in accordance with the institution's/program's retention policies/procedures. Additionally, the program must have a procedure to address any complaints apart from those that require invoking the grievance procedure (e.g., cleanliness of classroom). The program must determine if a pattern of any grievance or complaint exists that could negatively affect the quality of the educational program.

Master plan of education: an overview of the program and documentation of all aspects of the program. In the event of new faculty and/or leadership to the program, a master plan of education provides the information needed to understand the program and its operations. At a minimum, a master plan of education must include course syllabi (didactic and clinical courses), program policies and procedures, and the curricular sequence calendar. If the program utilizes an electronic format, the components must be accessible by all program faculty.

Meeting minutes: a tangible record of a meeting of individuals, groups, and/or boards that serve as a source of attestation of a meeting's outcome(s) and a reference for members who were unable to attend. The minutes should include decisions made, next steps planned, and identification and tracking of action plans.

Program effectiveness outcomes/data: the specific program outcomes established by the JRCERT. The JRCERT has developed the following definitions and criteria related to program effectiveness outcomes:

> **Credentialing examination pass rate:** the number of graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation.
>
> **Job placement rate**: the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.
>
> **Program completion rate:** the number of students who complete the program within the stated program length. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating the program's completion rate. When calculating the total number of students enrolled in the program (denominator), programs need not consider graduates who attrite due to nonacademic reasons such as: 1) financial, medical/mental health, or family reasons, 2) military deployment, 3) a change in major/course of study, and/or 4) other reasons an institution may classify as a nonacademic withdrawal.

Program total capacity: the maximum number of students that can be enrolled in the educational program at any given time. Program total capacity is dependent on the availability of human and physical resources of the sponsoring institution. It is also dependent on the program's clinical rotation schedule and the clinical capacities of recognized clinical settings.

Release time (reassigned workload): a reduction in the teaching workload to allow for the administrative functions associated with the responsibilities of the program director or clinical coordinator or other responsibilities as assigned.

Sponsoring institution: the facility or organization that has primary responsibility for the educational program and grants the terminal award. A recognized institutional accreditor must accredit a sponsoring institution. Educational programs may be established in: community and junior colleges; senior colleges and universities; hospitals; medical schools; postsecondary vocational/technical schools and institutions; military/governmental facilities; proprietary schools; and consortia. Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

Awarding, Maintaining, and Administering Accreditation

A. Program/Sponsoring Institution Responsibilities

1. Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) is initiated by a program through the written request for accreditation sent to the JRCERT, on program/institutional letterhead. The request must include the name of the program, the type of program, and the address of the program. The request is to be submitted, with the applicable fee, to:

Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182

Submission of such information will allow the program access to the JRCERT's Accreditation Management System (AMS). The initial application and self-study report will then be available for completion and submission through the AMS.

2. Administrative Requirements for Maintaining Accreditation

a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.

b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.

c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, full-time didactic faculty, and clinical preceptor(s).

d. Paying JRCERT fees within a reasonable period of time. Returning, by the established deadline, a completed Annual Report.

e. Returning, by the established deadline, any other information requested by the JRCERT.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available at www.jrcert.org.

Program failure to meet administrative requirements for maintaining accreditation will lead to Administrative Probationary Accreditation and potentially result in Withdrawal of Accreditation.

B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

The JRCERT reviews educational programs to assess compliance with the **Standards for an Accredited Educational Program in Radiation Therapy**.

The accreditation process includes a site visit.

Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.

The JRCERT is responsible for recognition of clinical settings.

2. Accreditation Actions

Consistent with JRCERT policy, the JRCERT defines the following as accreditation actions:

> Accreditation, Probationary Accreditation, Administrative Probationary Accreditation, Withholding Accreditation, and Withdrawal of Accreditation (Voluntary and Involuntary).

For more information regarding these actions, refer to JRCERT Policy 10.200.

A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

Educators may wish to contact the following organizations for additional information and materials:

Accreditation:
Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
www.jrcert.org

Curriculum:
American Society of Radiologic Technologists
15000 Central Avenue, S.E.
Albuquerque, NM 87123-3909
(505) 298-4500
www.asrt.org

Certification:
American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN 55120-1155
(651) 687-0048
www.arrt.org

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(312) 704-5304 (fax)
mail@jrcert.org (e-mail)
www.jrcert.org

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