

Diagnostic Radiologic Technology Program

MERCED
COLLEGE



2022 - 2024

Student Policies & Procedures Handbook

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I. Introduction

A. Welcome

Welcome to the Diagnostic Radiologic Technology Program. You are entering a paramedical career program that is interesting, diversified, and demanding. The program is designed to help you develop the knowledge and skills required to perform in a specialized area. Many subtle qualities besides knowledge and skills are required to complete the program successfully. An important personal quality that will be closely evaluated throughout your training is your ability to relate with the patient and to provide both physical and emotional support to the patient.

Another quality or trait is your ability to work as part of a team and to interact successfully with our clinical personnel. Weaknesses spotted in any area of performance will be expected to be resolved promptly. Counseling will be arranged if problems are significant.

The RT faculty wish you success in the program. We are here to assist you in pursuing your newly chosen profession.

B. Purpose of Handbook

This handbook is designed to serve as an informational guide to assist in the orientation of new students and to clarify policies and procedures governing your actions and practices while a student in the program. This handbook is designed to be utilized as a supplement to the Merced College Catalog and the Clinical Competency Evaluation Handbook. It is expected that the students will be familiar with the following information.

C. Merced College Philosophy

A democratic society functions best when its members are educated and active participants. To encourage this participation, Merced College provides education opportunity for all who qualify and can benefit. This education involves having a respect for, and awareness of, all cultures, as well as the dignity and worth of all individuals. Merced College is dedicated to the pursuit of excellence. The leadership and educational services provided by the College reflect and enhance the cultural, economic, and social life of the community and respond to its changing needs and interests. Recognizing that learning is a life-long process, the College provides preparation for a complex and changing society while maintaining high academic standards.

The College also fosters individual learning and critical thinking to enhance awareness of the inter-relationship and inter-dependence of all persons.

Mission Statement

Growing our community through education and workforce training:

- lifelong learning
- basic skills
- career technical education
- transfer
- degree/certificate programs

Ensuring student success through equitable access, continuous quality improvement, institutional, and student achievement.

Vision Statement

Merced College will provide transformative and empowering educational experiences to meet student and community needs.

Core Values and Beliefs

1. **Student Success** - We focus on student access and success.
2. **Supportive Environment** - We promote an atmosphere of trust where communication and teamwork cultivate a rich environment for teaching and learning.
3. **Proactive** - We utilize agility, innovation, and responsible risk-taking to create our preferred future.
4. **Partnering** - We actively engage with the community and community partners to respond to cultural, educational, economic, and technological needs.
5. **Diversity** - We embrace diversity and equity as community strengths and celebrate these qualities in our institution.
6. **Self-Reflection** - We strive for continuous improvement based on data-driven self-reflection, objection assessment, and dialogue.

D. Diagnostic Radiologic Technology Program Philosophy

We believe that all people have the right to safe and competent medical care. We further believe that students have a right and a responsibility to learn and that faculty have an obligation to ensure a curriculum that encompasses all the areas required to prepare students to practice in the professional discipline. To ensure this outcome, we provide an educational training program dedicated to the pursuit of excellence.

Mission

The mission of Merced College Diagnostic Radiologic Technology Program is to promote student success by providing a continually-improving educational program that prepares graduates to competently practice radiography at the entry level.

Goals & Program Student Learning Outcomes (SLOs)

Fulfillment of the program's mission is assessed by the degree to which the program achieves the following goals and program student learning outcomes.

Goal 1: Students will communicate effectively.

Outcome 1A: Students will demonstrate effective written communication skills.

Outcome 1B: Student will demonstrate effective oral communication skills with communities of interests.

Goal 2: Students will apply clinical reasoning skills in their daily practice.

Outcome 2A: Students will perform non-routine procedures.

Outcome 2B: Students will critique radiographic images to determine their diagnostic acceptability.

Goal 3: Student will perform successfully as entry level radiographers.

Outcome 3A: Students will effectively position patient.

Outcome 3B: Students will provide quality patient care.

Outcome 3C: Students will utilize their technical knowledge to produce quality image.

Outcome 3D: Students will employ effective radiation protection measures for the patients and healthcare team

Goal 4: Students will perform as competent radiographers assimilating all professional, ethical, and legal principles.

Outcome 4A: Students will demonstrate professional work ethics.

Outcome 4B: Students will demonstrate an awareness and support for continued professional development.

Aggregate Program Outcomes

To measure success, Merced College's Diagnostic Radiologic Technology Program expects to attain the following aggregate program outcomes:

- A. Seventy-five percent of each student cohort will complete the twenty-nine month program.
- B. The pass rate of first-time ARRT test takers will be at or above ninetypercent.
- C. Eight-five percent of returned graduate surveys will report satisfied or very satisfied with the education they received in Merced's Diagnostic Radiologic Technology Program.
- D. Eighty percent of graduates will be working in a Radiologic Technology position or enrolled in an ancillary modality program or higher degree radiography program within 12 months of work eligibility.
- E. Eighty-five percent of returned employer surveys sent out to affiliate clinical facilities will report agree or strongly agree the education the new graduates received at Merced's Diagnostic Radiologic Technology Program provided them with the knowledge, skills, and attitudes to perform well on initial employment.

E. **Objectives**

The Diagnostic Radiologic Technology Program faculty believe that the philosophy of the program can be fulfilled through providing a curriculum that encompasses all the areas required to prepare students to practice in the professional discipline. Since radiologic technology is a practice discipline, the objectives will reflect what areas a graduate radiographer will be competent.

The objectives reflect those areas included in the curriculum content as stated in the "*Standards for an Accredited Educational Program in Radiography*" of the Joint Review Committee on Education in Radiologic Technology (JRCERT).

At the completion of the Program, the student will be prepared to practice in the professional discipline because, at a minimum, they are competent in the following areas:

I. Patient Care

- A. Patient Interactions and Management
 - 1. Ethical and Legal Aspects
 - 2. Interpersonal Communication
 - 3. Physical Assistance and Monitoring
 - 4. Medical Emergencies
 - 5. Infection Control
 - 6. Handling and Disposal of Toxic or Hazardous Material
 - 7. Pharmacology

II. Safety

- A. Radiation Physics and Radiobiology
 - 1. Principles of Radiation Physics
 - 2. Biological Aspects of Radiation
- B. Radiation Protection
 - 3. Minimizing Patient Exposure
 - 4. Personnel Protection (ALARA)

III. Image Production

- A. Image Acquisition and Technical Evaluation
 - 1. Selection of Technical Factors Affecting Radiographic Quality
 - 2. Technique Charts
 - 3. Automatic Exposure Control (AEC)
 - 4. Digital Imaging Characteristics
 - 5. Image Identification
- B. Equipment Operation and Quality Assurance
 - 1. Imaging Equipment
 - 2. Image Processing and Display
 - 3. Criteria for Image Evaluation of Technical Factors
 - 4. Quality Control of Imaging Equipment and Accessories

IV. Procedures

- A. Head, Spine, and Pelvis Procedures
 - 1. Head
 - 2. Spine & Pelvis
- B. Thorax & Abdomen Procedures
 - 1. Thorax
 - 2. Abdomen and GI Studies
 - 3. Urological Studies
- C. Extremity Procedures
 - 1. Upper Extremities
 - 2. Lower Extremities
 - 3. Other

II. Accreditation

A. Merced College

Merced College is approved by the Chancellor of the California Community Colleges and Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges (ACCJC-WASCO). It meets all standards of the California State Department of Education and is listed in the Education Directory, Higher Education, published by the United States Office of Education. The University of California and other colleges and universities of high rank give full credit for appropriate courses completed at Merced College.

B. Diagnostic Radiologic Technology Program

The Diagnostic Radiologic Technology Program at Merced College is accredited by both the Joint Review Committee on Education in Radiologic Technology (JRCERT) and the California Department of Public Health Radiologic Health Branch (RHB). Accreditation was awarded in 1975. JRCERT did a site visit on February 17 -18, 2022. As a result, the program was awarded continued accreditation for a period of eight years, the maximum duration that may be awarded by the JRCERT.

The radiography program is accredited by the:

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

email: mail@jrcert.org

<http://www.jrcert.org>

Successful completion of this program leads to eligibility to write the radiography examination by the American Registry of Radiologic Technologists (ARRT). If a student is successful in writing the ARRT exam, through reciprocity, the ARRT-registered graduate is subsequently eligible to apply for a California State license (CRT) without having to pass the California State Certification Examination.

Successful completion of this program also leads to eligibility to write the California State Certification Examination to become a Certified Radiologic Technologist (CRT). The certificate is issued under the authority of the State of California, Department of Public Health Radiologic Health Branch pursuant to the Radiologic Technology Act.

C. Program Effectiveness Data

ARRT Annual and five-year radiography exam results, job placement rate and program completion data can be found at:

<http://www.mccd.edu/alliedhealth/diag-rad/effectiveness-data>

III. Attendance

A. Enrollment

Students must be enrolled in all RT classes by the first day of the semester/session to attend class or a clinic assignment. In particular, you may not start a clinic assignment without being officially enrolled in that specific course since you would not be covered by malpractice and workmen's compensation insurances. Any missed clinical time due to non-enrollment will have to be made up according to the make-up policy. Points will be deducted for not attending to this program requirement.

B. Attendance

Regular attendance and consistent study are the two factors which contribute most to success in college. College students are expected to attend all sessions of the classes in which they are enrolled. Failure to attend class can result in a lower grade or in being dismissed from a class.

After the first week of any Diagnostic Radiologic Technology lecture/lab course, students who arrive late or leave class early will be regarded as tardy. Habitual tardiness will not be tolerated and can be cause for dismissal. Students who are tardy under 30 minutes to clinic will make up the time on the same day. Students will not leave clinic early without prior approval from their instructor.

Each affiliated clinical facility has designated computers with IP addresses for students to "clock-in" and "clock-out" throughout the day. Students must use these designated computers only, and may not use personal computers or mobile devices to log attendance in clinical settings. The IP addresses will be closely monitored by the program faculty and Clinical Preceptors. Any unaccepted computer or IP address used will be considered falsification of program documents, resulting in disciplinary action up to and including expulsion from the program. Similarly, falsification of any other clinical records will not be tolerated and will be subject to expulsion as well.

Students are advised to schedule medical, dental, and other appointments outside clinical and/or classroom hours to avoid a penalty.

Students with children are advised to have contingency arrangements made for child-care in case of illness or other unforeseen circumstances.

The only excused absence is for illness of the student or death in the immediate family. A student may be dropped from the program for more than three days of un-excused absences. Three tardies equal one un-excused absence. Tardies and absences are cumulative and carry-over from one term to the next.

After 3 days of consecutive absences from class and/or clinic, either a doctor's excuse or proof of death of an immediate family member will be required to be submitted to the instructor(s) of record. If a student is dropped from lecture class, they will be dropped from the corresponding clinical practice course and vice versa.

Absence in no way relieves the student's responsibility for material or hours missed in class and/or clinic. Arrangements must be made with the instructor of record for any lecture/lab classes missed. It is the student's responsibility to contact the instructor in advance and make arrangements for missed work. Regarding missed clinical hours, see the "Makeup Time" policy.

The student must notify their instructor of an absence before the scheduled class time by calling their instructor directly or calling the Allied Health Office and asking the AH secretary to convey the students' absence to the appropriate instructor(s). The student must notify the College **AND** the Clinical Preceptor and/or Department Manager of an absence one-half hour before the scheduled clinical assignment. Take note of whom you speak with and the time, in the event that the message is not properly conveyed. For clinical hours, document absences in Trajecsys and the clinical handbook.

Prolonged illness or injury requiring absence from the clinic warrants a doctor's release to return to the clinic. The student is required to complete all clinical hours assigned to that particular clinical education course. This is necessary because a student's presence is critical for successful performance and application of knowledge.

C. **Excessive Absences or Tardiness**

Excessive attendance issues such as absences or tardiness in school or clinic will not be tolerated. A student will be issued a Remediation Plan if either the clinical personnel or faculty feel that actions should be taken to address this issue (see **Appendix E**). If there is no correction in the remediation timeframe, the student will be dismissed from the program.

D. **Holidays**

The DRT Program observes and requires students to follow the MC Board of Trustee-Approved Merced College Calendar concerning legal holidays, flex days, and spring break for classroom and clinical education. As such, students are not required to attend clinic on legal holidays, breaks or flex days recognized by the College. Standard intern clinical schedules will not be rearranged to deprive them of receiving a holiday. With prior authorization from the Clinical Coordinator or Program Director, interns may request to vary these days off.

E. **Professional Development**

With prior College approval by the Program Director or Clinical Coordinator, students will be granted time off from their clinical assignment to attend professionally related seminars or workshops without having to make up for the clinical time missed. Attendance may be required for special field trips, observations or seminars. These hours may be treated as lab hours of attendance.

F. **Vacation Leave during Internship**

During internship, students are entitled to four (4) pre-approved clinical vacation days.

Vacation dates will be initially approved by the Clinical Coordinator before arrangements with the Clinical Preceptor are considered. All vacation requests must be submitted to the Clinical Coordinator via mccd.edu email, with the Program Director copied. These are clinical vacation days and do not imply that absence from didactic or lab courses is excused, therefore interns are responsible for all classroom assignments missed during vacation.

All vacation time may be taken during internship. If, toward the end of internship, the intern has any unused vacation days remaining, they are entitled to request this time off.

Vacation days must be documented in Trajecsys in a timely fashion. They are meant to be logged on the date of absence.

Freshmen and Sophomores are not given vacation days. Their vacations should be scheduled only during times when classes, including clinical, are not in session.

G. **Sick Leave during Internship**

During internship, students are entitled to four (4) clinical sick days.

Sick days are any absence of a scheduled clinical day that was not pre-approved through the vacation request process.

Sick days must be documented in Trajecsys in a timely fashion. They are meant to be logged on the date of absence.

Any hours used for sick leave beyond the 4 day limit must be made up according to the policy on making up time. For interns who are absent from a scheduled clinical day, sick days will be used to fulfill attendance hours. If there are no sick days left, then vacation time will be used to fulfill attendance hours. Make-up hours arrangements will only be used for interns once all sick and vacation hours have been used per this policy. When all sick and vacation hours have been logged, if an intern has additional absences, it shall be considered excessive. At this point, make up time may be arranged with the Program Director and will be subject to a Remediation with Probation Plan.

If any sick days are remaining at the end of internship, it is up to the facility on how they want to handle unused sick days. The facility may wish to reward the student for good attendance by giving them this time off, but the intern may not count on that. It is not advisable for the student to use this time gratuitously and call in sick. Keep in mind that you may wish to call upon the Clinical Preceptor for a recommendation. Good recommendations are hard to come by, mediocre recommendations are a dime-a-dozen. A good employer looking for a good employee recognizes the difference.

H. **Personal Necessity Leave**

With the consent of the Clinical Preceptor and the Program Director, a student will be allowed a total of **one clinical week's** worth of personal necessity leave **WITH** makeup provisions. Makeup time will be according to the criteria established for making up time.

Depending on a student's enrollment status, one clinical week's worth of personal necessity are as follows:

Freshman - 2 days; Sophomore - 2 days; Intern - 4 days

I. **Jury Duty**

Students who are called for Jury Duty should advise his/her Instructor, Clinical Preceptor and the Program Director *as soon the summons is received.*

Absence from class or clinic due to jury duty requires written verification from the court. Students will follow the standard attendance procedure for notification of absence to report jury duty.

To fulfill course requirements, all deficient classroom hours must be made up according to the instructor of record. Deficient clinic hours due to jury duty, must be made up according to stated procedure concerning makeup time.

J. **Makeup Time**

All assigned clinical time must be completed during the corresponding semester. Interns will follow vacation or sick absence protocols for absences. Freshmen/Sophomores will makeup all absence hours. For all students, makeup time must be made up during the corresponding semester. However, if all of the clinical hours have not been made up by the end of the semester, an Incomplete Grade will be assigned subject to a Remediation Plan (refer to the section on Incomplete Grades and Remediation Plans).

Makeup hours will be accrued during non-scheduled times through PRIOR arrangement with the affiliate's Clinical Preceptor and the College's Clinical Coordinator to insure adequate supervision during makeup time. Make up time is to be scheduled and completed within 2 weeks of absences, unless Clinical Coordinator approves extended timeline to accommodate extenuating circumstances.

When making up time, no student may work more than a combined forty hour work week, to include clinic and class hours. Make-up time may NOT be assigned on holidays that are observed by the college.

Interns will utilize Sick and/or Vacation time before make-up time will be approved.

K. **Completion of Internship Clinical Hours**

To ensure that all clinical responsibilities are completed in a timely manner, once the Clinical Preceptor is confident that the intern student has or will fulfill all their clinical hours the Clinical Preceptor must sign-off in the appropriate place in the students' Clinical Competency Handbook.

L. **Open Skills Lab**

All DRT students will enroll in Open Skills Lab any term it is offered. Attendance may be necessary for completing laboratory assignments, for remediation plans, for recommended skills practice, or other needs identified by instructors.

The Skills Lab is available for student use. Students are encouraged to utilize the lab to reinforce and update specific skills. Skills lab supplies, mannequins, equipment, resource textbooks, computer programs and instructor assistance are available during the posted skills lab hours.

IV. Scholarship Criteria & Information

A. Grade Computation

A minimum of a "C" grade must be maintained in each Diagnostic Radiologic Technology course. The percentage value of the alphabetical grading in all Diagnostic Radiologic Technology courses will be assigned by the instructor of record: The grading scale evaluative symbols for course grades are as follows:

A	Excellent
B	Good
C	Satisfactory
D or below	Failing

Each instructor will advise the student how she or he evaluates or weighs the graded components of her/his particular courses.

1. Lecture Course - A student will be placed on probation if they receive a grade of "D" or lower on a course evaluation update. A remediation plan will be initiated by the instructor of record. Areas of concern as well as the expected outcomes will be identified.
2. Clinical Course - Clinical grades are derived by utilizing the Clinical Grade Evaluation Process. The intent of this evaluation tool is to objectively arrive at a clinical grade. By utilizing a point system, weighted values are correlated to factors we feel are important in assisting the student radiographer become competent, responsible radiographers.

Factors assigned point values are: professional evaluations by the Clinical Preceptor and College Clinical Supervisors; completion of objectives listed in the Student's Clinical Competency Evaluation Handbook; attendance and punctuality; up-to-date time/exam/professional evaluations/ sick & vacation leave reports; proper exchange of radiation dosimetry badges; return of all material checked-out during a particular semester. In addition, all student information must be kept up-to-date (malpractice insurance policy, TB screening, CPR card, immunization records, background and drug screening clearance). It is the student's responsibility to keep abreast of these dates by referring to the student information update list posted in the classroom.

Incompletion of the required number of clinical sign-offs for a particular semester will result in a corresponding decrease in possible points. If the decrease in possible points accrued, (due to lack of completed clinical objectives) results in an overall grade below passing ("C"), then the student will receive a failing grade which will result in dismissal from the program. If the students' clinical grade is passing the student will be placed on remediation and will be required to complete all incomplete clinical objectives. The Remediation Plan must be resolved as soon as possible the following semester, to insure adequate time to complete the clinical objectives set for that particular semester. It is your responsibility to notify the Program Director or Clinical Coordinator in a timely manner if you are having difficulty in completing the required clinical objectives set for that semester. Advanced notice is needed, so that your predicament can be addressed and if need be, special arrangements can be considered before it gets too far into the semester.

If a student receives an unsatisfactory clinical evaluation from either a College Supervisor or Clinical Preceptor, the student will be placed on probation for the remainder of the semester. Failures to show satisfactory improvement and/or comply with the remediation plan will result in dismissal from the program.

A passing score on the Student Clinical Evaluation by the Clinical Preceptor or designee does not guarantee that the student's final grade will be satisfactory for continuation in the Program.

Determination of unsatisfactory performance in the clinical area will be based on clinical objectives, clinical observations, image critique sessions, a student's professionalism and the ability to follow college and clinical facilities' policies based on safe and competent practice.

STUDENTS DROPPED or WITHDRAWN DUE TO UNSAFE CLINICAL PRACTICE WILL NOT BE READMITTED.

B. Scholarship and Promotion

To remain enrolled and advance in the Diagnostic Radiologic Technology Program the student must maintain a grade of "C" or higher in all radiography courses and maintain a G.P.A. of "C" (2.35) overall in remaining elective and supportive courses.

It is primarily the student's responsibility to be aware of his or her academic progress throughout each semester.

Each instructor has weekly scheduled office hours for the sole purpose of meeting with a student privately to discuss any issues or concerns that the student might have. It is the student's responsibility to come in and set up an appointment to meet with the instructor.

C. Class Drops

Classes dropped in a regular semester within the first 3 weeks will not be shown on the student's permanent record. For classes dropped beginning with the 4th week and prior to the end of the 14th week of a regular semester, a "W" grade will be recorded on the student's permanent record.

Classes dropped after the 14th week of a regular semester will receive a letter grade (not a "W"). In courses other than semester-length, consult the instructor or Guidance Center regarding class drop date deadlines.

D. Incomplete Grades ("I")

An incomplete grade may be granted for an unforeseeable emergency or justifiable reason at the end of a term, and only when the student has maintained a satisfactory performance prior to the request for the "I."

Conditions for removal of the "I" and a grade to be assigned after one semester in the event the conditions for removal are not completed by the student will be submitted to the Program Director for final approval, following a joint faculty/student petition. The "I" must be satisfactorily completed prior to the conclusion of the next semester/session for continued enrollment in the R.T. Program.

If the conditions are completed within the one semester allowed, a final grade will be assigned when the work is evaluated. An "I" may not be assigned as a withdrawal grade.

E. Remediation Plans and Probation for Unsatisfactory Progress

A remediation is a formal process aimed at assisting students to correct identified weaknesses or unsatisfactory progress, where it is anticipated that those weaknesses can be successfully addressed to allow the student to meet course objectives.

A remediation conference will be held for failure(s) to transfer classroom knowledge to clinical training; failure(s) to adhere to clinical, college or program policy; or failure(s) to follow generally accepted rules of personal cleanliness, professional ethics and conduct, academic failure, and for failure to demonstrate knowledge, skill and judgment at the expected level. The issuing instructor will confer with the student and discuss the reasons for, and means of, correcting the cause for the conference. The purpose is to address weaknesses, to demonstrate progress and competence.

A Remediation Plan (see Appendix E) will be drawn up for discussing and documenting the cause of the R.T. Departmental Remediation, the terms of the remediation and the length of time identified for improvement and reevaluation. The student will receive a copy and the original will be placed in her/his personal file. The situation will be discussed between the instructor, student and with the R.T. Program Director, as necessary. The final decision for student dismissal will be made by the R.T. Program Director after consultation with the area Dean.

Probation (Remediation with Probation) is a process similar to formal remediation but may be used when a student is unsuccessful in meeting the terms of a remediation, or is used when problems are

more significant and may even warrant immediate removal of the student from clinic or dismissal from the program.

Failure to show satisfactory improvement and/or comply with the Remediation Plan terms will result in dismissal from the DRT Program.

F. Suspension

A situation may arise that may require immediate and effective discipline, when an extremely serious infraction of rules has occurred. When this situation develops, the student will be suspended from the clinical setting pending a full investigation of the situation. An example of actions that may lead to immediate suspension and possible dismissal may include the following:

1. Under the influence of drugs or alcohol while on duty
2. Physical abuse to a patient, visitor or other personnel
3. Petty theft
4. Sexual misconduct
5. Unsafe clinical practice
6. Breach of confidentiality (HIPAA)

Students dismissed for any of the above acts will not be eligible to reapply to the program.

G. Academic Dishonesty

If the instructor has reason to believe a student has committed an act of lying, cheating or plagiarism which can be documented, the student will be counseled and an Allied Health Advisement form will be completed and permanently placed in the student's personal file.

If the incident involves cheating on an exam or paper, no credit will be given, nor may the assignment be repeated. For more information, please refer to Merced College "Academic Honesty Procedure" located at the Guidance Division, Student Activities Office or AHC - 148 (Diagnostic Radiologic Technology Classroom). A repeat act of academic dishonesty may be cause for immediate dismissal from the program. Students dismissed for academic dishonesty will not be eligible to reapply to the program.

H. ARRT Sanctions

ARRT certification applications (national RT examination) ask begin if the student has ever had a sanction against them as a result of violating the academic honor code or been suspended or dismissed by any educational program they have attended. A "yes" response will flag the application for a possible ethics review and could make an individual ineligible for ARRT certification.

Keep in mind that the Program Director must sign a student's ARRT certification application to complete the application process, and must address any issue of a sanction(s) against the student

I. Conduct

Students should conduct themselves in a professional and ethical manner at all times. No profanity in patient care areas or in the classroom is tolerated. Insubordination or dishonesty are grounds for immediate dismissal from the program.

J. Nonacademic Counseling

For nonacademic problems, the student will be referred to the appropriate services on or off campus for assistance.

K. Readmission

Any student who withdraws, or who is dropped from, the RT Program due to academic weakness will **NOT** be allowed readmission into the RT Program.

A student who withdraws from the program for any reason before successful completion of the 4th (Fall) semester must apply as a **NEW** applicant through the RT Application Process. No special consideration will be given.

Readmission is based on a space availability factor. Readmitted students must meet ALL current requirements for admission, and terms of readmission.

A student in good standing who withdraws from the program after successful completion of any semester past the 4th semester, regardless of the reason for the drop, may be readmitted one time starting the next program cycle, by submitting a letter requesting readmission to the RT Program 10 days following their last date of attendance. The final decision for readmission will be made by the RT Program Director, following review of written and performance achievement evaluations and/or interview with the teaching team and Dean of Allied Health.

Students eligible to seek readmission are only allowed to re-enter the program the following cycle, otherwise they need to reapply to the Program.

- Applicants for readmission must submit evidence and/or demonstration that instructor's written recommendations for readmission (i.e., remediation plan) have been satisfactorily fulfilled.
- Written and/or performance examinations encompassing previous content may be required of previous courses in the RT Program.
- When a student is seeking readmission from withdrawal due to medical reasons, then a physician's documentation of a release to return to class and clinic would be required.

Maximum of two attempts to complete the RT Program will be allowed. If a student subsequently chooses to drop, the student will not be allowed readmission into the RT Program.

L. Transfer Credit & Advanced Placement

1. Policy

Transfer or advanced placement students are not accepted into the Diagnostic Radiologic Technology Program.

M. Equivalency Evaluation for A.S. Degree Breadth Requirements

Equivalency evaluation for A.S. degree breadth requirements will be completed by the Evaluation Clerk in the Records & Admission Office in cooperation with the RT Program Director.

Equivalency evaluation will be based on:

- a. Transcripts
- b. Catalog descriptions of equivalent courses
- c. Other information materials; i.e., course syllabi; copies of student records from a previous program attended, letter of recommendation, etc.

N. College Graduation and Program Certification

The Associative Science Degree will be conferred by the Board of Trustees of the Merced Community College District upon a student who has satisfactorily completed the general education requirements including the specific major requirements (RADT-10, RADT-11, RADT-12A, RADT-12AB, RADT-14AB, RADT-12ABCD, RADT-16ABD) and are consistent with those prescribed by the Board of Governors of the California Community College and the Board of Trustees of the Merced Community College District.

A Certificate of Achievement will be awarded at the traditional Diagnostic Radiologic Technology Certification and Pinning Ceremony to all students who have successfully completed the entire program. Besides the classes listed above, RADT 17AB, and RADT 18ABCD must be successfully completed. The planning of the Certification and Pinning Ceremony is the responsibility of each individual class. A faculty member will be appointed to assist with the preparations.

O. Job Placement

Upon graduation, please inform the RT Program Director of your job status. This information is critical to accurately reflect program statistics.

The RT Staff may offer some assistance in placing current/past graduates with jobs available. Let us know what type of job you are seeking and how to contact you.

We do not guarantee job placement but are happy to refer graduates and potential employers to each other. Please assist future graduates by informing the RT staff of openings within your department once you've entered the work force.

P. National Examination

Eligibility to write the national examination (A.R.R.T.) requires completion of all program requirements and completion of Associate Degree, as does eligibility to write the State Exam. You are eligible to write the A.R.R.T. exam beginning on the last of day of the final Fall semester of your training.

Q. Ethics Review

There is a moral character requirement for eligibility to write the national (A.R.R.T.) certification examination. Since this ethics review must be completed before eligibility is determined, students are requested to begin the review process as early as possible. Failure to provide the necessary information in a timely manner could result in a delay in assignment to an examination. For some students, this delay may result in lost employment opportunities.

The ethics review may be delayed until all conditions of the courts have been completed, including probation and summary discharge. In some situations, an ethics review has been delayed for several years until an applicant has completed court ordered probation. As such, consider this your official notification of the moral character requirement for eligibility for national certification.

Students or potential students may contact the A.R.R.T. to request a Pre-Application Review form at any time, the sooner the better (see **Appendix M**). You may reach the A.R.R.T. by writing them or visiting their website at:

American Registry of Radiologic Technologists
1255 Northland Dr.
St. Paul, Minnesota 55120-1155
(612) 687-0048
<http://www.arrt.org>

V. Student Rights and Grievances

A. Student Complaint Policy

Merced College and the Diagnostic Radiologic Technology Program provide students with an unbiased process to document complaints with the opportunity to be heard and responded to within a specific timeline. A complaint is any issue that does not invoke the Grievance Process. The Program Director and faculty are available for questions and concerns regarding the educational process. Students are encouraged to communicate with faculty before filing a written complaint.

The following procedure shall include complaints regarding:

- Classroom issues
- Peer-to-peer relationships
- Clinical interpersonal relationships

Procedure:

1. Student notifies Program Director or Program Faculty of complaint or concerns utilizing the Student Complaint Form. **Appendix J**
2. Investigation of the issue will take place by the faculty or Program Director within ten (10) academic days of receiving the written complaint.
3. Follow-up with the student will be performed as soon as possible.
4. Every attempt should be made to resolve the issue at this level. If the student is not satisfied with the outcome, they may file to start the formal grievance process with the College.

B. Due Process Procedure

Merced College and the Diagnostic Radiologic Technology Program provide students with an unbiased process to document complaints and/or grievances with the opportunity to be heard and responded to within a specific timeline. This is considered to be the programmatic policy and it is required to move into the College's formal process.

1. The student should attempt to solve his or her complaint, dispute, or disagreement with a faculty/staff member/or other student. Use the chain of command for the Diagnostic Radiologic Technology Program.
2. Student notifies Program Director of complaint or concerns within five (5) academic days of incident responsible for complaint.
3. If resolution is not met the student submits a written complaint to the Program Director using the Program Student Grievance form **Appendix J**. The Student Grievance form must be submitted within ten (10) academic days of incident that caused the complaint. *Failure to meet timelines may forfeit your ability to enter into the grievance process.*
4. Upon review of the written documentation the Program Director may:
 - Request both parties meet and discuss the complaint in the Director's presence before a decision is made.
Or
 - A decision is made based only on the written information.

With either process a decision will be made within five (5) academic days.

5. If the student is not satisfied with the decision he/she is directed to make an appointment with the Area Dean of Instruction for the Allied Health Division. If the grievance involves another student, contact should be made with the Dean of Student Services.
6. At this point in the informal resolution process, any party may request the Dean of Student Services appoint a mediator to assist in resolving the complaint, dispute or disagreement. Mediators are Merced College faculty and/or staff who have been trained in mediation skills. They serve in a neutral role. The mediator shall schedule and facilitate meetings between the parties involved.
7. If the student and faculty member/other student are unable to resolve the issue, the student may initiate a formal grievance according to Merced College's procedure.

C. Administrative Procedures: Standards of Conduct, Student Discipline Procedure, Student Rights & Grievances, and Academic Honesty Procedure

When a student feels subjected to unfair action or denied rights as stipulated in published College regulations, policies, or procedures, redress can be sought according to Merced College's grievance procedure(s). A grievance action may be initiated by the student against any District employee or fellow student.

See website: <https://go.boarddocs.com/ca/mccd/Board.nsf/Public> or see **Appendix G**.

Copies of Merced College's current Student Rights and Grievances Procedure can be found in the classroom (AHC-148).

D. Allegations of Program Non-Compliance with JRCERT Standards

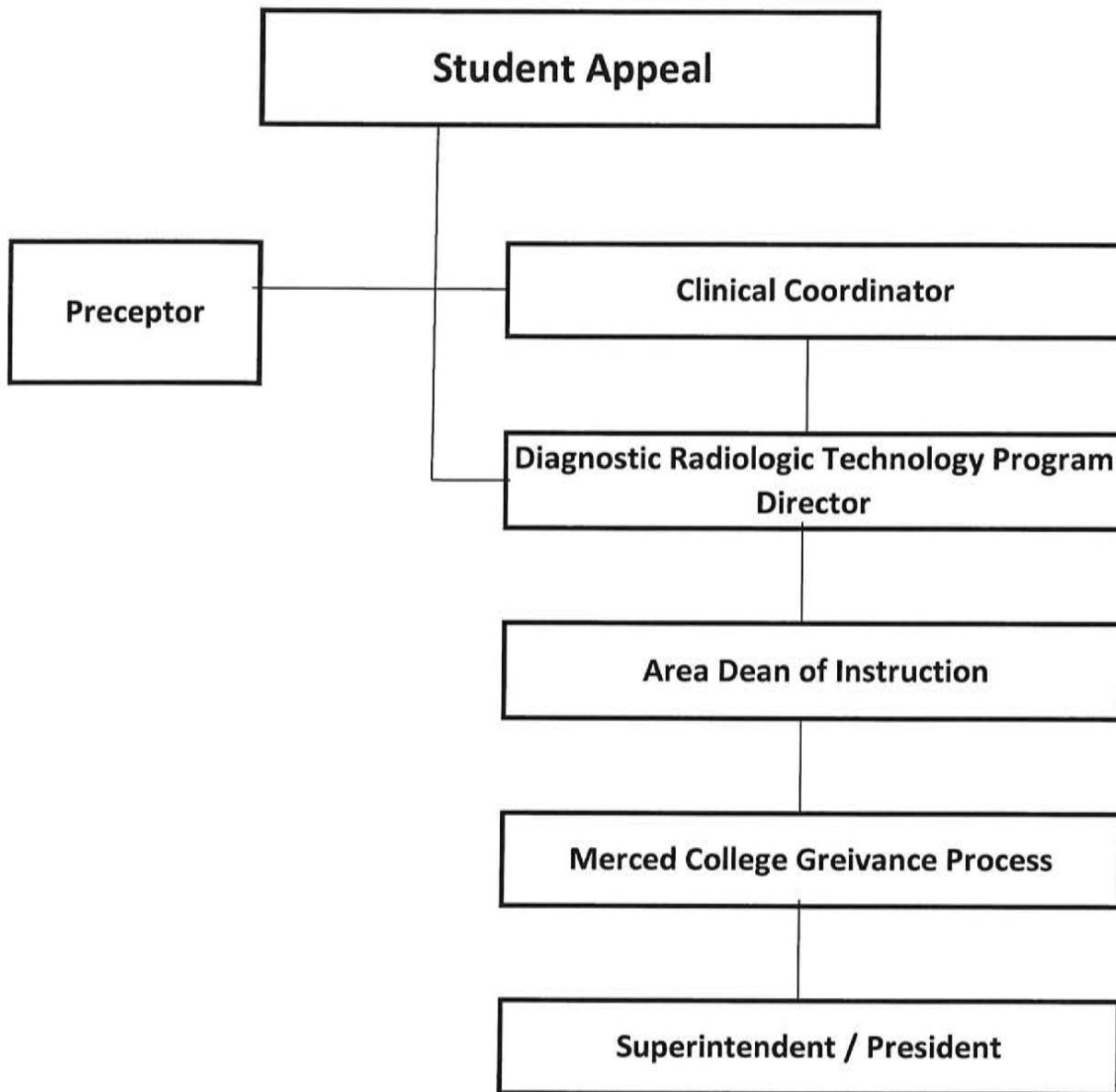
The Program will meet or exceed the Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiologic Technology. The Program assures timely and appropriate resolutions along with appropriate documentation of complaints regarding allegations of non-compliance with JRCERT STANDARDS.

1. If a student feels that the program is in non-compliance with the STANDARDS, the student may choose to use the program's established Student Rights and Grievances Procedures to lodge a complaint to the Program Director or the Clinical Coordinator.
2. The complaint will be investigated by the Program Director and the Dean of Allied Health. The investigation to acquire substantiated facts will take no longer than ten (10) days.
3. All confirmed non-compliance complaints will be corrected immediately upon recognition.
4. A report of the allegation and resolution will be given to the Advisory Committee Executive Board.
5. Documentation of allegations and the resolutions will be maintained by the Diagnostic Radiologic Technology Program.

The JRCERT Standards may be downloaded from the JRCERT's website at: www.jrcert.org.

The Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Drive, Suite 2850
Chicago, Illinois 60606-3182
(312) 704-5300

Merced College
Diagnostic Radiologic Technology Program
Appeal/Grievance
Due Process Channels



VI. Records

A. Student Records

A master file will be started when the student applies for admission and will contain the application, standardized test scores, transcripts and other data required for evaluation for admission.

At the completion of the program all official information (copy of transcripts, records of clinical performance, radiation exposure record and record of program completion, etc.) will remain on file. Permanent transcripts will be maintained by the Office of Admissions. All other information will be destroyed.

If a student withdraws prior to graduation, a summary statement of the student's progress and reason for withdrawal will be placed on file.

Students may inspect their master file anytime under the direct supervision of a faculty member.

All student records are confidential and information from them will only be given to authorized persons. Data such as grades, Registry and State Board Examination scores, health records and performance evaluations may not be revealed without a student's written consent.

Only personnel authorized by the Program Director will have access to student records and this will be used only for student evaluation and progress within the program.

B. Patient Records

Patient records may be used only for providing patient care. They may not be removed from clinical sites. Information acquired from patient records is confidential. For classroom purposes, radiographs and any reports must have all patient identification removed.

C. Radiation Exposure Records

Personnel radiation dosimetry records are monitored quarterly throughout the length of the program. They are reviewed by the Radiation Safety Officer (RSO) and maintained by the Program Director as part of a student's permanent file. The most current exposure report will be posted quarterly in AHC-148, as well as posted on Trajecsyst for faculty, student and clinical preceptor review. Past exposure reports are filed indefinitely.

Radiation dosimetry badges must be turned to the AH Office by the 10th of every quarter. In order to ensure students are aware of their dosimeter report readings, they will be required to record a review of their dosimetry reading on Canvas.

If a dosimetry report reading exceeds the dose limits for any of the Action Levels described in section XIV Radiation Protection, the individual will be required to complete a "Radiation Dosimetry Questionnaire" to ascertain what factors might have attributed to the excess exposure. A copy of this "Questionnaire" is found in Appendix I and on Canvas. Copies of the "Questionnaire" form are found in the "Forms" cabinet in the classroom.

Students will receive a Letter of Concern if their dosimetry report reading exceeds a quarterly dose limit of 25 mrems (Action Level 1). A copy of this letter will be placed in the student's file. For Action Levels 2 and 3, copies of the Letter of Concern will also be forwarded to clinical supervisors and clinical preceptor(s) at the student's clinical site.

For additional information regarding Action Levels, see section XIV Radiation Protection.

VII. Financial Expenditures

Legal residents of California are required to pay nominal fees. In addition, students may expect to incur other unforeseen expenses throughout the duration of the program.

A. Fees - (estimates only)	
<ul style="list-style-type: none"> • Enrollment (entire program \$46/unit x 71.25 units) Contact Admissions and Records for details. Fees subject to change as per State Legislature. Non-Resident Tuition (\$279/unit) • Student Health (Fall/Spring semester \$23 x 5; summer \$19 x 2) • Student Representation (Fall/Spring semester \$2 x 5; no fee in summer) • Student Body (Fall/Spring semester \$10 x 5; no fee in summer) • Transportation (\$9.95 per semester if enrolled in 12 units or more; \$6.95 if enrolled in less than 12 units) • Parking (Fall/Spring \$30 x 5; summer \$15 x 2) 	3277.50 153.00 10.00 50.00 57.66 180.00
B. Additional Expenses - (estimates only)	
Identification Markers Program Pin (optional) Books (entire program) Follett Access - Textbooks (OPTIONAL) \$25/unit x 71.25 units) CPR Certification - BLS (American Heart Association) Physical & Immunizations Uniforms (entire program) Background Clearance (criminal/financial/social security trace), Drug Screening & Immunization Tracker Online Record Keeping (Trajecsys)	20.00 55.00 1600.00 60.00 400.00 180.00 200.00 150.00
C. Licensing	
ARRT Examination State Registration (CDPH-RHB) Fluoroscopy State Permit (CDPH-RHB) Fluoroscopy examination (ARRT)	200.00 88.00 88.00 175.00
Grand Total	
\$6,944.16	

Fees are subject to change. Non-resident students are required by state law to pay non-resident tuition. Consult the Merced College catalog for current fees or Merced College Admissions and Records.

D. Drop/Withdrawal Refunds

Students withdrawing from courses within the first two weeks of class meetings may apply for a full refund of all fees except International Student Insurance, Audit, Credit by Exam, ID Card, or other fees not listed on the typical registration form for classes in the credit mode.

The first semester is the most costly semester for textbooks (estimated at \$1,000). Most of the textbooks purchased in the first semester will be utilized throughout the duration of the program.

Students may not be permitted to attend classes and/or clinic until all registration fees are paid in full.

Nonresident students are required by state law to pay nonresident tuition. Consult the Merced College catalog for current fees.

E. Scholarships and Financial Assistance

A variety of resources for funding a student's education are available through the Financial Aid Office. The office is located in the Leshner Students Services Building, 3rd Floor. The deadlines for applying are listed on the Financial Aid website at www.mccd.edu/resources/financialaid/index.html or via email at financialaid@mccd.edu

VIII. General Policies

A. Changes in Personal Data

Notify the Allied Health Secretary, Program Director and the Admission & Records Office if there is a change of your name, address, telephone number, family doctor, or change of person(s) to notify in case of an emergency.

B. CPR Requirement

Students must be CPR certified through the American Heart Association: BLS for Health Care Providers or its equivalent (must include a hands-on component). It is the student's responsibility to maintain current certification. NO on-line only CPR courses or American Red Cross courses are acceptable. Online CPR courses with a lab are acceptable.

C. Dosimetry Badges & Reports

It is the student's responsibility to exchange their quarterly dosimetry badge by the 10th of each quarter. Your clinical grade may be affected if you do not comply. The dosimetry badge drop-off box is located in the Allied Health Office.

Immediately inform the Allied Health secretary assigned to the radiography program if you should wash, accidentally expose, or otherwise damage your dosimetry badge. In addition, a "Radiation Dosimetry Questionnaire" must be completed and submitted to the Program Director. Copies of this questionnaire are located in the classroom and on Canvas for student access.

Quarterly radiation dosimetry reports will be made available to all students and clinical affiliates. Students are responsible for signing off on quarterly reports and submitting questionnaires, when necessary, on Canvas.

Upon graduation, you will receive a copy of your final "termination" dosimetry report. Copy and file this final dosimetry report for future reference.

Merced College District will be responsible for providing radiation monitoring devices for the student, to include fetal badges, as appropriate.

D. Employment

Due to the concentrated and intensified nature of the Diagnostic Radiologic Technology Program, full-time employment is discouraged. If a student must accept employment while enrolled in the program, this implies that the student will NOT:

1. Function under the job description of a Radiographer;
2. Use the abbreviation "S.R.T." after their name of any purpose;
3. Accept employment hours which conflict with class/clinical time; No work hour can be counted as clinical experience. Students are advised not to work if grades warrant concern;
4. Position patient or image intensifier during fluoroscopy;
5. Attempt to get any clinical competency sign-offs;
6. Use their Student Radiation Dosimetry Badge;
7. Use or allow their RT/LT markers to be used;
8. Use his/her College I.D. badge.

The student will avoid practices in which they are substituted for regular staff to perform any radiographic/fluorographic examination procedures. Students will not take the responsibility or place of qualified staff.

The key point is that regardless of what the job position is called, a person that is not working in the capacity as a radiographer or student radiographer may not perform (make the exposure) a radiographic examination. On the other hand, an individual can be employed to bring in the patient and set them up for the exam, they just cannot make the exposure.

The Program does not have any jurisdiction over what a student does outside of the program as long as they are not working outside the scope of what's legal. If a student is found to be making radiographic exposures on patients outside the Program's training, they will be summarily dismissed and the institution that allowed this behavior will have placed themselves in jeopardy with the State of California's RHB.

In the past, students have worked as externs or RT assistants without any problems. If a proper explanation of the scope of practice for an extern is given and practiced, this could be a win-win situation for all.

E. Health

A student should be in satisfactory physical and mental condition to ensure the safe and effective care of patients. If a student's physical condition or mental condition is less than satisfactory, the Program Director or Clinical Coordinator has the right and responsibility to remove the student from the patient care area. Before returning to the clinical area, the student may be requested to submit a doctor's written release before a student is allowed back into the clinical area.

If the student is subsequently dismissed due to academic weakness or unprofessional behavior, the student will not be allowed re-admittance.

Student Health Services - Students are eligible for Student Health Services coordinated through the Student Health Services Office. A complete listing of the services provided can be found on the Merced College website: <http://www.mccd.edu/resources/health/index.html>

F. Background Clearance

A background clearance will be required upon acceptance into the program. This includes a criminal offense, criminal history, sex offender check and social security trace. A background clearance means that your background report is free from negative information. Negative information (charges & disposition & sentencing, including probation) can remain on your report for up to seven years. See **Appendix L**.

American Databank
<http://sjvnec.org>
800-200-0853

A clinical facility may require a current background clearance. It will be the students' responsibility to pay for any additional screening required by the clinical facility for student placement.

G. 10-Panel Drug Screening

A drug screening will be required upon acceptance into the program. Failure to pass this screening may cancel admission to the program. Additional drug screenings are commonly required before students begin new clinical assignments. See **Appendix L**.

A clinical facility may require a current drug screening. It will be the students' responsibility to pay for any additional screening required by the clinical facility for student placement.

H. Immunizations and Other Health Screenings

We are committed to the highest standards of health and safety of the public through meeting all requirements for clinical participation. Students need to be fully vaccinated to participate in any healthcare program. Keep in mind that requirements such as background checks, drug screenings and other records (physical, immunizations, TB clearance, CPR, etc.) are mandatory for all healthcare facilities we partner with for clinical rotations.

As a student in an allied health program you have an increased risk of contracting Hepatitis A and/or B, which can lead to a very serious illness. Prior to entering the clinical aspect of your training you will be required to specify in writing your Hepatitis A/B vaccine status. It should be noted that a clinical facility has the right to refuse a student clinical assignment if the student has not been immunized—even if the student signs a waiver of liability.

A Hepatitis B vaccination which can decrease your chances of contracting Hepatitis B is available through the Merced County Health Department for a fee for the three shot series. Once the three shot series has been completed, to ensure that antibodies are being produced, a follow-up Hepatitis B surface antigen test is recommended. Check your county's Health Department for their vaccination schedule.

Students must upload their PPD test results to American DataBank (**ABD**) annually for TB clearance. Initial TB screening must be a negative 2-Step TB test or QuantiFERON Gold Blood Test or T Spot test or negative chest x-ray report if TB test is positive. Annual TB screening is mandatory.

Students must also submit to **ABD** proof of adequate Rubeola, Rubella, Mumps and Varicella titers, or immunization. Routine immunizations such as MMR, Tetanus, Polio and COVID-19 are required for the student's protection as well as the protection of patients.

In addition, facilities require a flu vaccination during flu season and also must be uploaded through ABD. Current flu shot documentation is due by the first week of November of each year or else the student must wear a facemask in clinic until documentation is provided or until the student graduates, whichever comes first.

It should be noted that a clinical facility has the right to refuse a student clinical assignment if the student has not been immunized. Students are also asked to sign a "Hold Harmless Form" acknowledging the potential for infectious exposure, and releasing Merced College of any responsibility. **It is the students' responsibility to keep "Updates" current in ABD or the student will be removed from their clinical rotation.**

ALL IMMUNIZATIONS & CPR UPDATES MUST BE COMPLETED BEFORE A STUDENT CAN BEGIN A NEW CLINICAL ASSIGNMENT AND MAINTAINED THROUGHOUT THE PROGRAM.

I. **MRI Safety Screening**

Magnetic Resonance Imaging (MRI) is a modality within the Imaging department that utilizes a very strong magnet to produce internal images of the body, and can be harmful to an individual who may have metallic materials in their body. Radiologic Technology students potentially have access to the MRI suite during clinical experience, therefore all students must watch an MRI Safety Video and be screened (Appendix M) prior to starting their clinical rotations. All students attesting they have received MRI Safety Information in RADT-10 course will sign a signature sheet.

Students must notify the program immediately should their status change.

If a student indicates they have aneurysm clips, stents, neurotransmitters, or any metallic object within their body, they will be appropriately counseled and **must not enter any MRI suite**. Also, if a student has previously done welding without using goggles, they must provide a current negative x-ray report stating the eyes are clear of metallic foreign bodies.

J. **Communicable Disease Policy**

Merced College shall cooperate with local, state and federal health officers in the implementation of those measures deemed necessary for the prevention and control of communicable diseases among students and staff. The College shall, in addition comply with any immunization program required by the State Department of Health Services.

The determination of whether or not under what conditions an individual who has been diagnosed with an infectious disease will be permitted to participate in campus activities will be made on a case-by-case basis.

For further information consult Administrative Policy 5210 Student Related Communicable Disease.

While exposure to a communicable disease in the clinic setting may need immediate attention, TB exposure can be baselined in the Student Health Services Office at the college.

K. **Library References**

Students are encouraged to utilize the books, professional journals and pamphlets in the Learning Resource Center (LRC) as well as the Diagnostic Radiologic Technology Program's Library (AHC-148). Additional reference material is available upon request (instructor references AHC-115).

Check the Library's internet site for medical imaging books and magazines available in the Merced College LRC.

1. Merced College LRC – Students will have an orientation session with an LRC librarian during RADT-10. Students are encouraged to approach the library staff for aid in locating information and materials. Interlibrary loan service is available through the Reference Librarian.
2. Diagnostic Radiologic Technology Program's Library - Books, magazines, audiovisual materials, radiographs and other items, in AHC-148, maybe checked-out for varying lengths of time (see instructor for times). Log all check out requests on your personal student check out card and have an instructor initial and date all checkout and returns.

Beginning with the 2nd semester of the program all material checked out during that particular semester must be returned by the last day of lecture class for that particular semester to receive the full 2 ½ points available in this category for clinical grades.

L. Right of Privacy

Be aware of your responsibility as well as the legal implications in respecting the rights of others, especially the right of privacy.

Do not discuss any patient, any member of the health team, or any disease or symptoms in a place where you might be overheard and possibly infringe on someone's right to privacy. See also Social Media policy.

M. Recorders in Classrooms

Recording by any electronic device is not allowed in the classroom or lab without Instructor permission. Confidentiality must be maintained to protect client information as well as that shared by fellow students or instructors. Should taping of lectures be required due to a verified learning disability, arrangements are to be made with the instructor.

N. Sexual Harassment Policy

It is the policy of Merced Community College District to provide a neutral educational environment for all students free from unwelcome sexual overtures and advances. District employees and clinical affiliate employees are expected to adhere to a standard of conduct that is respectful and courteous to all students. The use of authority to emphasize the sexuality or sexual identity of a student in a manner which prevents or impairs that student's full enjoyment of educational benefits, climate, or opportunity is in strict violation of our affiliate agreement, as well as College policy.

Any student who believes that she or he has been sexually harassed within the clinical setting should initiate a complaint with either the Program Director or Clinical Coordinator. If the complaint concerns a district employee, board policy will prevail.

A copy of the District Sexual Harassment Policy can be found in the District Policy Handbook located in the classroom or see **Appendix G**.

O. Transportation

Students are responsible for transportation to and from school and the clinical facilities. Students may park only in designated areas, both at the College and clinical sites. Refer to the Campus Parking Regulations, outlined in the College catalog and Clinical Parking Policies.

Student assignments to clinical facilities do not need to consider student transportation issues. All students are responsible for fulfilling clinical assignment transportation challenges.

P. Use of Drugs

Students must abide by the following policies and guidelines.

1. Any drugs used should be with physician guidance. Prescription drug use must not alter the student's ability to perform safely in the field.
2. Drugs may not be taken from the clinical areas.
3. Proof of misuse of drugs are grounds for immediate dismissal from the program. A clinical facility may request a random drug screening test. Drug screenings are commonly required before students begin new clinical assignments. Positive drug screening test results can lead to dismissal from the facility and the program.

Q. Visitors

The student will not entertain visitors (personal and/or classmates not assigned to facility) in the Radiology Department anytime without specific permission from the respective personnel. Students are not allowed to bring guests into the classroom/laboratory without specific permission from the instructor of record. It is against school policy to bring children to class or leave them unattended on school grounds while the student is in class.

R. Positioning Disclaimer

In the course of learning about radiographic position (classes/labs/demonstrations and/or practice) students might be palpated (touched) by faculty or fellow students in areas that are routinely used as external positioning landmarks. See **Appendix O**.

S. RT/LT Lead Markers

Students must purchase and use their own personalized identification markers on all his/her radiographic images.

Lead markers used by student radiographers must be Blue for Left and Red for Right, include student's initials, have an aluminum backing and be of the positional style. Clip styles are not allowed. A separate arrow marker is recommended.

T. Graffiti

Absolutely no written notes, reminders, answers, questions, doodlings, etc., are permitted on desks, tables, counters/etc. even if you plan on erasing them! Ask for a scratch sheet of paper if you need something to write on. If you see any writings where you are seated, please inform the instructor of record immediately so you will not be held accountable for the graffiti.

U. Social Media

Respect confidentiality – Any number of laws and policies (such as HIPAA and FERPA) may affect the confidentiality of information. Be aware of and conform to these laws, as well as broader Institutional policies regarding confidentiality of information and good ethical judgment, when posting to social media sites. You are legally responsible for what you post. Take care not to infringe on copyright, defame or libel others, or otherwise violate the law when posting.

Respect privacy – Do not discuss situations involving named or identifiable individuals without their consent. Do not post images, audio, or video of individuals without their consent. Do not “Friend” your patients or faculty on social media (Facebook, etc.).

Think before posting – Nothing posted on the Internet is truly private. Anything put online can easily be shared and re-shared, and archiving systems preserve even content which has been deleted. As a result, content posted privately now may appear in search results for many years to come. Post only content you are comfortable sharing with the general public, including current and future employers.

V. Cell Phones

Cell phones may not be used during class, lab, or clinical courses unless you have specific instructor permission. Turn your cell phone off while in class. In clinic, phones may not be used to take pictures of patients, patient records, faculty, other students, or exams. Keep your cell phone in your locker until you are on an official break.

- *Any student who commits a serious violation of either the social media or cell phone policy will immediately be suspended pending an investigation of the facts. As a result of the investigation, the student may either be placed on probation or dismissed from the Program.*

IX. Accidents and Incidents

A. Student Clinical Injury

Student insurance coverage is provided for all students for accidents that occur on campus or at college related activities including clinical education. **All injuries** sustained by students in the clinical areas or on campus must be reported as per the **VIPJP Injury Reporting Flow Chart (Appendix K)**. Failure to report accidents and complete the required college documents within 10 days from the time of the injury may result in rejection of a claim by the student insurance. In this event, the student will be responsible for claim payment.

A flow chart identifying the steps one should follow when reporting a student workplace injury can be found in **Appendix K**.

Basically the role of the Clinical Preceptor (or whomever is supervising the student in the clinic at the time of the incident) is to call the "Company Nurse" (CN) at **1-877-854-6877** and report the injury before the student seeks treatment. CN will evaluate the student's injury and give further instruction on how to proceed. When the Clinical Preceptor or supervising technologist calls, make sure to identify the student as an RT student from Merced College. Make sure the student is present to speak with the CN over the phone to provide their personal information. If it is an emergency, the student should seek treatment first and call CN after treatment.

If possible, the student should report their injury to the Program Director immediately. If the student is unable to report their injury to the Program Director, the Clinical Preceptor or supervising technologist should report the injury to the Program Director.

The Clinical Preceptor's or supervising technologist's responsibility ends at this point.

B. Incidents

Incident reports will be completed and placed in the student's file when a safety violation or injury occurs in the clinical area. This will be done even if the health agency does not require that an official report be submitted. The student and Clinical Preceptor must sign the report. A copy of the incident report should be forwarded to the Program Director.

Should you observe any injury to a patient caused by someone else and are asked to sign an accident report, sign it as a "witness".

****Important: If you were not in any way responsible for the injury—
sign the report if asked, but designate yourself as a WITNESS.**

X. Clinical Assignments

A. Policy

By application and acceptance into this Program the student has agreed to accept clinical assignments in whatever hospital/clinic she or he is assigned.

Students will:

1. Have reliable transportation for class and clinical assignments, a reliable car or car pool with a backup plan.
2. Plan to put in clinical hours as assigned in the program.
3. Be clean and sober of all drugs and alcohol, having good physical and mental health, and the physical ability to work and do physical hands-on lifting and care for patients in the clinical setting.

B. Procedure

The Clinical Coordinator is responsible for arranging diagnostic and ancillary clinical education rotations.

Criteria utilized to provide a student the necessary opportunity for achieving acceptable clinical competency objectives include the following:

1. **Data Records**

Several data records may be considered when selecting clinical assignments to insure a balanced clinical educational experience in terms of quantity and variety of radiographic examinations and clinical hours.

These are:

- a. Clinical Hours
- b. Exams
- c. Distribution of Radiographic Exams

2. **Student Input**

Information concerning the student's perceived strengths and weaknesses will be gathered, along with additional information that may be relevant to clinical placements.

3. **Clinical Coordinator**

Will take into consideration:

- Aforementioned statistical reports - student's needs
- Clinical affiliate input - memo/verbal request
- Student input - clinical assignment data sheet
- College Clinical Supervisors' input - staff meetings
- Prior student assignments to the clinical facility - past records
- Personal observations of students and clinical affiliates
- The whole picture - what's best for the group as a whole
- Other factors - justifiable extenuating circumstances

In preparing student clinical assignments, keep in mind that our primary objective is to ensure that each student receives a well-rounded clinical educational experience.

The Clinical Coordinator will consider all the multiple factors that need to be considered, individually, as well as collectively. No guarantees of one's personal preference will prevail. Please keep in mind that the scheduling of clinical assignments is not perfect. There will always be that one person that ended up driving further than most.

C. Student Removal from Clinical Setting

Students are not removed or moved from clinical facilities unless one of the following situations occurs:

- Clinical facility does not meet JRCERT Standards for supervision or Clinical Preceptor availability. The Program will place the student in another facility.
- Clinical facility closes. The Program will move students to another facility.
- In the event of emergency clinical suspension of rotations, Program will attempt to move affected students to another facility. If a clinical slot cannot be secured due to capacity limitations, or if required hours cannot be completed within the remaining semester timeframe, the incomplete grade procedure will be utilized.
- Clinical facility requests student be removed due to unacceptable or illegal actions by the student which violate the Program's clinical policies and standards. The student will be removed from the facility and placed on suspension. The Due Process procedure will be initiated and completed to determine if the student will be dismissed from the Program or moved to another facility. The student will only be moved one time after being asked to leave a facility.

D. Liability Insurance

All students will be covered by Merced College for clinical liability. The liability insurance is contracted and paid for by the College.

XI. Student Dress and Grooming for Clinical Education

Student dress and grooming will reflect the policies of the clinical affiliate, the technical requirements of the task, the positive image of the Diagnostic Radiologic Technology Program and the Profession as a whole.

A. Procedure

1. Students are responsible and accountable to observe the dress and grooming standards of their assigned hospital.
2. Students are to adjust their dress appropriately prior to an assigned clinical experience; i.e., surgery, isolation, etc.
3. Inappropriate dress and/or grooming will be discussed with the student by the Clinical Preceptor and/or College Supervisor. A verbal warning will be given for the first dress or grooming infraction. Subsequent occurrences will result in exclusion from clinical education for the remainder of the day.
4. Students who are absent from an assigned clinical experience because of inappropriate dress and/or grooming are to make up this time prior to the end of the semester.

B. Policy

The following dress and personal grooming standards will be expected of all students in the Diagnostic Radiologic Technology Program.

1. Uniforms/Scrubs

- a. Must be clean, neat, pressed, in good repair, and conservative in design. They should be free of odor and strong fragrances. All students will purchase uniform navy scrubs with the Merced College DRT Program patch or logo on the top. Each hospital reserves the right to have students comply with the individual hospital uniform code. The hospital policy may supersede that of the Program. If need be, ask for clarification during your RT Program orientation to the clinical site imaging department. Apparel with logo information from another facility is not to be worn.
- b. Scrubs used in O.R. are only to be worn while working an O.R. cases in the O.R. suite and are not to be removed from the facility unless authorization is received from the supervisor. If you must step out of the O.R. suite, you must either change from your O.R. scrubs or wear an approved surgical gown over the O.R. scrubs.
- c. Hospital scrubs/lab coats are not to be removed from the clinical setting without prior approval from the supervising technologist.
- d. Clothing with stenciled/printed/embroidered names of another clinical facility should not be worn during clinical assignments.
- e. Shoes must be clean and/or polished. Shoes should be comfortable and appropriate for use in a clinical facility. Shoes must not be open-toed or have excessive heels, i.e., sandals or boots. Shoes that tend to make a lot of noise are not acceptable.
- f. A Merced College name badge must be worn at all times and must state the student's first name and last initial. The badge must identify the wearer as a "student radiographer" in the Diagnostic Radiologic Technology Program. The student is responsible for obtaining the standard college I.D. badge.
- g. Dosimetry badges must be worn at all time while in the clinical area. It is to be worn at the collar. If a lead apron is being used, the dosimetry badge must be worn at collar level outside the lead apron.

2. Grooming

- a. Students must maintain high personal hygiene standards. Strong fragrances and/or odors (body or smoke) cannot be tolerated.
- b. Hair must be clean, neatly groomed, off the collar and controlled. It must not be styled in a way that could interfere with patient care or safety.
- c. Hair, moustaches, beards, and sideburns should be neatly trimmed and groomed (not long and bushy). Facial hair must comply with the regulations of the clinical affiliate. If required by hospital policy, beards must be shaved off. Beards may not be started during the course of a semester.
- d. If hair is longer than shoulder length, it must be kept off the collar, clasped back at the nape of the neck or worn on top of the head at all times during clinical training.
- e. As a condition of continued enrollment in the Diagnostic Radiologic Technology Program, fingernails must be kept moderately short and clean. Artificial nail enhancements are not to be worn. Anything applied to natural nails other than polish is considered to be an enhancement.

This includes, but is not limited to: artificial nails, tips, wraps, appliqués, acrylics, gels and any additional items applied to the nail surface. Chipped nail polish should be removed.

- f. Makeup should be conservative.
- g. No chewing gum while attending patients.
- h. Smoking is not permitted in class and is only permitted in designated areas outside of the clinical facility (for instance, across the street).
- i. Body art: Distracting body art must be covered as much as possible while in the clinic setting. Students must abide by the facilities standards if their standards are more stringent.

3. Jewelry

- a. Rings may be worn but students may be required to remove them in the specialty areas or certain radiographic procedures.
- b. Small, inconspicuous earrings may be worn. The use of earrings must comply with the clinical facility's standards.
- c. To prevent patient injury, it is advised that jewelry not be worn on the external surface of the uniform.

4. Body Art

- a. Visible forms of body piercing, including but not limited to nose studs or screws, chin or cheek labret, barbells, ear grommets and tongue door knocker, etc., are not permitted in any size while on duty unless worn as required or expected practice within the student's religion. In general, modifications that alter the original integrity of your body would be open for review (i.e., loops as a results of grommet holes, neck stretching, etc.).
- b. If you have a tattoo, it must be covered while on duty. If a tattoo cannot be covered and remains visible (head, neck, face, hands, or fingers) it must not be offensive. Once again, students must abide by the facilities standards if their standards are more stringent.

5. Miscellaneous

- a. Merced College and Clinical Affiliates are not responsible for loss of valuables.

Points may be deducted from your clinical evaluation grade for not meeting the dress code and grooming guidelines.

Merced College
Diagnostic Radiologic Technology Program

XII. Student Orientation to Clinical Facility

A. Policy

Students must be oriented to all new clinical affiliates assigned and to specialized areas such as Cardiac Cath, Computerized Tomography, Sonography, Magnetic Resonance Imaging, and Nuclear Medicine. It is the responsibility of the Clinical Preceptor to provide this orientation either personally or by arrangement with other staff members.

Orientation forms are located in the classroom (AHC-148). Your signature on this form indicates you have reviewed and understood each statement below. Should you have questions regarding any of the below, be sure to ask the Clinical Preceptor, Department Manager or the Personnel Department for clarification prior to signing.

Freshmen/Sophomores: This form must be completed and returned to the program director or clinical coordinator for their signature within 30 calendar days from the beginning of a new semester/session.

Interns: This form must be completed and returned to the program director or clinical coordinator for their signature within 14 calendar days from the beginning of internship.

The signed form should then be placed in your Clinical Competency Handbook binder for the remainder of the rotation. At the end of the rotation, this form should be filed in the student's personal folder in the classroom.

B. Procedure

As you feel you have met the statements, place a check mark in the space provided. This form must be completed and returned to the Program Director of Clinical Coordinator for their signature within 30 days from the beginning of a new semester. The form should then be placed in the binder containing your clinical Competency Handbook.

1. Clinical Competency:

a. Review of prior completed clinical competencies
(refer to Clinical Competency Handbook)

b. Discussion of student's perceived strengths & weaknesses

Please list: _____

c. Discussion of specific clinical training goals for student by facility

Please list: _____

2. Review of Student Information Updates:

(refer to Clinical Competency Evaluation Handbook)

a. Flu / MMR / Tdap / Varicella vaccination date

b. Malpractice Coverage - Covered by Merced College Policy

c. CPR card expiration date

d. TB expiration date

e. Hepatitis A/B vaccination status

f. Background Check clearance results

g. Drug Screening clearance results

3. **Code of Ethics - Confidentiality Standards:**
- a. Review program standards as listed in the Clinical Competency Evaluation Handbook
 - b. Review any specific clinical standards, as necessary
4. **Supervision Levels Acknowledgement:**
- a. **Direct Supervision** - a qualified radiographer shall be present during the performance of the procedure
 - b. **Indirect Supervision** - a qualified radiographer is immediately available to assist the student in the adjacent room or location where a radiographic procedure is being performed (within "earshot")
 - c. **Required Supervision for Repeats** - always performed under direct supervision
- Student Initial _____ C.P. Initial _____ Date _____
5. **Absences or Tardiness in the Clinical Area:**
- a. Who, when, and where to notify
 - b. Absenteeism make-up (may NOT be assigned on holidays observed by MC)
6. **Location of Student Assignment:**
- a. Where posted, specific objectives, etc.
7. **Communications during Clinical Assignment:**
- a. Contact in case of emergency
 - b. Making outside phone calls (land-line & cell)
 - c. Contacting and working with other students
8. **Health and Safety Procedures:**
- a. Fire regulations
 - b. Codes (resuscitation team)
 - c. Security guard services
 - d. Reporting accidents and incidents (including exposure to bloodborne pathogen needlesticks or pathology)
 - e. Emergency Disaster Response Plan
 - f. Hand washing, gloving, and PPE Policies
 - g. Standards Precautions & Transmission-Based Precautions
9. **Dress Code:**
- a. Discussion of dress code according to facility's guidelines, in particular scrub colors; appropriate OR scrub usage; hair; nails; body art, etc.
10. **Office Protocol:**
- a. How to answer phone
 - b. Filing/PACS
 - c. Emergency phone numbers

11. **Information About Hospital:**
 - a. History, Bed capacity
 - b. Administrative personnel
12. **Meal & Rest Breaks:**
 - a. Times and duration of meals and coffee breaks
(maximum 30 min. lunch & must take break & lunch, no early release)
 - b. Provisions for students carrying lunches
13. **Locker and Washroom Facilities:**
 - a. To include proper location for books, outer clothing, purses and valuables storage.
 - b. Both male and female
14. **Learning Resource Materials:**
 - a. Library: rules and privileges (Facility - if applicable/Department)
15. **Parking Regulations:**
 - a. Includes both day time and evening rules
16. **Orientation to Department:**
 - a. Review of routine views for procedures
 - b. Patient transportation procedures to and from department
 - c. Review of Patient Identification, Requisitions, Patient History
 - d. MR environment protocols
 - e. **Operation of equipment:**
 - (1) Fluoroscopic equipment
 - (2) Radiographic equipment
 - (3) CR/DR Workstations
 - (4) PACS & HIS/RIS
 - (5) Mobile units: C-arm & Portables
 - f. **Operation of special equipment:**
 - (1) Monitors, I.V.'s, Oxygen, etc.
 - g. **Location and use of equipment and supplies:**
 - (1) Image Receptors and accessories (grids, filters, etc.)
 - (2) Contrast media and contrast media documentation
 - (3) Title 17 (provide digital access and / or physical copy location)
 - (4) Department Procedure Protocols

- (5) Immobilization aides & Lead markers
- (6) Lead protective devices
- (7) Emergency cart/supplies
- (8) Linens & Other accessory items: needles, syringes, tourniquets, I.V. tubing, emesis basins, bandaging materials, etc.

17. **Orientation to Other Departments:**

- a. Emergency Department - ED
- b. Operating Room - OR
- c. CCU/ICU/NICU/Peds
- d. Lab & Central Supply

18. **Introduction to Key Personnel:**

- a. Radiologist(s)
- b. Lead Supervising Licentiate (Radiologist identified by Verification of Student Supervision form)
- c. Department Manager/Supervising Technologist
- d. Staff Radiologic Technologists
- e. Radiation Safety Officer (RSO)
- f. Key Ancillary Staff

19. **Statement of Responsibility:**

- a. Review student's Statement of Responsibility document located in the Clinical Competency Handbook

20. **Internship Orientation - (Interns Only):**

- a. Scheduling - work week schedule to start on Mondays (Monday - Sunday)
- b. CPR - If needed, will the facility provide this service free of charge?
- c. Obtaining venipuncture sign-offs

My signature below indicates that I have reviewed and understand each statement above. Should I have questions regarding any of the above, I will be sure to ask the Clinical Preceptor, Department Manager or the Personnel Department for clarification prior to signing.

Student's Signature

Date

Clinical Preceptor's Signature

Date

Program Director/Clinical Coordinator/Clinical Supervisor

Date

**Merced College – Diagnostic Radiologic Technology Program - Clinical Education
Fluoroscopic Device Orientation Check – Off Form**

Student Name

Clinical Site

Course Number - (*circle one*)

RADT-12B RADT-14B RADT-15B RADT-16B

Instructions: Prior to performing an initial fluoroscopic patient exam, document that you can manipulate the fixed or mobile fluoroscopic device in a safe and proper manner. Orientation must be by a CRT with a fluoroscopy permit per the RHB. CRT will check-off each item and then date and initial when the fluoroscopic unit has been reviewed with each student. If an item is not applicable, label N/A, for example if no c-arm or fluoroscopy machine is on site. Note: safety items cannot be N/A.

Objectives

In compliance with Title 17 §30305(b)

Circle Fixed or Mobile Unit Type & Indicate Unit Location

Fixed Mobile	Fixed Mobile	Fixed Mobile	Fixed Mobile	Fixed Mobile	Fixed Mobile
Location	Location	Location	Location	Location	Location

- | | | | | | | |
|-----|---|--|--|--|--|--|
| 1. | Perform visual equipment safety check | | | | | |
| 2. | Confirm control panel exposure settings | | | | | |
| 3. | Set a manual technique | | | | | |
| 4. | Enter a patient ID | | | | | |
| 5. | Demonstrate full range of fluoro TOWER unit movement | | | | | |
| 6. | Demonstrate full range of fluoro TABLE unit movement | | | | | |
| 7. | Adjust position of fluoro GRID device | | | | | |
| 8. | Adjust footboard & shoulder restraints | | | | | |
| 9. | Store & recall images | | | | | |
| 10. | Produce hard copies & load cassette | | | | | |
| 11. | Operate exposure switch(es) | | | | | |
| 12. | Collimate fluoro field | | | | | |
| 13. | Change field of view (FOV) size | | | | | |
| 14. | Reset fluoro TIMER | | | | | |
| 15. | Switch programs & dose settings | | | | | |
| 16. | Rotate & flip images | | | | | |
| 17. | Hook up & turn C-arm | | | | | |
| 18. | Locate & manipulate locks, rotate arm & steer C-arm monitor | | | | | |
| 19. | Locate emergency shut-off control(s) | | | | | |

Date:

Supervising Technologist
Name and Initials:

Supervising Technologist
CDPH-RHB Fluoroscopy Permit Certificate # :

XIII. Clinical Experience

A. Duties of a Student Radiographer

While the student is assigned to clinical training she or he will be expected to participate not only in radiographic procedures but also in documentation, image processing, patient transport and other office procedures, as long as their clinical education is not being compromised.

B. Freshman/Sophomore Student

The Clinical Coordinator is responsible for arranging the diagnostic clinical education rotations. Student placement is subject to clinical affiliate approval.

Vacations are to be scheduled only during times when classes, to include clinic, are not in session.

C. Intern Student

1. Clinical Scheduling:

All interns are to be scheduled in clinic a maximum of 32 hours per week. This translates to a maximum of four, eight-hour shifts within a seven-day time period.

- A basic format would be M-T-Th-F.
- "Work week" is defined as Monday - Sunday.

Interns may work weekends. If they do, then one or two of the weekday shifts are, in essence, being moved to the weekend. Shifts can only be moved to the weekend under certain conditions. Intern assignments should reflect no more than two weekends per month to ensure nontraditional assignments are educationally valid and not abusive to the student. Interns cannot be scheduled on weekends that are not included in the semester or are part of a holiday; their hours will stay on the standard M-T-Th-F days to complete their required attendance. As an example, the last week of Fall term ends on a Friday and does not include Saturday and Sunday so all interns are scheduled M-T-Th-F.

Interns may not attend clinic on legal holidays recognized by the College. If a workweek included a holiday (i.e., Labor Day Monday), taking the workweek down to 3 days, then only 3 days may be worked Monday - Sunday. Interns are not allowed to attend clinic between terms.

Interns will not be required to work graveyard shifts or on-call. Clinic scheduling will not include "double-back" shifts either by design or trading of clinical days. There should be a minimum of twelve (12) hours between scheduled shifts.

Supervision during nontraditional assignments should be the same as during routine assignment (i.e., adherence to Direct and Indirect Supervision requirements, staffing ratios, etc.). This is true for all areas of imaging, including the operating room, mobile radiography and the emergency department.

Monthly clinical scheduling of an Intern student will be completed by either the Clinical Preceptor and/or Department Manager/Chief Technologist of respective assigned clinical site. Individual copies of each intern's schedule (use the Intern Monthly Schedule Form) are to be submitted to the Intern IOR via Canvas for review, and to document valid and appropriate clinical schedules. The intern shall post a hardcopy in the clinic site as well for the staff and faculty. Failure to complete these responsibilities will result in loss of the 2.5 points available under Section IV of the Clinical Grade Evaluation Form (see Clinical Handbook).

It is the intern's responsibility to check updated posted schedules to see if there are any errors/omissions/changes/etc. that need to be brought to the C.P.'s immediate attention. Do not wait until the last moment to notify the C.P. of an error or change. If your C.P. has not heard from you within five (5) scheduled working days, then the posted schedule will take precedence and you will be held responsible for adhering to it.

Generally, routine weekday assignment hours are considered to be from 0500 - 1900 hours. Anything other than that is considered as nontraditional, (i.e., "off-hour" or weekend assignments). As such, any assignment schedule for interns shall be set between 0500 - 2100 hours.

2. Class: Unless otherwise notified, Interns will attend class at the College from 8:00 a.m. to approximately 12:30 p.m. each Wednesday for the duration of internship. Some extended class days will be scheduled, for example during the last semester for the registry review course. Meetings with instructors may be scheduled for tracking clinical progress.

3. Clinical Objectives for Nontraditional Clinical Experience:

Intern student rotation through nontraditional shifts is an integral part of clinical training that represents a unique educational opportunity. Student rotations through these shifts were instituted to help the student gain:

- a. An understanding of the staffing and workload requirements during the PM shift;
- b. An understanding of the variations in types of radiographic procedures performed during weekend and evening shifts, as opposed to a standard workweek shift;
- c. A better understanding of how to modify positioning techniques on severely injured patients to produce quality diagnostic radiographs;
- d. A better understanding of the role the radiographer plays as a member of the trauma team;
- e. An understanding of the overall workflow and various complexities of working the PM shift.
- f. Students are also rotated through these shifts to augment their exposure to initial and continuing competencies assigned in their clinical competency evaluation handbook.
- g. EVALUATION of NONTRADITIONAL CLINICAL EXPERIENCE: The "Student Clinical Evaluation" form is flexible enough to accommodate evaluating the non-traditional clinical experience objectives identified above.

D. **Ancillary Rotations**

Ancillary rotations provide the senior radiography student with the opportunity to observe various, peer imaging modalities. Through these rotations, student radiographers benefit from a better understanding of the patient experience in these related areas of imaging, as well as gain a better understanding of the pathologies and treatments provided. Moreover, student radiographers may be interested in pursuing future careers in any of these areas.

Attendance is mandatory; hours of assignment are included in and required for clinical course schedules during internship (RADT-16B, 17B, and 18B).

During Internship, the ancillary rotations are:

Spring

Cardiac Catheterization Lab: 2 days

Computed Tomography: 4 days

Pediatrics: 4 days

Summer

Magnetic Resonance Imaging: 2 days

Sonography: 2 days

Fall

Mammography*: 2 days

Interns' Choice Bonus Days: 2 days

The Clinical Coordinator will be responsible for arranging the program ancillary rotations with prior approval of the Clinical Preceptor or Department Manager.

Interns' Choice Bonus Days: All interns will request that the Clinical Coordinator arrange placement in a rotation of their choice: Cardiac Cath, CT, MRI, Sonography, Nuclear Medicine, Interventional Radiology, or Mammography.

*Mammography: A rotation in mammography is elective. The Clinical Coordinator will attempt placement at the request of the intern. The program will make every effort to place a male student in a mammography clinical rotation if requested; however, the program will not be expected to override clinical site policies that restrict mammography rotations to female students. Male students are advised that placement in a mammography rotation is not guaranteed and, in fact, is very unlikely. Students are advised to initiate this request through their Clinical Preceptor.

Students in good academic standings that are interested in seeking an expanded view of the various imaging modalities are eligible, with instructor and clinic site approval, to enroll in Work Experience in Medical Imaging (RADT-24). This is considered an elective course; it is not mandatory to completing the program. This course provides an opportunity to further study in an imaging modality of choice or need.

E. **Surgery Experience**

As part of the clinical training experience, students will be required to observe and participate in a minimum of ten (10) surgical procedures while under direct supervision of a registered radiographer. Students may begin completing these ten surgical observations starting at midterm of RADT-12B if the student is making adequate progress in completing the semester's clinical competency sign-offs. Students will demonstrate an understanding of key introductory terms and concepts needed to safely work in a surgical environment by scoring a minimum of 85% on a written examination prior to starting their surgical observation.

F. **Clinical Hours**

Most clinical hours are required for each semester beginning with the second semester of the first year. These are cumulative hours and if a student does not complete these hours during the allotted time she or he may be put on probation with the possibility of dismissal from the Program. Individual consideration will be given to the student with a valid excuse after consultation with the Clinical Coordinator and Program Director

Students are required to keep a record of laboratory/clinical hours they have accrued. This record is validated by the Clinical Preceptor and Merced College staff. For clinical experience, attendance hours will be recorded in Trajecsys and approved by their respective Clinical Preceptor(s).

Students who habitually make errors in clocking in and out will be counseled. Failure to comply may be subject to clinical grade deductions or remediation. See also Attendance section III.

G. **Clinical Exams**

Students are required to keep records of radiographic examinations they have observed, assisted, and/ or performed. All repeat examinations are to be completed under direct supervision and are to be logged as such in the Daily Clinical Exam form. These records are to be compiled daily, utilizing the Daily Record of Examinations Form, verified by the Clinical Preceptor or their designee and submitted to the instructor of record.

H. **Student Evaluation of Clinical Experience**

At the end of each clinical course the student may be required to complete an evaluation of their respective clinical facility. This is an opportunity for the student to provide an evaluation of her/his clinical experience. Through candid evaluations, the faculty can identify the strengths and weaknesses of a particular clinical affiliate and utilize this information for continued program review. Another area where this information is useful is in matching student's clinical weaknesses with affiliates that rate high in providing clinical experiences that address a student's weaknesses.

I. **Miscellaneous**

When not busy, there will be no loitering. Use idle time for studying. Now is the time to ask questions about specific examinations or procedures you're unsure or curious about.

J. **Breaks & Lunch Periods**

Generally, there will be morning, lunch and afternoon breaks. Observe the departmental policy regarding breaks, and do not take excess advantage of the coffee room/lounge. Lunch breaks are 30 minutes regardless of the Staff/Departmental policy and should be included in the total hours recorded per day. Students may not plan to shorten their scheduled hours by skipping lunch.

K. **Phones and Phone Calls**

No personal phone calls should be received while in the clinical area except emergencies. Departmental telephones may not be used for personal calls.

Leave cell phones in your locker and only check them during break or lunch. If there is an extenuating circumstance, advise your C.P. or supervising technologist at the beginning of your shift.

While on campus, cellular phones and pagers are to be turned off during class. See also Social Media policy for more on cell phones under General Policies.

L. **Early Release**

No early releases are granted. Students must attend their entire assigned clinical shift. Leaving clinic early is the same as being absent; students will follow absence notification procedures. Students must attend all classes, including clinical education classes until the completion of their final semester to be eligible for graduation.

M. **Orientation to a New Facility**

Students are not required to make-up time for mandatory orientation to a new facility for a current or upcoming rotation. Students are required to inform their Instructor and their Clinical Preceptor ahead of time when a required orientation impacts attendance.

N. **Immobilization Devices**

Students are prohibited from removing immobilization devices from patients, including, but not limited to: casts, cervical collars (soft or hard), splints, braces, walking boots, backboards, etc.). If there is a need to remove any such devices for any reason, the certified technologist supervising the student shall assume responsibility, perform the task, supervise the examination, and replace the device as needed.

Removal of Cervical Collars

In trauma situations, have the E.D. staff remove the cervical collar once patient's x-rays have been cleared.

O. **Cutting Away of Patient Clothing and/or Jewelry**

In trauma situations, request permission from supervising staff before cutting away pieces of clothing or jewelry.

P. **Student Preparation and Availability During Clinical Site Visitations**

Students should review the Clinical Supervision Schedule as soon as it is released to be aware when Clinical Supervisors will be visiting their respective clinical site.

When a Clinical Supervisor is scheduled to make a site visitation, please make sure you are both prepared for your evaluation and are available to be observed. This is especially true when it comes to O.R. or extended mobile cases. Clinical paperwork and Trajecsys records should be current and students should be prepared to critique their clinical competencies or other radiography exams or skills.

Don't assume just because one C.S. has seen you recently, (even if it was yesterday), you don't have to be available. Work with your C.P. so that when a C.S. is scheduled to visit, you're there. This will mean coordinating with your C.P. to come in earlier or later or switch days so you are present when the Clinical Supervisors make their visitations to your site. Keep in mind that a one-to-one student-technologist ratio must be maintained at all times.

The Student Clinical Evaluation addresses this matter - **see Diplomacy by: Observing rules and regulations** (includes being available for site visitations).

Q. **Handwashing**

Students are required to wash or sanitize hands prior to donning gloves and to rewash hands after removing gloves. Students are also required to don gloves with every patient.

R. **Personal Protective Equipment-PPE (gloves, face masks, booties, gowns, hair covers, nets, etc.)**

All PPEs should be removed and disposed of properly once an exam is completed and before the student moves out of the patient's room to prevent the spread of infection.

<https://www.nrc.gov/docs/ML0037/ML003739505.pdf>

Prenatal Radiation Exposure



http://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=HSC&division=104.&title=&part=&chapter=&article=

TITLE 17



<https://www.nrc.gov/reading-rm/doc-collections/cfr/part020/full-text.html>

10CFR20



XIV. Radiation Protection

General Principles

Except as required for medical reasons, no student or faculty shall receive radiation exposures in excess of the limits prescribed by the National Council on Radiation Protection in NCRP Report 116. Recommendations on Limits for Exposure to Ionizing Radiation. All applicable regulations of the State of California Department of Health Services and the Nuclear Regulatory Commission will be observed.

These rules are a combination of State and Federal regulations. These rules are a combination of State and Federal regulations and/or laws and additional guidelines in the use of ionizing radiation. Further details on the Federal and State radiation protection regulations can be obtained at this websites:

<http://www.epa.gov/rodweb00/laws/regs.html>

<http://www.cdph.ca.gov/programs/Pages/RadiologicHealthBranch>

<http://www.nrc.gov/reading-rm/doc-collections/cfr/part020/>

Make it your personal responsibility to practice all appropriate radiation protection procedures for yourself, for other members of the health care team and for the patient. This includes utilizing personnel radiation monitoring devices, observing rules such as closing doors during radio graphic examinations, specific procedures of collimation, utilization of equipment safety devices, protective shielding and clothing, safety precautions with respect to radioactive materials, portable radiography, measures for protection of nonmedical assisting personnel and all other specific radiation protection measures indicated for procedures in the various specialties.

In addition to radiation protection procedures, observation of all appropriate general safety, fire regulations and institutional regulations in effect for medical asepsis should be considered part of yam personal responsibility in delivering safe, competent patient care. Make it your responsibility to know and understand these regulations.

ALARA (As Low As Reasonably Achievable)

Consistent with the principles of ALARA, every effort will be made to keep radiation exposure as low as reasonably achievable by avoiding exposure to employee workers, the public and to minimizing exposure of the patient consistent with good radiologic practice. The best practices of ALARA, as identified in the physics and positioning courses, should be followed conscientiously.

A. Procedure

The following safety rules have been established for the protection of the patient, other personnel and you from ionizing radiation during your hospital observation and clinical education. These rules are a combination of state and federal regulations and/or laws and additional guidelines condensed from man's 110+ years' experience with ionizing radiation. These rules are mandatory and any exception must be reported to the Department Manager and Program Director as soon as possible.

B. Policy

1. Regarding dosimetry badges:

- a. A dosimetry badge, properly placed, must be worn at ALL times during both the observation and clinical education phases.
- b. When protective aprons are used, the dosimetry badge must be placed above the apron, at collar level.
- c. Dosimetry badges must be turned into the Allied Health Secretary by the 10th of each quarter.

2. Cardinal Principles of Radiation Protection

The principles of time, distance, and shielding are used to reduce the patient's as well as the radiographer's exposure to radiation.

- a. Minimize time the worker spends in the room when ionizing radiation is being produced or minimize the length of time a patient is placed in the path of the x-ray beam.
- b. Use the greatest possible distance from ~~the~~ ³⁷the source of exposure.

- c. Place a shield between the worker and the radiation source or by placing a shield over the reproductive organs (gonads) of the patient whenever the gonads are within 4-5 cm of the primary beam.
3. When an X-ray exposure is about to be made, you MUST:
 - a. Leave the room, or
 - b. Get behind the lead shield, or
 - c. Be otherwise suitably protected for surgery, portable and fluoroscopic work.
4. Specifically, you must not hold or support a patient during exposure, nor hold or support an IR during exposure.
5. You may not observe the patient during exposure from an adjacent room or hall unless through a lead-glass protective window. You must NOT "peak" around a door nor through a crack between door and wall.
6. When sitting to rest in the hall do not sit in direct line with the tube or radiographic table even if it is not being used.
7. During an exposure or procedure do not place yourself in direct line with the central ray, even though you are wearing a lead apron.
8. Under no circumstances will you permit yourself or any other human being to serve as "patients" for test exposures or experimentation.
9. If, during fluoroscopic procedures, you remain in the radiographic room the following will prevail:
 - a. A lead apron must be worn at all times/or you must remain behind an adequate lead protective screen and not in visible line with either tube or patient.
 - b. The dosimetry badge must be worn above lead apron at collar level.
 - c. You must stand as far away from the patient and tube as possible, consistent with the conduct of the examination.
 - d. You should continue to face the source of the radiation, including scatter, rather than turning away from it.
 - e. When practical, stand behind the secondary barrier.
 - f. Use and/or wear any additional protective apparel (lead gloves, thyroid shield, glasses) or mobile shielding if available and practical.
10. Do not, during the observation periods, actually make exposures on patients.
 - a. You may assist by helping patients onto tables, etc., but only under direct supervision of a staff technologist. See Supervision policy.
11. With permission of the principal staff technologist you may make test exposures on inanimate objects. In so doing, all radiation safety rules must be followed as well as tube safety factors, etc.
12. When observing radiographic procedures in surgery and bedside portables:
 - a. A lead apron must be worn.
 - b. A dosimetry badge must be worn above the lead apron at collar level.
 - c. Stand as far from the patient and tube as practicable.
 - d. Stand so that the central ray is pointing away from your body.

- e. Observe all regulations which apply to work in surgery, such as preserving sterile fields, wearing surgical garments, etc. The staff technologist will provide details.
 - f. In addition, when observing, you must step outside the room if you cannot stand at least 10 feet from the patient or stand behind the staff technologist during actual exposure.
13. Permission to make actual exposure on patients will be determined by:
- a. The opinions of the Radiologist/Department Manager/Clinical Preceptor.
 - b. The opinions of the Program Director/Clinical Coordinator/Clinical Supervisor.
 - c. Your own feeling of security and competence.
14. Items pertinent to patient radiation safety include:
- a. Make sure careful collimation is used to restrict the X-ray beam to the area of clinical interest only. (The X-ray field may never be larger than the size of the image receptor used.)
 - b. Use gonadal shielding where and when appropriate. Review your clinical facility's policies regarding the use of gonadal shielding.
 - c. Make sure the X-ray room is cleared of all nonessential persons before an exposure is made.
 - d. If an individual is needed to hold a patient, use appropriate protective apparel such as a leaded apron (at least 0.5 mm of Pb equivalence) and lead gloves or lead shields.
15. Items pertinent to the technical aspects of the radiographic procedure and radiation protection (if applicable).
- a. Use the best image receptor/grid combination for the lowest dose practicable and commensurate with the objectives of the radiographic procedure.
 - b. Know exactly what examination and which view or views are to be taken.
 - c. Position the patient correctly for the required examination/position and view before making the actual exposure.
 - d. Use high (optimum) kilovolt peak (kVp) and low milliamperere-seconds (mAs) techniques for low dose radiography, consistent with obtaining a diagnostic quality image unless otherwise indicated by facility protocol.
 - e. Take steps to avoid patient motion by clearly instructing patients not to move, by using appropriate immobilization or positioning aids, and by keeping the patient comfortable and under constant observation.
 - f. Help keep image receptors clean.
 - g. Place positioning markers correctly on the image receptor/patient and identify each radiographic image with the patient's name and PIN.
 - h. No eating or drinking in the working area of the department.
16. Failure to obtain diagnostic quality radiographs with the least exposure to the patient for the radiographic procedure required, means failure to meet the accepted standard of care.
17. A copy of the Department of Public Health NOTICE TO EMPLOYEES (RH 2364) is posted in the lab (AHC-150).
18. If you are in doubt about practical procedures or practices regarding radiation protection, please contact the Program Director or Clinical Coordinator for clarification or instructions.

19. Energized Labs - supervision: Students' utilization of energized laboratories **MUST** be under the guidance of a qualified practitioner; otherwise, the radiation exposure mechanism must be disabled.
20. If ionizing radiation is being utilized during laboratory sessions, a qualified practitioner must be readily available for assistance and guidance.
21. Personnel Radiation Exposure Quarterly Dosimetry Reading: **Students will receive a Letter of Concern if their dosimetry report reading exceeds a quarterly dose limit of 25 mrem (Action Level 1).** Refer to VI. Records – Radiation Exposure Records for additional information regarding storage of these records. Process is as follows:

Action Levels for Exposure to Staff and Students

All students, staff, and faculty are expected to be familiar with the Notice to Employees - Standards for Protection Against Radiation as posted in the energized laboratory. All facilities where radiation is present are subject to the California Radiation Control Regulations (California Code of Regulations, Title 17, subsection 30255).

Action Level 1 - 25 mrem/quarter: if the individual dosimetry reading exceeds this level, the individual will receive a Letter of Concern from the Radiation Safety Officer (RSO) and be required to complete a "Radiation Dosimetry Questionnaire" to ascertain what factors may have attributed to the excess exposure. Subsequent dosimetry reports will be monitored for reduction.

Action Level 2 - 50 mrem/quarter: if the individual dosimetry reading exceeds this level, the individual will receive a Letter of Concern from the Radiation Safety Officer (RSO) and be required to complete a "Radiation Dosimetry Questionnaire" to ascertain what factors may have attributed to the excess exposure. Individual will be required to complete remedial instruction in radiation safety and dose reduction. Clinical supervisors and clinical preceptor for the student's clinical site will be notified of the concern. Participation in high-dose procedures may be restricted until dosimetry reading return to acceptable limits. Subsequent dosimetry reports will be monitored for reduction.

Action Level 3 - 75 mrem/quarter: if the individual dosimetry reading exceeds this level, the individual will be removed from clinical activities immediately. Individual will receive a Letter of Concern from the Radiation Safety Officer (RSO) and be required to complete a "Radiation Dosimetry Questionnaire" to ascertain what factors may have attributed to the excess exposure. Individual will be required to complete remedial instruction in radiation safety and dose reduction. Clinical supervisors and clinical preceptor for the student's clinical site will be notified of the concern. Participation in high-dose procedures will be restricted; no portables, no fluoroscopy of any kind until dosimetry reading returns to acceptable limits. Subsequent dosimetry reports will be monitored for reduction.

These levels do not apply to declared pregnant workers or minors whose exposure will be investigated on a case-specific basis.

XV. Pregnancy Policy and Procedures

Student Policy

The Program's policy and procedures for pregnant students includes the Potentially Pregnant Student Statement, the Policy and Declaration for Pregnant Students (to be signed when a student voluntarily declares pregnancy), and the Stipulation Regarding Withdrawal of Pregnancy Declaration (to be signed for withdrawing declaration of pregnancy). See **Appendix P**.

Potentially Pregnant Student Statement

I, _____, a student at Merced College's Diagnostic Radiologic Technology Program, understand that I have the option whether or not to inform Program officials of pregnancy. I have received and understand instructions regarding potential risk, declaration, policies, and mutual responsibilities if pregnancy occurs during enrollment in the Program.

To understand all my options, in regards to pregnancy, I have:

1. Read the United States Nuclear Regulatory Commission's Pregnant Worker's Guide 8.13 Instruction Concerning Prenatal Radiation Exposure, revision 3m June 1999, included in **Appendix P** of the Student Policies and Procedures Handbook.
2. Read the United States Nuclear Regulatory Commission's Appendix: Questions & Answers Concerning Prenatal Radiation Exposure, included in **Appendix P** of the Student Policies and Procedures Handbook.
3. Read the Pregnancy Policy and Procedures in the Student Policies and Procedures Handbook.
4. Had the above policies reviewed by Program faculty.

I am therefore informed as to the potential risk to an unborn child from radiation received as a result of the occupational exposure of the mother. As a declared pregnant student I will follow the policies of the Program that are in accordance with state and national regulations.

I agree to release Merced College and affiliated clinical sites from any liability that may arise from complications or damage during or after said pregnancy that may be determined to be related to occupational exposure to ionizing radiation.

- The student may revoke her declaration of pregnancy at any time. Withdrawal of a pregnancy declaration must be in writing and given to the Program Director.

Student Name

Date

Student Signature

Merced College
Diagnostic Radiologic Technology Program
Pregnancy Policy and Procedures

Policy and Declaration for Pregnant Students

I, _____, state that I am a student in the Diagnostic Radiologic Technology Program at Merced College. In accordance with the NRC's regulations at 10 CFR 20.1202, "Dose to an Embryo/Fetus," I am declaring on a voluntary basis that I am pregnant. I believe I became pregnant in _____ (only the month and year need to be provided).

My signature affixed below is in recognition of the fact that I have been counseled regarding the radiation hazards confronting a gravid female and that I have read, agree with, and understand the stipulations set forth below.

I. Stipulation Regarding Didactic Training

- A. While enrolled in the program, I agree to attend and complete all classes in which I have registered and complete all class assignments in a manner consistent with my peers within the guidelines set forth by the individual instructor and Merced College. I understand that at the instructor's option, I am not to be given any allowances regarding absenteeism or quality or quantity of didactic work as required for the individual courses.
- B. Regarding my participation during experiments utilizing the live lab on campus or any experiment requiring an ionizing radiation source, I understand, agree with, and shall adhere to the provision set forth in the following section of this policy.

II. Stipulation Regarding Clinical Training

- A. I have read the following publications that have been provided:
 - 1. U.S. Nuclear Regulatory Commission - Regulatory Guide - Office of Nuclear Regulatory Research: Regulatory Guide 8.13 - Instruction Concerning Prenatal Radiation Exposure, revision 3, June 1999
 - 2. U.S. Nuclear Regulatory Commission - Regulatory Guide - Office of Nuclear Regulatory Research: Appendix: Questions & Answers Concerning Prenatal Radiation Exposure
- B. I understand that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, shall not exceed 0.5 rem (5 mSv) or exceed the annual maternal general occupational dose limit of 5 rem (50 mSv) acquired at a fairly uniform rate.

In effect, this implies that a pregnant student radiographer's clinical assignments should only include situations where the annual dose accumulation is unlikely to exceed this limit and is acquired at a more or less steady rate.

Once my pregnancy is voluntarily declared, the actual approximate dose will be reviewed to see if my clinical training can be continued within the framework of the limit set above.

- My most recent deep dose dosimetry report reading for the (1st 2nd 3rd 4th) quarter was:
_____ mrems.

In the event that this limit should be exceeded, it is understood that I will be immediately reassigned to an area, or duty, in which radiation hazards and/or exposure is not a factor. Removal from assigned duties and subsequent reassignment is the sole responsibility of the Program Director.

- C. Regarding my status in the clinical setting or any area where I may be exposed to ionizing radiation, I understand, agree, and shall comply with the following:
 - 1. I shall not hold patients during radiographic exposures.

2. I shall use protective aprons (full-size, half-size, or any other protective clothing appropriate to the situation) while actually exposing patients. I understand that these protective aprons shall be utilized in such a manner as to protect both anterior and posterior surfaces of my body.
 3. I shall use as a minimum of two personal monitoring devices, one worn at the abdomen level under the lead apron and the other worn at collar level. The College shall be responsible for ordering and maintaining all dosimetry reports.
- D. Regarding clinical course objectives, I understand that I will still be held responsible for completion of the required number of clinical objectives set for the respective semester(s). Due to the flexibility of the program's Clinical Competency Evaluation Process, I should be able to complete all the required number of clinical competencies assigned per semester even though I may elect to NOT perform any or all of the procedures identified below during my pregnancy.

With this understanding, I choose the following options. It is understood that I can change my option(s) with prior written notification to the program director.

1. **No Modifications**

I elect to continue the program with no modifications.

2. **Mobile Radiographic Procedures.**

I elect TO continue performing portable x-ray procedures.

I elect NOT to continue performing portable x-ray procedures.

3. **Surgical Radiographic Procedures**

I elect TO continue performing surgical x-ray procedures.

I elect NOT to continue performing surgical x-ray procedures.

4. **Fluoroscopic Procedures** (fixed and mobile units)

I elect TO continue to perform fluoroscopic procedures

I elect NOT to continue to perform fluoroscopic procedures

Although I have chosen not to perform fluoroscopic procedures (be in the x-ray suite while the fluoroscopy unit is engaged), I may continue to perform the follow-up radiographic overheads as required.

5. **Special Procedures** (arthros, myelos, etc.)

I elect TO continue to perform special procedures

I elect NOT to continue to perform special procedures

In the event that I am unable to successfully complete the course objectives and requirements, I understand that I may be dropped from the Program at the completion of the semester. I also understand that once my pregnancy is over, reinstatement to the Program will be set for the first available opening at my level of training. After this period of time has elapsed, I may be required to remediate before being formally accepted back into the Program at the appropriate level of training in order to insure successful reinstatement into the Program.

I have reviewed the materials outlined in this document, and opt to retain my status as a student subject to the provisions set forth above, or until written notification to withdraw this pregnancy declaration is given to the Program Director, as stated in Section III below.

Furthermore, in reaching this decision, I have been given the opportunity to ask questions regarding my situation and acknowledge the fact that written and oral instruction has been received.

Student

Date

Program Director

Date

III. Withdrawal of Pregnancy Declaration

- A. A student may revoke her declaration of pregnancy at any time. Withdrawal of a pregnancy declaration must be in writing and given to the Program Director. Return of this form, signed, constitutes a withdrawal.
 - B. I understand that a written withdrawal of my declaration of pregnancy must be submitted to the program director before any restrictions or limitations placed upon me in my Declaration of Pregnancy will be lifted.
- [] I elect to withdrawal my declaration of pregnancy and resume my training with no restrictions.

Student

Date

Program Director

Date

Merced College
Diagnostic Radiologic Technology Program
Pregnancy Policy and Procedures

Supervision of Declared Pregnant Student in the Clinical Setting

Regarding: _____

Whereas, it is understood that the supervision of pregnant students in the clinical setting requires special provisions, the purpose of this instrument is to recognize those provisions for the affiliate representatives routinely involved in the daily supervision of said student(s).

As an affiliate representative responsible for the clinical supervision of Radiologic Technology students, I recognize, understand, agree, and will enforce the following provisions:

- I. The pregnant student **shall not**:
 - a. Hold patients during radiographic exposures.

- II. The pregnant student **shall**:
 - a. Use protective aprons (full-size, half-size, or any other protective clothing appropriate to the situation) while actually exposing patients and be utilized in such a manner as to protect both anterior and posterior surfaces of the body.
 - b. Use a minimum of two personal monitoring devices such as two dosimetry badges, one worn at the level of the abdomen under the lead apron & the other worn at level of the collar.

- III. Regarding clinical course objectives, the student will still be held responsible for completion of the required number of clinical objectives set for the respective semester(s). Due to the flexibility of the program's Clinical Competency Evaluation Process, the student should be able to complete all the required number of clinical competencies assigned per semester even though they may elect to NOT perform any or all of the procedures identified below during the pregnancy.

The student has elected the following options. It is understood that she can reverse her decision by notifying the Program Director in writing.

- A. **No Modifications**
[] The student has elected to continue the program with no modifications.

- B. **Mobile Radiographic Procedures**
[] The student has elected TO continue performing portable x-ray procedures.
[] The student has elected NOT to continue performing portable x-ray procedures.

- C. **Surgical Radiographic Procedures**
[] The student has elected TO continue performing surgical x-ray procedures.
[] The student has elected NOT to continue performing surgical x-ray procedures.

- D. **Fluoroscopic Procedures (Fixed and mobile units)**
[] The student has elected TO continue to perform fluoroscopic procedures.
[] The student has elected NOT to continue to perform fluoroscopic procedures.

Although the student might have chosen not to perform fluoroscopic procedures (be in the x-ray suite while the fluoroscopy unit is engaged) she may continue to perform the follow-up radiographic overheads.

- E. **Special Procedures (arthros, hysteros, myelos, etc.)**
[] The student has elected TO continue to perform special procedures
[] The student has elected NOT to continue to perform special

IV. Regarding Radiation Dosimetry Measurements

A. It is understood by all parties that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, shall not exceed 0.5 rem (5 mSv). The dose to an embryo/fetus shall be taken as the deep-dose equivalent to the declared pregnant woman. Efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit set shall be assumed.

Once a pregnancy is declared, the actual approximate dose will be reviewed to see if work can be continued within the framework of the limit set above. If the dose to the embryo/fetus is found to have exceeded 0.5 rem (5 mSv), it is understood that the student shall be immediately removed from the clinical setting and reassigned to an area or duty in which radiation hazards or exposure is not a factor. Removal and subsequent reassignment for this reason are the sole responsibility of the Program Director.

- Her most recent deep dose dosimetry report reading for the (1st 2nd 3rd 4th) quarter was: _____ mrems.

B. The College, as the sponsoring institution, shall provide the dosimeters to be worn by the student at all times during assigned clinical hours. One dosimetry badge shall be worn over the abdomen, between the student's clothes and lead apron. The second dosimetry badge shall be worn at the level of the collar.

In the event that during any time during the gestation period the fetal dosimetry reading equal or exceed the 0.5 rem (5 mSv) maximum dose or the annual maternal dose, as usually registered, is within the general occupational dose limit of 5 rem (50 mSv) acquired at a fairly uniform rate, the program director shall immediately notify the clinical facility and make the necessary arrangements to ensure compliance with radiation protection standards.

This agreement made in good faith is binding and will endure for the entire gestation period of the student named previously or until a written withdrawal of the student's declaration of pregnancy is received by the Program Director.

- I am voluntarily declaring that I am pregnant. I believe I became pregnant in _____ (only the month and year need to be provided). My signature affixed below is in recognition of the fact that I have been counseled regarding the radiation hazards confronting a gravid female and that I have read, agree with, and understand the stipulations set forth.

Student

Date

Chief Radiologist

Date

Radiology / Imaging Department Manager

Date

Clinical Preceptor

Date

XVI. Student Supervision

A. Policy on Supervision of Radiography Students

1. The Radiologic Technology Program is accredited by the Joint Review Committee on Education in Radiologic Technology and is in compliance with JRCERT Standards, including Standard 4, Health and Safety, which assures patient safety and proper educational practices via student supervision.

Merced College Radiologic Technology students will adhere to the JRCERT Standards regarding direct and indirect supervision while in the clinical environment.

2. Students must have adequate and proper supervision during all clinical assignments, which would include direct supervision until a student is signed off for competency on the respective radiographic procedure.

The student will be under **direct supervision** 100% of the time when working in the following areas:

- Operating Room
- Interventional Radiography
- Angiography
- CT
- MRI
- Mammography
- Emergency Room (ED) Trauma Bay cases (traumatic spine cases, etc.)
- Newborn Intensive Care
- Pediatric cases 8-years and younger
- Injection of contrast media
- Radiographic procedures for which the student has not earned and documented competency
- All repeats

All radiologic technologists, students, and personnel should be aware:

The JRCERT defines **DIRECT SUPERVISION** as student supervision by a qualified radiographer who:

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

All students (regardless of semester/level of training) must be **DIRECTLY SUPERVISED** until a competency has been obtained and for **ALL REPEATS**. For repeats, the student's set-up (positioning, technique, etc.) must be approved by a qualified radiographer before the exposure is made.

3. Once a student has demonstrated competency in a particular radiographic procedure, the student may be indirectly supervised by a qualified radiographer.

The JRCERT defines **INDIRECT SUPERVISION** as that supervision provided by a qualified radiographer **immediately available** to assist students regardless of the level of student achievement.

"Immediately available" is interpreted as the **physical presence** of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

B. Policy on Fluoroscopy by Radiography Students

1. Students must adhere to the regulations established by the California Department of Public Health (Section 30450, Title 17, Chapter 5, Subchapter 4.5) concerning the use of fluoroscopic equipment by radiologic technologists.
 - a. Students may only use fluoroscopy under direct supervision of a CDPH-RHB Supervisor & Operator Certificate holder. A Supervisor & Operator Certificate holder is a physician.
 - b. Under the S&O's direct supervision and instruction, a student may: position a patient during fluoroscopy exposure, select exposure factors (low-dose, kVp, etc.), position equipment, or expose to create a fluoroscopic image.
2. Students may not expose a patient to X-rays in the fluoroscopic mode for any reason or circumstance for radiographic examinations. Fluoroscopy is not an acceptable replacement for palpation and positioning skills in radiography.

XVII. Student/Staff Personnel Descriptions

A. Faculty

1. **Medical Advisor - Stephen K. Hansen, M.D.**
A Radiologist certified by the American Board of Radiology who works with the Program Director in developing the goals and objectives of the Program and in implementing the standards of achievement.
2. **Program Director/Instructor/Clinical Supervisor - Karen Lang**
Under general direction is responsible for the total coordination of the program with direct responsibility to the Area Dean working closely with the Medical Advisor and the Advisory Board. Directs formal classroom instruction and demonstration and is responsible for coordination of class schedules.
3. **Clinical Coordinator/Instructor/Clinical Supervisor – Rebecca Abarca**
Under the direct supervision of the Radiography Program Director. Directs formal classroom instruction and demonstration, and is responsible for coordination of student clinical assignment. Maintains a schedule of regular visits to the clinical education centers to evaluate and assure clinical education effectiveness.
4. **Instructor**
Direct formal classroom instruction and demonstration.
5. **Clinical Supervisor**
Radiologic Technologists employed full-time or part-time by Merced College to observe, evaluate and record student performance in the clinical areas.
6. **Adjunct/Part-time Faculty - Praneet Sharma, Mark Doblados, and Lacey Rocha**
Direct formal classroom instruction and demonstration; observes, evaluates, and records student performance in the clinical areas.

B. Clinical Personnel

1. **Imaging/Department Manager/Chief Technologist**
Personnel employed by a hospital to oversee the entire operation of a Radiology Department.
2. **Clinical Preceptor (C.P.)**
Radiologic Technologist appointed in each clinical affiliate department who is directly responsible for the students assigned to their department; makes assignments of students so the student may benefit from as many new experiences as possible; completes evaluation reports on each Radiography student and communicates directly to the Program Director regarding problems or suggestions.
3. **Staff Technologist**
Radiologic Technologist employed by the clinical affiliate department.

C. Students

1. **Freshman Radiography Student**
1st - 10th month of enrollment Fall & Spring Semester
2. **Sophomore Radiography Student**
11th - 17th month of enrollment Summer Session & Fall Semester
3. **Intern Student**
18th - 29th month of enrollment Spring Semester & Summer Session & Fall Semester

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XVIII. Appendices

- A. Course Flow Chart/Class Schedule
- B. Textbook List
- C. Major Affiliates
- D. Hepatitis A & B Vaccine Notice & Status
- E. Remediation Plan and Outcome
- F. Map of Clinical Affiliates
- G. Student Services Administrative Procedures
- H. RT Administrative Flow Chart
- I. Radiation Exposure Report /Questionnaire
- J. Student Compliant Form
- K. Company Nurse Reporting Flow Chart - Clinical
- L. Student's Consent to Background Clearance and Drug Screening
- M. A.R.R.T. Ethics Review Pre-Application Packet
- N. MR Environment Screening Questionnaire
- O. Student Consent for Practical and Classroom Experiential Activities
- P. Pregnancy Policy Procedure
- Z. Student Acceptance Form



Merced College
Diagnostic Radiologic Technology Program
Course Flow Chart

Fall - 18 week semester	Spring - 18 week semester	Summer - 11 week session
<p>RADT-10 Intro to Radiologic Sciences & Health Care (lecture - 54 hrs / lab - 54 hrs) 4 units</p> <p>*RADT-11 Radiologic Procedures I (lecture - 54 hrs / lab - 54 hrs) 4 units</p> <p style="text-align: right;">Total = 8 units</p>	<p>*RADT-12A Radiologic Procedures II (lecture - 54 hrs / lab - 54 hrs) 4 units</p> <p>RADT-13 Radiologic Sciences I (lecture - 36 hrs / lab - 54 hrs) 3 units</p> <p>RADT-12B Clinical Education I (clinical experience - 270 hrs) 5 units</p> <p style="text-align: right;">Total = 12 units</p>	<p>*RADT-14A Radiologic Sciences II (lecture - 27 hrs / lab - 27 hrs) 2 units</p> <p>RADT-14B Clinical Education II (clinical experience - 189 hrs) 3.5 units</p> <p style="text-align: right;">Total = 5.5 units</p>
<p>RADT-15A Radiologic Procedures III (lecture - 9 hrs / lab - 27 hrs) 1 unit</p> <p>RADT-15C Advanced Radiologic Procedures I (lecture - 36 hrs) 2 units</p> <p>RADT-15D Radiologic Pathology (lecture - 27 hrs) 1.5 unit</p> <p>RADT-15B Clinical Education III (clinical experience - 297 hrs) 5.5 units</p> <p style="text-align: right;">Total = 10 units</p>	<p>RADT-16A Advanced Radiologic Procedures II (lecture - 36 hrs) 2.5 units</p> <p>RADT-16C Fluoroscopy (lecture - 40.5 hrs) 2.25 units</p> <p>RADT-16B Advanced Clinical Education I (clinical experience - 540 hrs) 10 units</p> <p style="text-align: right;">Total = 14.75 units</p>	<p>RADT-17A Radiologic Science III (lecture - 36 hrs) 2 units</p> <p>RADT-17B Advanced Clinical Education II (clinical experience - 378 hrs) 7 units</p> <p style="text-align: right;">Total = 9 units</p>
<p>RADT-18A Integrative Study in Radiography (lecture - 36 hrs) 2 units</p> <p>RADT-18C Sectional Anatomy (lecture - 18 hrs) 1 unit</p> <p>RADT-18B Advanced Clinical Education III (clinical experience - 486 hrs) 9 units</p> <p style="text-align: right;">Total = 12.5 units</p>	<p>463.5 Total Lecture hours 270 Total Lab hours 2,160 Total Clinic hours</p> <p style="text-align: right;">Total Program Units – 71.25 units</p> <p>*labs are divided into two groups: one group focuses on positioning while the other group focuses on Radiographic critique</p>	<p>FVI - RADT-50 is a program prerequisite</p>



Merced College
Diagnostic Radiologic Technology Program
Class Schedule

DISCLAIMER: The Diagnostic Radiologic Technology Program reserves the right to revise class schedules at any time. This schedule is to be used as general reference only. Open Skills Lab may be offered every semester based on fund availability.

Semester/ Session	Course	Monday	Tuesday	Wednesday	Thursday	Other
FALL Freshman 18 weeks	RADT-10	8a – 1:50p (includes lecture & lab)				
	RADT-11 (Group A)		8a – 10:50a (lec) & 12p – 2:50p (lab)			
	RADT-11 (Group B)		8a – 10:50a (lec)	12p – 2:50p (lab)		
	RADT-12A (Group A)		8a – 10:50a (lec) & 11a – 1:50p (lab)			
	RADT-12A (Group B)		8a – 10:50a (lec)		8a – 10:50a (lab)	
SPRING Freshman 17 clinical weeks	RADT-13	8a – 12:50p (includes lecture & lab)				
	RADT-12B Clinic	16 hrs/week	2 days/week	8 hrs/day		270 hrs. total
SUMMER Sophomore 11 - 12 clinical weeks	RADT-14A		9a – 1:35p (includes lecture & lab)			
	RADT-14B Clinic	17 hrs/week	2 days/week	8.5 hrs/day		189 hrs. total
FALL Sophomore 17 clinical weeks	RADT-15A (1st 9 wks)				10a – 1:50p (includes lecture & lab)	
	RADT-15C (2nd 9 wks)				10a – 2:15p	
	RADT-15D				8a – 9:15a	
	RADT-15B Clinic	17 hrs/week	2 days/week	8.5 hrs/day		297 hrs. total
SPRING Intern 18 clinical weeks	RADT-16A			8a – 10:15a		
	RADT-16C			10:30a – 12:35p		
	RADT-16B Clinic	32 hrs/week	4 days/week	8 hrs/day		540 hrs. total
SUMMER Intern 11 - 12 clinical weeks	RADT-17A			9a – 12:05p		
	RADT-17B Clinic	32 hrs/week	4 days/week	8 hrs/day		378 hrs. total
FALL Intern 18 clinical weeks	RADT-18A			9a – 10:50a		
	RADT-18C			8a – 8:50a		
RADT-18B Clinic	32 hrs/week	4 days/week	8 hrs/day		486 hrs. total	

Diagnostic Radiologic Technology Program Textbook List

All of the textbooks listed will be at some point in time required for the program, but not necessarily for each class.

@ = Required
 * = Recommended
 ^ = Provided free by the Instructor of Record

Merrill's Atlas of Radiographic Positioning & Procedures (3-volume set); Frank; Mosby

Mosby's Dictionary of Medicine, Nursing, & Health Professions; Mosby

Principles of Radiographic Imaging: An Art and A Science; Adler & Carlton; Mosby

Radiation Protection in Medical Radiography; Statkiewicz Sherer, M.; Mosby

Radiography Prep: Program Review & Exam Preparation; Saia; McGraw Hill

Sectional Anatomy Learning System: Concepts and Applications (2-Vol) Applegate, E.; Saunders

Workbook for Carlton/Adler's Principles of Radiographic Imaging; Adler & Carlton; Mosby

Workbook for Comprehensive Radiographic Pathology; Eisenberg & Johnson; Mosby

Workbook for Merrill's Atlas of Radiographic Positioning & Procedures; Frank; Mosby

Workbook for Radiation Protection in Medical Radiography; Statkiewicz Sherer, M.; Mosby

RADT 10 - Introduction to Radiologic Sciences & Health Care	*	@					@												
RADT 11 - Radiologic Procedures I	*	@					@												
RADT 12A - Radiologic Procedures II	*	@					@												
RADT 12B - Clinical Education I	*																		
RADT 13 - Radiologic Sciences I	*					@													
RADT 14A - Radiologic Sciences II	*																		
RADT 14B - Clinical Education II	*	@																	
RADT 15A - Radiologic Procedures III	*																		
RADT 15B - Clinical Education III	*																		
RADT 15C - Advanced Radiologic Procedures I														@					
RADT 15D - Radiologic Pathology	@		*																
RADT 16A - Advanced Radiologic Procedures II	*																	*	
RADT 16B - Advanced Clinical Education I			*			@	@						@						*
RADT 16C - Fluoroscopy			*		@	@							@						*
RADT 17A - Radiologic Sciences III	*																	*	
RADT 17B - Advanced Clinical Education II	*		*	*	@	@							*	*				*	*
RADT 18A - Integrative Study in Radiography	*																	*	
RADT 18B - Advanced Clinical Education III	*													@					
RADT 18C - Sectional Anatomy																			
RADT 41AMIA - Career Exploration in Ancillary Imaging Modalities																			
ALL CLASSES																			

Merced College
Diagnostic Radiologic Technology Program
Major Affiliates

Adventist Health Sonora
1000 Greenley Rd.
Sonora, CA 95370
536-3456/Fax 536-3509
#+ Danielle Paszek, CRT; Manny Espino, CRT
+ Katie Woods, CRT; Mel Quiralte, CRT
@ Janeene Barrington, CRT
**Jeff Meyer

Jeff Eller, President/Administrator/CEO
Adventist Health Pavilion ^
900 Mono Way, Sonora, CA 95370
536-6905

Doctors Hospital Manteca
1205 E. North St.
Manteca, CA 95336-4932
239-8371/Fax 824-4971
+ Ellery Sanchez, CRT; Francisco Palma, CRT
@ Kim Bettencourt; **Paul Bhangu, CRT
Brandon May, CEO

Doctors Medical Center
1441 Florida Ave.
Modesto, CA 95350
576-3626/Fax 576-3644
+ Eric Metzler, CRT; Abigail Rosas, CRT
** Miguel Perez, Interim Director
Warren Kirk, CEO

El Portal Imaging Center - Merced
3365 G. St., Ste. 100
Merced, CA 95340
384-4250/Fax 384-4269
+ Paulina Spiva, CRT; Audra Brauchler, CRT
+ Miguel Villacana, CRT; Edgar Santos, CRT
+ Brian Amfahr, CRT, CCO x 708

El Portal Imaging Center - Los Banos
245 H St., Ste. 3
Los Banos, CA 93635
710-5630, ext. 1105 (X-ray)/1106 (mammo)
+ Patricia Barba, CRT; Maria Montilla, CRT
Brian Amfahr, CRT, CCO

Emanuel Medical Center
825 Delbon Ave.
Turlock, CA 95382-9005
664-2830/Fax 664-2837
#+ Dara Singh, CRT; + Jesse Camacho, CRT
** Paul Bhangu 664-2828

Madera Community Hospital
1250 E. Almond Ave.
Madera, CA 93637
559-675-5540
+ Poachua Vu, CRT
+ Steve Bethke, CRT
** Anya Atenousazar

Madera Comm. Hospital Outpatient Center ^
1270 E. Almond Ave., Madera, CA 93637
559-675-2966

Memorial Hospital Los Banos
520 West 1st.
Los Banos, CA 93635
826-0591/Fax 827-1201
*+ Robin Zusan, CRT; Alicia Trujillo, CRT
Mike Ceragioli Chavarria, XT
** Mark Munden, CRT
Richard S. Liszewski

Memorial Medical Center
1700 Coffee Rd.
Modesto, CA 95355
526-4500 x6532/Fax 578-0714
+ Alicia Chavez, CRT (am); Renee Silva, CRT x7412
+ Lacey Lewis Rocha, CRT
** Robyne M. Novak, CRT
Daryn J. Kumar, CEO

Mercy Medical Center
333 Mercy Ave.
Merced, CA 95340
#+ Michael Mulvihill, CRT 564-3113 or 968-7081
+ Frank Mejia, CRT;
+ Alondra, Rocha, CRT; Kamaljit Dhaul, CRT
** Courage Osage, Interim Director
David Dunham, CEO

Mercy Outpatient Imaging ^
315 Mercy Ave., Ste. 102, Merced CA 95340
564-3191/Fax 564-3199

Modesto Advanced Women's Imaging Center
Medical Center
157 East Coolidge Ave.
Modesto, CA 95350
524-6800/Fax 524-6305
+ Janis Wiscarson, CRT; Diane Perez, CRT
Tracy McLane, Site Manager

Modesto Radiology Imaging
1524 McHenry Ave., Ste. 100
Modesto, CA 95350
577-4444
Tom Organ, Administrator
#+ Brad Bacich, B.S., R.R.A., CRT

Sutter Gould Medical Foundation
600 Coffee Rd.
Modesto, CA 95355
521-6097/Fax 521-3970
@ Melissa Eslinger, CRT
** Michael Proscia, RT (CV)(R)
+ Charish Hernandez, CRT; Evelin Camorlinga, CRT
Gary Zufelt, CEO

Sutter Gould Stockton Medical Plaza
2505 W. Hammer Lane
Stockton, CA 95209
521-6097 x6012/Fax 951-2635
+ Roshni Bhakta, CRT; Cammeron Veasley, CRT
David Mawson, XT

Sutter Tracy Community Hospital
1420 Tracy Blvd.
Tracy, CA 95375
832-6022 press 4/Fax 832-6024
+ Mark Doblados, CRT; Adrian Barnett, CRT
** David Bowlsby, CRT
David M. Thompson, CEO

Turlock Imaging Services
3900 Geer Rd.
Turlock, CA 95382
669-0600 x7820/Fax 846-7315
#+ CRT; Jennifer Garcia, CRT
Tricia Del Rio, Administrator

Valley Childrens Hospital
9300 Valley Childrens Place
Madera, CA 93636
(559) 353-5076
+ Kimberley Ramon, CRT; Hlue Xiong, CRT
** Robyn Holub, MSHS, RDMS, RVT, RT
@ Reza Sabet Ghadam, CRT, EMBA

Legend:
Supervisor or Chief Technologist
@ Department Manager, Radiology
+ Clinical Preceptor, Radiology
** Director of Imaging Services
^Outpatient Services for Affiliated Hospital

**Merced College
Allied Health Division**

Hepatitis Notice

Hepatitis is a term meaning "inflammation of the liver". There are four forms of the disease: Hepatitis A, Hepatitis B, Hepatitis C, and Hepatitis D. They are all caused by viruses, but are very different. Hepatitis A, also known as infectious hepatitis, is the most common form of hepatitis.

Hepatitis A virus is found in the human feces and is usually spread by eating something contaminated. Hepatitis C (HCV) accounts for a substantial portion of acute and chronic liver disease in the U.S. The primary modes of transmission of HCV are parenteral (blood transfusion, IV drug abuse, needlestick). Although not transmitted as efficiently as Hepatitis B, HCV can be transmitted sexually and perinatally. Hepatitis D infection only exists in the presence of HBV with the route of transmission similar to HBV. Fortunately, Hepatitis D is uncommon in the U.S.

HEPATITIS B: (HBV) is a virus formerly known as serum hepatitis. HBV is a major cause of acute and chronic hepatitis, cirrhosis, and primary hepatocellular carcinoma. The virus can be found in an infected person's body fluids, including blood, semen, vaginal secretions, saliva, and urine. HBV is more dangerous than other viruses because the virus can survive for more than seven days in dried blood or on exposed surfaces, thus increases the chances for infection.

Some HBV infections can be asymptomatic; however, symptoms of HBV may also include jaundice, anorexia, nausea, arthritis, rash, and fever.

A screening test for Hepatitis B surface antibody to determine whether you are presently immune to Hepatitis B is available. That test is performed on drawn blood.

Should it be determined that you are not immune to Hepatitis B, a vaccine is available which could decrease your chances of contracting Hepatitis B. Realize that as a student and future employee in a health occupation, you have an increased risk of contracting this serious illness.

There are risks involved in performing the test to determine if you are immune to Hepatitis B. Those risks include, but are not necessarily limited to bleeding, injury from the needle to various structures surrounding the vein from which the blood is drawn, including injury to nerves, blood vessels, and surrounding tissue which could result in paralysis, paresthesia, or numbness and tingling, or formation of a blood clot which could dislodge and enter your blood stream causing severe injury or death.

There are also risks attendant in receiving the vaccine against Hepatitis B, including but not necessarily limited to an adverse reaction to the vaccine which could cause anything from mild discomfort to severe injury or death caused by an anaphylactic or allergic reaction to the vaccine. In addition to all of the above, there are also unknown, rare, unpredictable and unanticipated complications which can possibly occur.

A high percentage of healthy people who receive two doses of vaccine and a booster achieve high levels of surface antibody (anti-HB's) and protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine, but over half of those receiving it do develop antibodies. Full immunization requires three doses of vaccine over a six month period, although some persons may not develop immunity even after three doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical Hepatitis in spite of immunization.

**Merced College
Allied Health Division**

Hepatitis B Vaccine Status

Instructions: A copy of your immunization record is to be included in your clinical notebook for examination by clinical personnel during your orientation process to each new clinical facility and the second copy is to be provided to the program director for filing in your personal file.

I have received the Allied Health Department's communication concerning Hepatitis B. I understand that vaccination is indicated for me because of the possibility that I may be exposed to Hepatitis B in the course and scope of my clinical training and future employment. I have also been advised as to the potentially dangerous risks and consequences of my failure to be tested and receive the vaccination at this time.

I have also been advised that a clinical facility has the right to refuse my student clinical assignment if I have not been immunized - even if I sign a waiver of liability.

My signature below constitutes my acknowledgment:

- A. That the testing procedure and vaccination set forth has been adequately explained to me and that I have received all of the information I desire concerning such procedure and vaccination; and
- B. That I have read, understand and agreed to the testing and/or vaccination procedure indicated below.

Check One:

- I plan to be tested to determine Hepatitis B immunity. If test results indicate immunity, I will provide verification, otherwise I plan to seek immunization through my private doctor or by a health care facility and I will provide a copy of my verification when I have completed the three inoculations.

Date submitted: _____

- I do NOT want to be tested for Hepatitis B immunity, but I do plan to seek immunization through my private doctor or by a health care facility and I will provide a copy of my verification when I have completed the three inoculations.

Date submitted: _____

- I am already immunized and will provide verification.

Date submitted: _____

- I have decided not to pursue immunization for Hepatitis B even though I understand I am at some risk of contracting this disease. Therefore, with my signature below I am releasing and hold harmless Merced College and all clinical facilities of any responsibility for my exposure to or contracting of Hepatitis B.

Sign and Date, have Witness Sign and Date:

Student Signature

Witness Signature

Date

Date

**Merced College
Allied Health Division**

Hepatitis A Vaccine Status

Instructions: A copy of your immunization record is to be included in your clinical notebook for examination by clinical personnel during your orientation process to each new clinical facility and the second copy is to be provided to the program director for filing in your personal file.

I have received the Allied Health Department's communication concerning Hepatitis A. I understand that vaccination is indicated for me because of the possibility that I may be exposed to Hepatitis A in the course and scope of my clinical training and future employment. I have also been advised as to the potentially dangerous risks and consequences of my failure to be tested and receive the vaccination at this time.

I have also been advised that a clinical facility has the right to refuse my student clinical assignment if I have not been immunized - even if I sign a waiver of liability.

My signature below constitutes my acknowledgment:

- A. That the testing procedure and vaccination set forth has been adequately explained to me and that I have received all of the information I desire concerning such procedure and vaccination; and
- B. That I have read, understand and agreed to the testing and/or vaccination procedure indicated below.

Check One:

- I plan to be tested to determine Hepatitis A immunity. If test results indicate immunity, I will provide verification, otherwise I plan to seek immunization through my private doctor or by a health care facility and I will provide a copy of my verification when I have completed the three inoculations.

Date submitted: _____

- I do NOT want to be tested for Hepatitis A immunity, but I do plan to seek immunization through my private doctor or by a health care facility and I will provide a copy of my verification when I have completed the three inoculations.

Date submitted: _____

- I am already immunized and will provide verification.

Date submitted: _____

- I have decided not to pursue immunization for Hepatitis A even though I understand I am at some risk of contracting this disease. Therefore, with my signature below I am releasing and hold harmless Merced College and all clinical facilities of any responsibility for my exposure to or contracting of Hepatitis A.

Sign and Date, have Witness Sign and Date:

Student Signature

Witness Signature

Date

Date

Merced College
Diagnostic Radiologic Technology Program
Remediation Plan and Outcome

Student: _____

Semester/Year: _____

UNSATISFACTORY OBJECTIVE(S) : Unsatisfactory progress for RADT – xxxx

PLAN:

- | | |
|---|--|
| <input type="checkbox"/> Counseling - instructor | <input type="checkbox"/> Suspension for _____ days |
| <input type="checkbox"/> Counseling - outside referral | <input type="checkbox"/> Dismissal |
| <input type="checkbox"/> Letter of concern | <input type="checkbox"/> Clinical reassignment |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Increase clinic performance evaluation to every |
| <input type="checkbox"/> Increase didactic performance evaluations
as noted below: | two weeks for a total of _____ weeks. |

As listed in the course outline, the lowest percentage grade a student may receive and still pass the course is 75%. Your _____ % performance is/has been below this figure and continues to be a cause for concern. This evaluation is being conducted at this time in order to alert you to a potential problem in remaining in the RT Program. As stated in your student handbook, a student must pass each RT course with a "C" grade" or better in order to remain enrolled in the RT Program.

In order to ensure your continued enrollment, your scores or clinic performance must dramatically improve.

SUGGESTED RESOURCES and ACTIVITIES:

1. Re-evaluate your schedule (home/work/school/recreation) and see where you can modify your schedule in order to spend more time studying.
2. Involve yourself in a RT student group session with your classmates.
3. Speak up more when you have a question otherwise it's assumed we can move onto the next topic. Become more involved in classroom activities and discussions.
5. Seek assistance through the Counseling Area (384-6478) and/or Student Success Services.
6. Take advantage of the Open Skill Lab (OSL) hours; spend time reviewing radiography software, perform simulated exams, etc. Ask for instructor assistance in areas of weakness.

FOLLOW-UP CONFERENCE TO BE HELD: _____

STUDENT COMMENTS: _____

Instructor's Signature

Date

Student's Signature

Date

REMEDATION OUTCOME:

Follow-up Conference Notation:

_____ Has overcome deficiencies and now meets objectives and or requirements, no further action required.

_____ Has not overcome deficiencies and does not meet objectives and or requirements, see below for follow-up remediation action.

REMEDATION FOLLOW-UP ACTION

Continuation of remediation plan recommended

FOLLOW-UP CONFERENCE TO BE HELD: _____

Dismissal

Additional Comments:

Student Comments:

Instructor's Signature

Student's Signature

Date

Date

FINAL REMEDIATION ACTION

Has overcome deficiencies and now meets objectives and or requirements, no further action required.

Did not overcome deficiencies and does not meet objectives and or requirements and is therefore being dismissed from the program.

Instructor's Signature

Student's Signature

Date

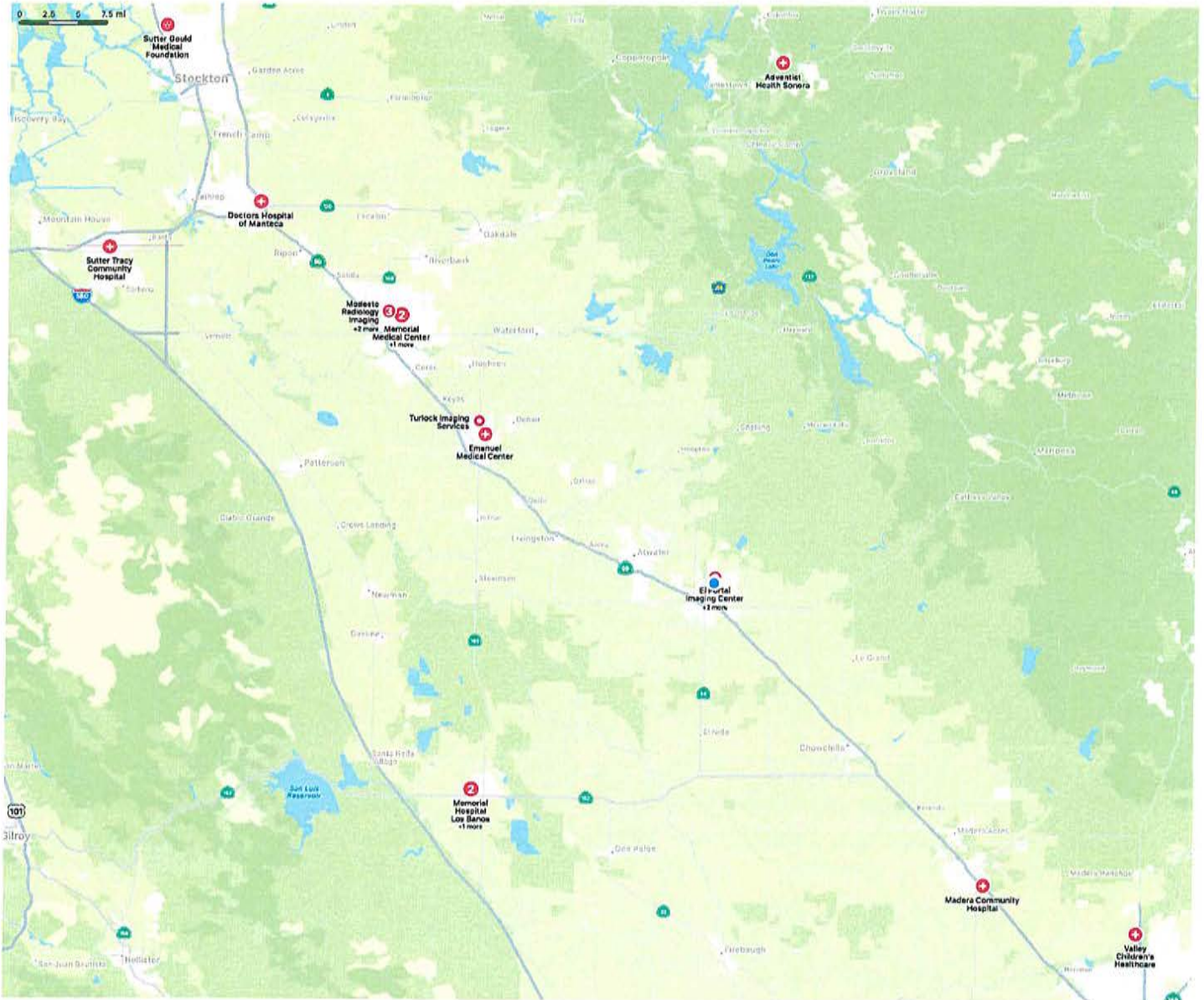
Date

cc: File; Student; Program Director; Area Dean; Other

Merced College

Diagnostic Radiologic Technology Program

Clinical Sites





Book	Administrative Procedures
Section	5000 - Student Services
Title	Standards of Conduct
Code	5500
Status	Active
Legal	Education Code Section 66300
Adopted	March 5, 2002
Last Revised	October 11, 2016

Definitions

The following conduct shall constitute good cause for discipline, including but not limited to the removal, suspension or expulsion of a student.

- Causing, attempting to cause, or threatening to cause physical injury to another person.
- Possession, sale or otherwise furnishing any firearm, knife, explosive or other dangerous object, including but not limited to any facsimile firearm, knife or explosive, unless, in the case of possession of any object of this type, the student has obtained written permission to possess the item from a district employee, which is concurred in by the college president.
- Unlawful possession, use, sale, offer to sell, or furnishing, or being under the influence of, any controlled substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the California Health and Safety Code, an alcoholic beverage, or an intoxicant of any kind; or unlawful possession of, or offering, arranging or negotiating the sale of any drug paraphernalia, as defined in California Health and Safety Code Section 11014.5.
- Committing or attempting to commit robbery or extortion.
- Causing or attempting to cause damage to district property or to private property on campus.
- Stealing or attempting to steal district property or private property on campus, or knowingly receiving stolen district property or private property on campus.
- Willful or persistent smoking in any area where smoking has been prohibited by law or by regulation of the college or the District.
- Sexual assault or sexual exploitation regardless of the victim's affiliation with the district.
- Committing sexual harassment as defined by law or by District policies and procedures.
- Engaging in harassing or discriminatory behavior based on disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or any other status protected by law.
- Engaging in intimidating conduct or bullying against another student through words which are not essential part of any exposition of academic ideas, or actions, including direct physical contact, verbal assaults, such as teasing or name-calling; social isolation or manipulation; and cyber bullying.
- Willful misconduct which results in injury or death to a student or to college personnel or which results in cutting, defacing, or other injury to any real or personal property owned by the District or on campus.
- Disruptive behavior, willful disobedience, habitual profanity or vulgarity, or the open and persistent defiance of the authority of, or persistent abuse of, college personnel.
- Cheating, plagiarism (including plagiarism in a student publication), or engaging in other academic dishonesty.
- Dishonesty; forgery; alteration or misuse of college documents, records or identification; or knowingly furnishing false information to the District.
- Unauthorized entry upon or use of college facilities.
- Lewd, indecent or obscene conduct on District-owned or controlled property, or at District-sponsored or supervised functions.
- Engaging in expression which is no essential part of any exposition of academic ideas, and which is obscene; libelous or slanderous; or which so incites students as to create a clear and present danger of the commission of unlawful acts on college premises, or the violation of lawful District administrative procedures, or the substantial disruption of the orderly operation of the District.
- Persistent, serious misconduct where other means of correction have failed to bring about proper conduct.
- Unauthorized preparation, giving, selling, transfer, distribution, or publication, for any commercial purpose, of any contemporaneous recording of an academic presentation in a classroom or equivalent site of instruction, including but not limited to handwritten or typewritten class notes, except as permitted by any district policy or administrative procedure.
- Engaging and/or committing other crimes on District property or related functions as defined by local, and/or federal laws.

Students who engage in any of the above are subject to the procedures outline in *AP 5520 Student Discipline Procedures*.

Adopted 03/05/02
Last Revised 10/11/16



Book	Administrative Procedures
Section	5000 - Student Services
Title	Student Discipline Procedures
Code	5520
Status	Active
Legal	Education Code 76030 Education Code Section 72122 Education Code Section 66300
Adopted	March 5, 2002
Last Revised	October 11, 2016

The purpose of this procedure is to provide a prompt and equitable means to address violations of the Standards of Student Conduct, which guarantees to the student or students involved the due process rights guaranteed them by state and federal constitutional protections. This procedure will be used in a fair and equitable manner, and not for purposes of retaliation. It is not intended to substitute for criminal or civil proceedings that may be initiated by other agencies.

These Administrative Procedures are specifically not intended to infringe in any way on the rights of students to engage in free expression as protected by the state and federal constitutions, and by Education Code Section 76120, and will not be used to punish expression that is protected.

Definitions

District--The Merced Community College District

Student-- Any person currently enrolled as a student at any college or in any program offered by the District.

Instructor-- Any academic employee of the District in whose class, a student subject to discipline is enrolled, or counselor who is providing or has provided services to the student, or other academic employee who has responsibility for the student's educational program.

Short-term Suspension-- Exclusion of the student by the Superintendent/President or designee for good cause from one or more classes for a period of up to ten consecutive days of instruction.

Long-term Suspension-- Exclusion of the student by the Superintendent/President or designee for good cause from one or more classes for the remainder of the school term, or from all classes and activities of the college for one or more terms.

Expulsion--Exclusion of the student by the Board of Trustees from all instructional sites in the District for one or more terms.

Removal from class--Exclusion of the student by an instructor for the day of the removal and the next class meeting.

Written or verbal reprimand--An admonition to the student to cease and desist from conduct determined to violate the Standards of Student Conduct. Written reprimands may become part of a student's permanent record at the college. A record of the fact that a verbal reprimand has been given may become part of a student's record at the college for a period of up to one year.

Withdrawal of Consent to Remain on Campus-- Withdrawal of consent by the Vice President, Student Services for any person to remain on campus in accordance with California Penal Code Section 626.4 where the Vice President, Student Services has reasonable cause to believe that such person has willfully disrupted the orderly operation of the campus.

Day--Days during which the District is in session and regular classes are held.

Short-term Suspensions, Long-term Suspensions, and Expulsions

Before any disciplinary action to suspend or expel is taken against a student, the following procedures will apply:

Notice

The Vice President, Student Services will provide the student with written notice of the conduct warranting the discipline. The written notice will include the following:

- The specific section of the Standards of Student Conduct that the student is accused of violating.
- A short statement of the facts supporting the accusation.
- The right of the student to meet with the Vice President, Student Services or designee to discuss the accusation, or to respond in writing.
- The nature of the discipline that is being considered.

NOTE: "Notice" may be completed during a preliminary hearing or meeting between the student and the college official after a violation of one or more of the Standards of Conduct has been reported.

Time limits

The notice must be provided to the student within a reasonable amount of time (10 instructional days unless an investigation is needed) of the date on which the conduct took place or of the date on which the conduct was reported; in the case of continuous, repeated or ongoing conduct, the notice must be provided within a reasonable amount of time (10 instructional days unless an investigation is needed) of the date on which conduct occurred or of the date on which the conduct was reported which led to the decision to take disciplinary action.

Meeting

If the student chooses to meet with the Vice President, Student Services or designee, the meeting must occur within 5 days after the notice is provided, exceptions to this timeline must be mutually agreed upon. At the meeting, the student must again be told the facts leading to the accusation, and must be given an opportunity to respond verbally or in writing to the accusation.

Short-term Suspension

Within 5 days after the meeting described above, the Superintendent/President shall, pursuant to a recommendation from the Vice President, Student Services, decide whether to impose a short-term suspension, whether to impose some lesser disciplinary action, or whether to end the matter. Written notice of the decision shall be provided to the student. The notice will include the length of time of the suspension, or the nature of the lesser disciplinary action. The Superintendent/President's decision on a short-term suspension shall be final.

Long-term Suspension

Within 10 days after the meeting described above, the Superintendent/President shall, pursuant to a recommendation from the Vice President, Student Services, decide whether to impose a long-term suspension. Written notice of the decision shall be provided to the student. The notice will include the right of the student to request a formal hearing before a long-term suspension is imposed, and a copy of this policy describing the procedures for a hearing.

Expulsion

Within 10 days after the meeting described above, the Superintendent/President shall, pursuant to a recommendation from the Vice President, Student Personnel Services, decide whether to recommend expulsion to the Board of Trustees. Written notice of the Superintendent/President's decision shall be provided to the student. The notice will include the right of the student to request a formal hearing before expulsion is imposed, and a copy of this policy describing the procedures for a hearing.

Hearing Procedures:

Request for Hearing

Within 5 days after receipt of the Superintendent/President's decision regarding a long-term suspension or expulsion, the student may request a formal hearing. The request must be made in writing to the Superintendent/President or designee.

Schedule of Hearing

The formal hearing shall be held within 10 days after a formal request for hearing is received.

Hearing Panel

The hearing panel for any disciplinary action shall be composed of one administrator or manager, two faculty and two students. The President of the Faculty Senate and the President of ASMC shall, at the beginning of the academic year, establish a list of five persons who will serve on student disciplinary panels. Two faculty and two students will be selected, at random, to serve on a hearing panel. The Superintendent/President shall appoint an administrator/ manager to serve on each panel. No administrator, manager, faculty member or student who has any personal involvement in the matter to be decided, who is a necessary witness, or who could not otherwise act in a neutral manner may serve on the panel.

Hearing Panel Chair

The hearing panel shall elect one member of the panel to serve as the chair. The decision of the hearing panel chair shall be final on all matters relating to the conduct of the hearing unless there is a vote by both other members of the panel to the contrary.

Conduct of the Hearing

The members of the hearing panel shall be provided with a copy of the accusation against the student and any written response provided by the student before the hearing begins.

The facts supporting the accusation shall be presented by a college representative who shall be the Vice President, Student Services or designee.

The college representative and the student may call witnesses and introduce oral and written testimony relevant to the issues of the matter.

Formal rules of evidence shall not apply. Any relevant evidence shall be admitted.

Unless the hearing panel determines to proceed otherwise, the college representative and the student shall each be permitted to make an opening statement. Thereafter, the college representative shall make the first presentation, followed by the student. The college representative may present rebuttal evidence after the student completes his or her evidence. The burden shall be on the college representative to prove by substantial evidence that the facts alleged are true.

The student may represent him or herself, and may also have the right to be represented by a person of his or her choice. However, the student shall not be represented by an attorney unless, in the judgment of the hearing panel, complex legal issues are involved. If the student wishes to be represented by an attorney, a request must be presented not less than five days prior to the date of the hearing. If the student is permitted to be represented by an attorney, the college representative may request legal assistance. The hearing panel may also request legal assistance; any legal advisor provided to the panel may sit with it in an advisory capacity to provide legal counsel but shall not be a member of the panel nor vote with it.

Hearings shall be closed and confidential unless the student requests that it be open to the public. Any such request must be made no less than 5 days prior to the date of the hearing.

In a closed hearing, witnesses shall not be present at the hearing when not testifying, unless all parties and the panel agree to the contrary.

The hearing shall be recorded by the District either by tape recording or stenographic recording, and shall be the only recording made. No witness who refuses to be recorded may be permitted to give testimony. In the event the recording is by tape recording, the hearing panel chair shall, at the beginning of the hearing, ask each person present to identify themselves by name, and thereafter shall ask witnesses to identify themselves by name. Tape recording shall remain in the custody of the District at all times, unless released to a professional transcribing service. The student may request a copy of the tape recording.

All testimony shall be taken under oath; the oath shall be administered by the hearing panel chair. Written statements of witnesses under penalty of perjury shall not be used unless the witness is unavailable to testify. A witness who refuses to be tape recorded is not unavailable.

Within five days following the close of the hearing, the hearing panel shall prepare and send to the Superintendent/President a written decision. The decision shall include specific factual findings regarding the accusation, and shall include specific conclusions regarding whether any specific section of the Standards of Student Conduct were violated. The decision shall also include a specific recommendation regarding the disciplinary action to be imposed, if any. The decision shall be based only on the record of the hearing, and not on matter outside of that record. The record consists of the original accusation, the written response, if any, of the student, and the oral and written evidence produced at the hearing.

Superintendent/President's Decision:

Long-term suspension

Within 5 days following receipt of the hearing panel's recommended decision, the Superintendent/President shall render a final written decision. The Superintendent/President may accept, modify or reject the findings, decisions and recommendations of the hearing panel. If the Superintendent/President modifies or rejects the hearing panel's decision, the Superintendent/President shall review the record of the hearing, and shall prepare a new written decision which contains specific factual findings and conclusions. The decision of the Superintendent/President shall be final.

Expulsion

Within 5 days following receipt of the hearing panel's recommended decision, the Superintendent/President shall render a written recommended decision to the Board of Trustees. The Superintendent/President may accept, modify or reject the findings, decisions and recommendations of the hearing panel. If the Superintendent/President modifies or rejects the hearing panel's decision, he or she shall review the record of the hearing, and shall prepare a new written decision which contains specific factual findings and conclusions. The Superintendent/President's decision shall be forwarded to the Board of Trustees.

Board of Trustees Decision:

The Board of Trustees shall consider any recommendation from the Superintendent/President for expulsion at the next regularly scheduled meeting of the Board after receipt of the recommended decision.

The Board shall consider an expulsion recommendation in closed session, unless the student has requested that the matter be considered in a public meeting in accordance with these procedures. (Education Code Section 72122)

The student shall be notified in writing, by registered or certified mail or by personal service, at least three days prior to the meeting, of the date, time, and place of the Board's meeting.

The student may, within forty-eight hours after receipt of the notice, request that the hearing be held as a public meeting.

Even if a student has requested that the Board consider an expulsion recommendation in a public meeting, the Board will hold any discussion that might be in conflict with the right to privacy of any student other than the student requesting the public meeting in closed session.

The Board may accept, modify or reject the findings, decisions and recommendations of the Superintendent/President and/or the hearing panel. If the Board modifies or rejects the decision, the Board shall review the record of the hearing, and shall prepare a new written decision which contains specific factual findings and conclusions. The decision of the Board shall be final.

The final action of the Board on the expulsion shall be taken at a public meeting, and the result of the action shall be a public record of the District.

Immediate Interim Suspension [Education Code Section 66017]:

The Superintendent/President or designee may order immediate suspension of a student where he or she concludes that immediate suspension is required to protect lives or property and to ensure the maintenance of order. In cases where an interim suspension has been ordered, the time limits contained in these procedures shall not apply, and all hearing rights, including the right to a formal hearing where a long-term suspension or expulsion is recommended, will be afforded to the student within ten (10) days.

Removal from Class [Education Code Section 76032]:

Any instructor may order a student removed from his or her class for the day of the removal and the next class meeting. The professor shall immediately report the removal to the area dean. If a removal from class is due to serious behavioral problems and disciplinary action is needed, the dean should notify the Vice President of Student Services and the Vice President of Instruction and the disciplinary procedures described in earlier sections will be followed.

The student will not be returned to the class during the period of removal without the concurrence of the professor. Nothing herein will prevent the Vice President of Student Services from recommending further disciplinary measures in accordance with these procedures based on the facts which led to the removal.

If it is likely that behavior problems may reoccur, but a suspension is not necessary, the area dean shall arrange for a conference between the student and the instructor regarding the removal. The dean shall attend the conference if the instructor and/ or the student requests. Meetings also may be held at the request of the professor or student even if further disciplinary action is not anticipated.

Adopted 03/05/02
Last Revised 10/11/16

Time Limits:

Any times specified in these procedures may be shortened or lengthened if there is mutual concurrence by all parties.



Book	Administrative Procedures
Section	5000 - Student Services
Title	Student Rights and Grievances
Code	5530
Status	Active
Adopted	January 8, 2008
Last Revised	October 13, 2015

When a student feels subjected to unfair action or denied rights as stipulated in published College regulations, policies, or procedures, redress can be sought according to the grievance procedure.

A grievance action may be initiated by the student against any District employee or a fellow student. A grievance may include:

1. Any violation or unfair application of published College regulations, policies, or procedures (not including those prohibiting discrimination, including harassment);
2. One or more acts of, or perceived threat of, harassment or aggression (not including harassment on a protected basis such as sex, race, or disability);
3. Improper or unwarranted imposition of discipline.
4. Fraud, bad faith, or incompetence by an instructor. Simple clerical errors should be corrected in cooperation with the instructor, area dean, and/or Admissions and Records Office as needed.

The following are not grounds for use of the student grievance procedure:

1. Complaints of discrimination, including harassment, on the basis of age, sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability, described in College rules and regulations, which shall be resolved by the Office of Human Resources or the appropriate district officer or agency. These complaints shall follow the process and time line identified in the Policy and Procedures for Complaints of Unlawful Discrimination, Administrative Procedure 3430.
2. Student concerns regarding the awarding of grades (except as a result of actions described above as grounds for student grievance), which generally shall be resolved through the Office of Instruction. Complaints of discrimination, including harassment, regarding the awarding of grades shall be resolved under the Policy and Procedures for Complaints of Unlawful Discrimination. See Board Policy and Administrative Procedure 4231 for more information regarding grade changes.
3. Local, state, and federal law violations which should be resolved through the appropriate legal action. Campus Police can be contacted for violations that need immediate action.

Allegations of sexual discrimination, including sexual harassment, are to be referred to the Title IX Coordinator who is the District officer responsible for investigation. Allegations of discrimination based on disability are to be referred to the Section 504/ADA Coordinator who is the District officer responsible for investigation. Individuals may also contact and/or file a complaint with:

For issues related to sex, race, disability, or age discrimination:

The Office for Civil Rights, U.S. Department of Education

50 Beale Street, Suite 7200, San Francisco, CA 94105

1-415-486-5555 (voice); 1-415-227-8124 (TTY)

For issues related to disability:

The U.S. Department of Justice, Civil Rights Division

Disability Rights section, 950 Pennsylvania Avenue, NW, Washington, D.C. 20530

Telephone: 1-202-514-0301 (voice) or 1-202-514-0383 (TTY)

For employment issues:

The U.S. Equal Employment Opportunity Commission,

Communications, 1601 L Street N.W., Washington, D.C. 20507

Telephone: 1-800-669-EEEOC (voice); 1-800-669-6282 (TTY)

For accreditation issues:

The Accrediting Commission for Community and Junior Colleges

Western Association of Schools and Colleges

10 Commercial Boulevard, Suite 204

Novato, CA 94949

Telephone: 415-506-0234 - Fax: 415-506-0236 - Email: aaccj@accjc.org

OVERVIEW

There are two phases to the Student Grievance Procedure:

1. Informal Resolution
2. Formal Grievance

1. Informal Resolution

Every attempt should be made to resolve the issue at this level.

There are several ways a student can attempt to resolve a complaint, dispute, or disagreement with a faculty/staff member/other student in an informal manner.

The steps below outline in detail the informal resolution process that a student must follow before filing a formal grievance. It is expected that in good faith all parties involved will try and resolve the issue at this level.

- (1) The student should attempt to solve his or her complaint, dispute or disagreement by meeting with the faculty/staff member/other student.
- (2) If this is unsuccessful, the student then should meet with the faculty or staff member's supervisor or dean. If the grievance involves another student, contact should be made with the Dean of Student Services.
- (3) At this point during the informal resolution process, any party involved may request the Dean of Student Services to appoint a mediator to assist in resolving the complaint, dispute or disagreement. Mediators are Merced College faculty and/or staff who have been trained in mediation skills. They serve in a neutral role. The mediator shall schedule and facilitate meetings between the parties involved.
- (4) If the student and faculty/staff member/other student are unable to resolve the issue, the student may initiate a formal grievance.

2. Formal Grievance

There are four phases to the Formal Grievance Procedure:

1. Review by Dean of Student Services
2. Consideration by Grievance Hearing Committee
3. Grievance Hearing Committee Decision and Recommendation
4. The College Superintendent/President's Decision

1. Review by the Dean of Student Services

Not all disputes and disagreements between students and faculty/staff member are grievable. Before a student is granted a formal grievance review, he/she shall submit a *Student Petition for Grievance Review and/or Hearing* to the Dean of Student Services, who will review the petition to determine if a grievable act has occurred in accordance with the Administrative Procedure.

In order for the grievance to proceed to a Grievance Hearing Committee, the Dean must find that the grievance alleges that an instructor, an administrator, a member of the classified professionals, or a fellow student committed one or more of the following acts:

- Any violation or unfair application of published College regulations, policies, or procedures (not including those prohibiting discrimination, including harassment).
- One or more acts of harassment or aggression, or a perceived threat of same (not including harassment on a protected basis such as sex, race, or disability).
- Improper or unwarranted imposition of discipline.
- Fraud, bad faith, or incompetence by an instructor. Simple clerical errors should be corrected in cooperation with the instructor, area dean, and/or Admissions and Records Office as needed.

Note: The faculty/staff member/other student being grieved against will be informed in writing of the Statement of Grievance and may supply a one-page rebuttal, plus supporting documentation or additional information. The rebuttal and five (5) copies must reach the Dean of Student Services the day before the scheduled determination.

If the Dean finds that the grievance alleges an act other than the above, the following may occur:

1. The request for a grievance hearing may be rejected because the grievance does not allege a grievable act as defined by the Administrative Procedure.
2. The student may be asked to revise the Statement of Student Grievance to restate the facts to identify a grievable act as defined by the Administrative Procedure.

If the grievance is rejected:

If the grievance is rejected by the Dean of Student Services, the student may appeal in writing to the Vice President of Student Services, who will review the appeal within ten (10) instructional days and will seek the advice of representatives of the Academic Senate and Associated Students of Merced College. No further appeals are possible.

If the grievance is approved:

If the Dean of Student Services finds that the grievance alleges a grievable act as defined by the Administrative Procedure, the Dean will forward the grievance to the Vice President of Student Services.

If the grievance must be revised:

If the student is requested to revise the Statement of Grievance by the Dean of Student Services, he or she must refile with the Dean of Student Services within ten (10) instructional days of receipt of the request. The student should note that this is a revision at the top of the Statement of Grievance form. The Dean of Student Services then will either reject the request for a grievance review or forward the revised grievance to the Vice President of Student Services.

If a student wishes to proceed with the Grievance Hearing, the office of the Vice President of Student Services will arrange for the hearing to commence within twenty (20) regular semester instructional days of the decision of the Grievance Hearing Committee. NOTE: For the purposes of this procedure, regular semester instructional days are considered instructional days during fall and spring semesters.

2. Consideration by Grievance Hearing Committee

If the student's Statement of Grievance is granted a Consideration by Grievance Hearing Committee, the Consideration will proceed as follows:

- (a) Each party to the grievance will be permitted to submit a written brief setting forth his or her position as to the outstanding issues relating to the grievance.
- (b) Each party to the grievance may submit written statements by relevant witnesses supported by affidavits if such statements tend to prove or disprove any of the outstanding issues relating to the grievance. A copy of each written statement will be forwarded to each party to the grievance. A witness statement form is included in the grievance packet.
- (c) The burden shall be on the person filing the grievance to prove by a preponderance of the evidence (i.e. more likely than not) that the facts alleged are true and that his or her grievance should be sustained.
- (d) Each party to the grievance shall represent him or herself and shall also have the right to be represented by a person of their choice. The Committee may request that legal counsel advise the Committee as to procedural and legal matters related to the review, but no legal counsel shall be a member of the Committee nor be permitted to sit with the Committee during deliberations.
- (e) A copy of all evidence submitted by each party of the grievance shall be maintained. The deliberations of the Committee shall be recorded. All evidence and tapes will be kept in the College Superintendent/President's Office or other location designated by the College Superintendent/President.

The Committee shall review the evidence submitted. The Committee, at its discretion, may interview any member of the College community, including the parties involved in the dispute, in order to reach a decision in this matter. Once the Committee has completed its review and fact-finding activities, it shall issue a decision in the case.

3. The Hearing Committee Decision and Recommendation

The Committee shall reach a decision and make a recommendation based upon only the evidence submitted by the parties to the grievance, and within the parameters set forth by this Administrative Procedure. Within twenty (20) regular semester instructional days following the conclusion of the review, the Committee shall prepare a written Proposed Decision and Recommendation, which it shall submit to the College Superintendent/President with copies to the parties. The Proposed Decision shall contain specific findings on each issue of the grievance, together with the Committee's recommendation for resolving the matter.

4. The College Superintendent/President's Decision

Within ten (10) regular semester instructional days following the Committee's submission of its Proposed Decision and Recommendation to the College Superintendent/President, the parties shall be allowed to submit written objections to the Committee's decision. During this time, the parties to the grievance may review any evidence submitted to the Committee. After consideration of any objections filed, the College Superintendent/President may accept or reject the findings and recommendations of the Committee. However, the College Superintendent/President shall not reject or make substantial modifications to the Committee's decision without review of the record and consultation with the Committee. The decision of the College Superintendent/President shall be final for purposes of these procedures.

1. Grievance Hearing Committee composition

1. Two students selected by the Vice President of Student Services from a list of not less than five (5) names submitted by the ASMC President with the approval of the ASMC Executive Board.
 2. Two faculty members selected by the Vice President of Student Services from a list of not less than five (5) names submitted by the Academic Senate. If the complaint is against a classified employee, two classified employees will be appointed to the panel in lieu of faculty members.
 3. A member of the college administrative staff selected by the Vice President of Student Services.
 4. No member may serve as a member of the Committee if that person has been directly involved in any matter giving rise to the grievance, made any statement indicating bias in the matter, or otherwise could not act in a neutral manner. The Vice President of Student Services is responsible for removing a member from the committee if either party of the dispute challenges a member for bias and if bias is determined by the Vice President. The Vice President of Student Services must receive any challenges by the parties involved in the grievance to the make-up of the committee in writing at least two (2) instructional days before the scheduled hearing.
- 2. Multiple Complaints**
When there are like complaints against one individual, students may request that the complaint be heard at one hearing. If the Vice President of Student Services notices like complaints against one faculty/staff member, he/she shall ask students if they wish their complaint to be heard as a group.

**Merced College
Student Petition for
Grievance Review and/or Hearing**

Name of Petitioner _____
Address _____
Phone _____
Received _____

Date of Grievable Act _____
OR
Reasonable knowledge that grievable act has occurred, Date _____
(Must be within twenty (20) instructional days of grievable act.)

Statement of Grievance

A grievance action may be initiated by the student against any District employee or a fellow student. Please select which of the following is the basis for your grievance:

- Any violation or unfair application of published College regulations, policies, or procedures (not including those prohibiting discrimination, including harassment).
- One or more acts of, or perceived threat of, harassment or aggression (not including harassment on a protected basis such as sex, race, or disability).
- Improper or unwarranted imposition of discipline.
- Fraud, bad faith, or incompetence by an instructor. Simple clerical errors should be corrected in cooperation with the instructor, area dean, and/or Admissions and Records Office as needed.

Please complete *only* if you have made revisions to the petition or attached information:
INITIAL _____ REVISED (Date): _____

Specific basis for grievance (Add additional information on an attached sheet. Be as concise as possible.)

Specific relief requested:

Witness Statements: Please attach witness statement forms if appropriate.

Please complete *only* if you have made revisions to the petition or attached information:
INITIAL _____ REVISED (Date): _____

Witness Statements: Please attach witness statement forms if appropriate.

Witness Statement Form

The witness statements are an important element of the grievance hearing process and will be considered carefully. Statements should be as accurate and concise as possible. The hearing panel may request additional information from a witness if needed.

Name: _____
Mailing Address: _____
Telephone Number: _____
Witness Signature: _____
Date: _____

Statement: If preferred, attach a typed statement to this form.

Adopted 10/13/15



Book	Administrative Procedures
Section	5000 - Student Services
Title	Academic Honesty Procedure
Code	5540
Status	Active
Adopted	November 5, 2002

Academic dishonesty is a violation of the Student Code of Conduct and is handled by the Vice-President of Student Personnel.

Merced College has the responsibility to ensure that grades assigned are indicative of the knowledge and skill level of each student. Acts of academic dishonesty make it impossible to fulfill this responsibility, and they weaken our society. Faculty, students, administrators, and classified professionals share responsibility for ensuring academic honesty in our college community and will make a concerted effort to fulfill the following responsibilities.

FACULTY RESPONSIBILITIES

Faculty have a responsibility to encourage academic honesty in their classrooms. In the absence of academic honesty, it is impossible to assign accurate grades and to ensure that honest students are not at a competitive disadvantage. Faculty members are encouraged to do the following:

1. Explain the meaning of academic honesty to their students.
2. Include information about academic honesty in their course syllabi.
3. Conduct their classes in a way that discourages cheating, plagiarism and other dishonest conduct.
4. Confront students suspected of academic dishonesty and take appropriate disciplinary action in a timely manner (see "Procedures for Dealing with Violations of Academic Honesty" which follow.)

STUDENT RESPONSIBILITIES

Students share the responsibility for maintaining academic honesty. Students are expected to do the following:

1. Refrain from acts of academic dishonesty.
2. Refuse to aid or abet any form of academic dishonesty.

ADMINISTRATIVE RESPONSIBILITIES

1. Disseminate the academic honesty policy and the philosophical principles upon which it is based to faculty, students, and staff.
2. Provide facilities, class enrollments, and/or support personnel which make it practical for faculty and students to discourage cheating, plagiarism and other dishonest conduct.
3. Provide appropriate software and technology to identify students who have borrowed or downloaded essays and have claimed them as their own.
4. Support faculty and students in their efforts to maintain academic honesty.

CLASSIFIED PROFESSIONALS RESPONSIBILITIES

1. Support faculty, students, and administration in their efforts to make cheating, plagiarism and other dishonest conduct nearly impossible.
2. Notify instructors and/or appropriate administrators about observed incidents of academic dishonesty.

EXAMPLES OF VIOLATIONS OF ACADEMIC HONESTY

Academic dishonesty includes cheating, plagiarism, collusion, misuse of college computers and software, and other dishonest conduct as outlined below. It is not limited to the following examples:

CHEATING

1. Obtaining information from another student during an examination.
2. Communicating information to another student during an examination.
3. Knowingly allowing another student to copy one's work.
4. Offering another person's work as one's own. This would include downloading essays from the Internet or using another student's work from a disk.
5. Taking an examination for another student or having someone take an examination for oneself.
6. Sharing answers for a take-home examination unless specifically authorized by the instructor.
7. Using unauthorized materials (such as notes or "cheat sheets") or unauthorized equipment (such as dictionaries or calculators) during an examination.
8. Altering a graded examination or assignment and returning it for additional credit.
9. Having another person or a company do the research and/or writing of an assigned paper or report.
10. Misreporting or altering the data in laboratory or research projects.

PLAGIARISM

1. Purposefully presenting as one's own the ideas, words, or creative product of another.
2. Carelessly or through lack of knowledge presenting as one's own the ideas, words, or creative product of another.
3. Purposely failing to credit the source for direct quotations, paraphrases, ideas, and facts which are not common knowledge.
4. Failing to credit the source for direct quotations, paraphrases, ideas, and facts which are not common knowledge through carelessness or lack of knowledge.
5. Changing only slightly the wording of another.
6. Using another person's catchy word or phrase.
7. Paraphrasing without using proper citations.
8. Copying word-for-word.

COLLUSION

1. Knowingly or intentionally helping another student perform an act of academic dishonesty.

MISUSE OF COLLEGE COMPUTERS AND SOFTWARE

1. Unauthorized use of computer accounts.
2. Unauthorized copying of programs or data belonging to others.
3. Making, acquiring, or using unauthorized software on college equipment.
4. Using college computers to play computer games when other users need the resources.
5. Attempting to crash the system.
6. Removing licensed software from offices, classrooms, labs, and the library.
7. Using the computers or telecommunications systems in a way that interferes with the use of those systems by others.
8. Using the computers or telecommunications systems for personal or for-profit ventures.

OTHER DISHONEST CONDUCT

1. Stealing or attempting to steal an examination or answer key.
2. Stealing or attempting to change official academic records.
3. Forging or altering grade change cards.

4. Intentionally impairing the performance of other students' laboratory samples or reagents, by altering musical or athletic equipment, or by creating a distraction meant to impair performance.
5. Forging or altering attendance records.
6. Supplying the college with false information.

PROCEDURES FOR DEALING WITH VIOLATIONS OF ACADEMIC HONESTY

ACTION BY THE INSTRUCTOR

1. An instructor who has evidence that an act of academic dishonesty has occurred shall notify the student of such evidence by speaking with the student or notifying the student in writing.
2. AFTER notifying the students and giving him or her the chance to respond, the instructor may take one or more of the following disciplinary actions:
 - a. Issue an oral reprimand and/or give the student an "F" grade, zero points, or a reduced number of points on all or part of a particular paper, project, or examination (for example, in first cases where there is reasonable doubt that the student knew that the action violated the standards of academic honesty.) No report form is necessary.
 - b. Give the student an "F" grade, zero points, or a reduced number of points on all or part of a particular paper, project, or examination. A written memo of this action (Use "Academic Dishonesty Report" Form) is to be sent to the Vice-President of Student Personnel and a copy to the Vice-President of Instruction.
 - c. Assign an "F" to the student for the course in cases where the dishonesty is more serious, premeditated, or a repeat offense. A written memo (Use "Academic Dishonesty Report" Form) must be completed by the instructor and sent to the Vice-President of Student Personnel and a copy to the Vice-President of Instruction.*

*NOTE: A grade of "F" assigned to a student for academic dishonesty will not be final if the student chooses to drop the course before the 14th week of the semester. In that case, the student would receive a "W" grade on his transcript.

ACTION BY THE ADMINISTRATION

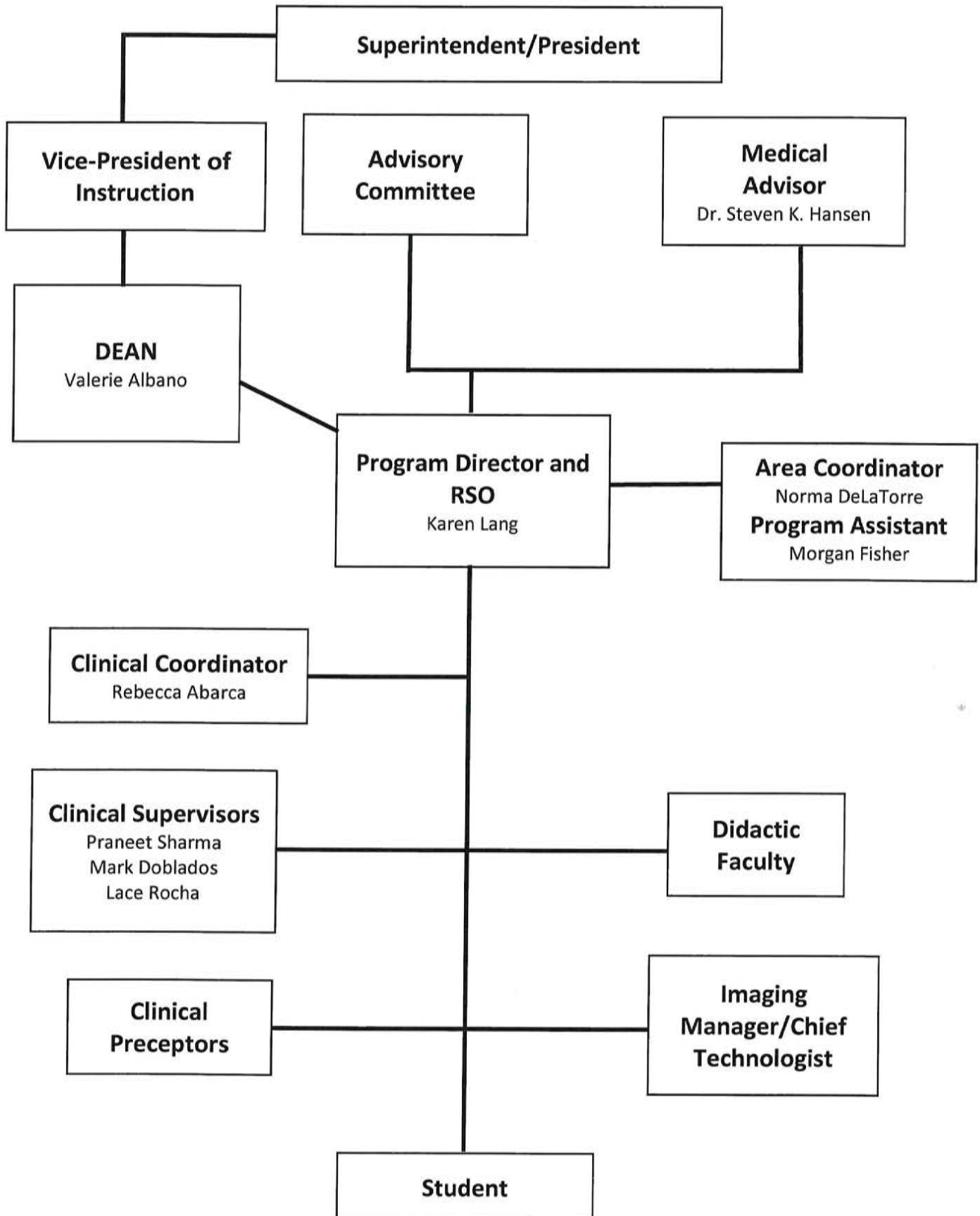
1. Upon receipt of the first Academic Dishonesty Report Form concerning a student the Vice-President of Student Personnel shall send a letter of reprimand to the student which will inform the student that
 - Academic dishonesty is grounds for academic disciplinary probation for the remainder of his or her career at Merced College.
 - Another incident of academic dishonesty reported by any instructor shall result in a hearing by the Student Discipline Committee and may result in a one-year suspension from the college.
 - The student may make an appointment with the Vice-President of Student Personnel to discuss the incident and its ramifications.
2. Upon receipt of a second Academic Dishonesty Report Form concerning a student, the Vice-President of Student Personnel shall immediately refer the student to the Student Discipline Committee. If the Committee finds the charges to be valid, the Committee will suspend the student for one calendar year (two full semesters and one summer session).
3. For more serious incidents of academic dishonesty, the Vice-President of Student Personnel will meet with the student and immediately take appropriate disciplinary action or refer the student to the Student Discipline Committee. Offenses warranting suspension on the first offense include, but are not limited to, the following:
 - Taking an examination for another student or having someone take an examination for oneself.
 - Altering a graded examination or assignment and returning it for additional credit.
 - Having another student or a company do the research and/or writing of an assigned paper or report.
 - Stealing or attempting to steal an examination or answer key.
 - Stealing or attempting to change official academic records.
 - Forging or altering grades.
4. If, after a student returns from a suspension for Academic Dishonesty, the Vice-President of Student Personnel receives yet another Academic Dishonesty Report Form, the Vice-President of Student Personnel shall recommend to the Merced College Superintendent/President that the student be expelled from the District.

NOTE: Disciplinary actions which are taken by the Vice-President of Student Personnel or the Student Discipline Committee and which are based on alleged cheating may be appealed as specified in the Student Grievance Policy.

(This Academic Honesty Procedure has been adapted from the Academic Honesty Policy of Golden West College with permission.)

Adopted 11/05/02

Merced College
Diagnostic Radiologic Technology Program
Administrative Flowchart



Merced College
Diagnostic Radiologic Technology Program

Radiation Exposure Report / Questionnaire

Name: _____ Monitoring quarter: _____

Affiliate: _____ Exposure reading: _____ mrems

1. Was the badge placed or stored near ionizing radiation?

no yes

If yes, please describe: _____

2. Were you accidentally exposed to a beam of ionizing radiation?

no yes

If yes, please describe: _____

3. Did you hold a patient during an x-ray exposure?

no yes

If yes, please describe: _____

4. Did you work significantly more hours or procedures during this period in fluoro (including C-arm)?

no yes

If yes, please describe: _____

5. Did you work significantly more hours or procedures during this period doing portables?

no yes

If yes, please describe: _____

6. Were you involved in procedures requiring unusually high exposure to ionizing radiation beside those addressed in questions 4 & 5?

no yes

If yes, please describe: _____

7. Are there any unusual incident(s) or additional information that will help explain your dose?

no yes

If yes, please describe: _____

Student Signature

Date

**Merced College
Diagnostic Radiologic Technology Program
Student Complaint Form**

Name of Student: _____ Date: _____

Student contact information (phone/email): _____

Date and Location of Incident: _____

Description of Incident: _____

Student Name

Student Signature

Date

Follow-up: What steps have been taken to resolve the complaint / issue?

Instructor's Name: _____ Date _____

**Merced College
Diagnostic Radiologic Technology Program**

Student Grievance

Classroom	Clinic	Laboratory
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Name of Student _____

Date of Occurrence _____

Explanation of Grievance _____

Student Signature

Date

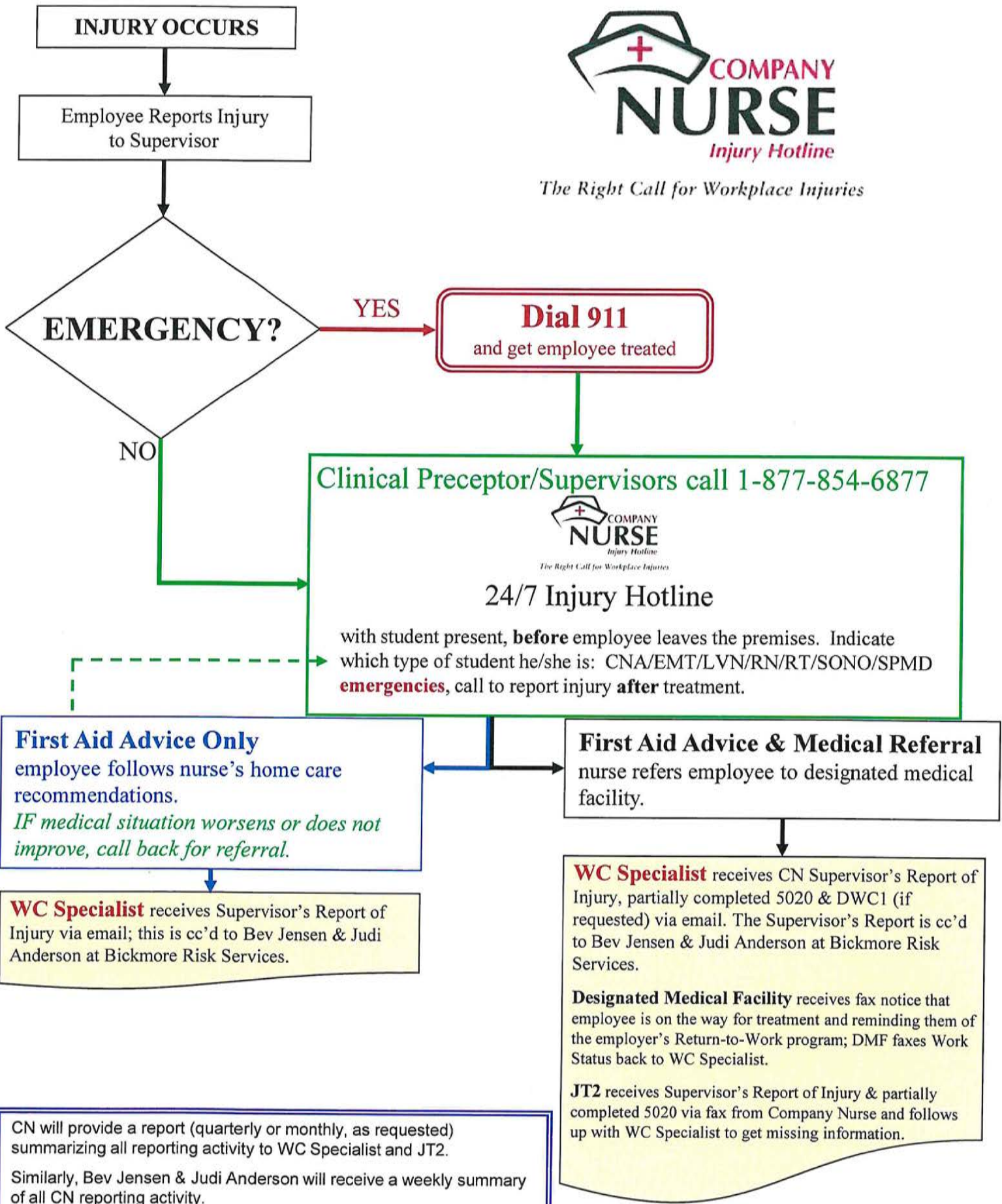
Program Director Signature

Date Received

VIPJPA INJURY REPORTING FLOW CHART



The Right Call for Workplace Injuries



CN will provide a report (quarterly or monthly, as requested) summarizing all reporting activity to WC Specialist and JT2.

Similarly, Bev Jensen & Judi Anderson will receive a weekly summary of all CN reporting activity.

Keep in mind that this is not the same as a claims summary because it shows all incidents reported to CN.

**Merced College
Diagnostic Radiologic Technology Program**

Student's Consent to Background Clearance and Drug Screening

Background Clearance:

A background clearance will be required upon acceptance into the program and possibly once each year thereafter. This will include criminal offense, criminal history, sex offender check and social security trace. The results for the SSN trace come from more than 300 public sectors. They are from things like electric/water company accounts, deed records, change of address forms and so forth. It is quite common for these traces to return no results. This is not a SSN VERIFICATION, only a trace of where your SSN may have been used.

These traces are generally used for the purpose of gathering additional information about your previous residences and possible alternate names. If you would like to have this search cleared for aesthetic purposes, you may obtain an official Social Security Administration. For the purposes of your background check, this is not something that reflects poorly on you.

Drug Screening:

It is the policy of our clinical facilities to require drug screening of Diagnostic Radiologic Technology student assignees for the purpose of detecting drug abuse, and that one of the requirements for consideration of placement within our clinical facilities is satisfactorily passing of a drug screening test. The student will be responsible for any costs incurred in obtaining drug screening clearance(s) for student placement(s). Students may be required to repeat the drug screening clearance with each new clinical assignment (3-4 assignments throughout the program).

A clinical facility may request a random drug screening. Failure to comply with a random drug screening request are grounds for clinical and program dismissal. The student may be held responsible for any random drug screening fees. A positive drug screening test may lead to dismissal from the clinical facility and the program.

Therefore, for the purpose of being considered for student placement at the clinical facilities, I hereby agree to provide drug screening clearance documentation from an approved provider. I understand that I will be responsible for any costs incurred in obtaining drug screening clearance(s) for student placement.

I understand that failure to pass the initial drug screening or any subsequent drug screening (including a random drug screening) may cancel admission or enrollment to the program.

Student Signature

(Date signed)

Witness Signature

(Date signed)



INSTRUCTIONS

Do you think you might have to disclose an ethics violation? If so, the Ethics Review Preapplication lets you do so in advance—instead of on your Application for Certification and Registration.

WHEN NOT TO USE THIS FORM

Don't use this form if either of the following apply to you:

- You're within eight months of graduation from an ARRT-recognized educational program and meeting the ARRT degree requirement. (If this describes you, submit the information identified in this packet with your Application for Certification and Registration instead. The application is available from your program director.)
- You answer no to all three questions in the section below.

WHEN TO USE THIS FORM

Use this form if both of the following apply to you:

- You aren't enrolled in an ARRT-recognized educational program, or you're at least eight months away from graduation in such a program or meeting the ARRT degree requirement.
- You answer yes to one or more of the following questions:

(1) Have you ever been charged with or convicted of a misdemeanor or felony? (This includes court convictions and military courts-martial.)

Answer "Yes" if you have:

- Charges or convictions—including those that were stayed, withheld or deferred, set aside, or suspended
- Any plea of guilty, Alford plea, or plea of no contest (*nolo contendere*)
- Court conditions applied to your charge—including court supervision, probation, or pretrial diversion
- Traffic violations charged as misdemeanors or felonies
- Traffic violations that involved drugs or alcohol

Answer "No" if you have no offenses. Also answer "No" if you have:

- Offenses and convictions that occurred before you turned 18 and that were processed in juvenile court
- Speeding and parking tickets that weren't charged as misdemeanors or felonies and that didn't involve drugs or alcohol (if you have any traffic violation that involved drugs and/or alcohol, you must answer "Yes")
- Charges that were dismissed with no court conditions required (if conditions were required, you must answer "Yes")
- Court records that were sealed or expunged (if you don't have court documents that prove your case was sealed or expunged, you must answer "Yes")
- Offenses you've already reported to ARRT and about which ARRT has sent you communication



(2) Has a regulatory authority or certification board (other than ARRT) ever done one or more of the following?

- Denied, revoked, or suspended your professional license, permit, registration, or certification?
- Placed you on probation (excluding ARRT Continuing Education probation), under consent agreement, or under consent order?
- Allowed voluntary surrender of your professional license, permit, registration, or certification?
- Subjected you to any conditions or disciplinary actions?

Answer "Yes" if one or more of these apply to you and the organization imposing the action **wasn't** ARRT.

Answer "No":

- If you have no offenses
- If your only offense is ARRT Continuing Education (CE) probation
- For offenses previously reported to ARRT and for which ARRT has sent you communication

(3) Have you ever been suspended, dismissed, or expelled from an educational program you attended to meet ARRT certification and registration requirements?

Answer "No" for offenses previously reported to ARRT and for which ARRT has sent you communication.

Whether you answer "Yes" or "No" to this question, you must read and sign the "Written Consent Under FERPA" in this preapplication.

For additional guidance, visit arrt.org and search for the Ethics Review Checklist for Honor Code Violations, or call us at 651.687.0048, and select the option for Ethics Requirements.

SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS FORM

If any of the documents you're submitting don't match the name on your Ethics Review Preapplication, submit evidence of the name change (e.g., copy of marriage certificate or court order showing name change).

For Criminal Violations (Question 1):

- Explanation of the events that led to each charge or conviction.
- Copies (not originals) of official court documents* to confirm each of the following:
 - Nature of charges filed (misdemeanor, felony, or military court-martial)
 - Date on and jurisdiction in which the charges were filed
 - Final judgment, if applicable (guilty, Alford plea, nolo contendere [no contest], withheld or deferred adjudication, suspended or stayed sentence, set aside, or pretrial diversion)
 - Sentencing requirements (parole, probation, fines)
 - Status of the conditions of the court (e.g., completed, case closed, dismissed)

**You usually can obtain such documents by request at the courthouse in the jurisdiction in which the charge or conviction occurred.*

- If you're on probation or parole, send a current update from your probation or parole officer, including the estimated date that your probation or parole will end. Your probation or parole officer must print or type the update on official stationery; include the telephone number of the probation or parole office; and mail it directly from the probation or parole office to ARRT at 1255 Northland Drive, St. Paul, MN 55120-1155.
- If you've completed the requirements of the court, including probation or parole, we need proof that you've done so. Send us a copy of the official court release documents or the release letter on official court stationery.
- Documentation of your completion of any court-ordered remedial programs and community service (if applicable).



ETHICS REVIEW PREAPPLICATION

- Written status of any counseling or treatment (if applicable), and/or documentation of completion, required as a result of your charge or conviction.
- Letters of recommendation (e.g., from employers, instructors, court officials, and the like) are optional.

For Regulatory Authority or Certification Board Violations (Question 2):

- Provide your explanation of the events that led to the violation.
- Submit a copy of official documentation of any agreement or disciplinary action another state or federal regulatory authority or certification board has taken.
- Provide a copy of your state license (if applicable).
- Letters of recommendation (e.g., from employers, instructors, court officials, and the like) are optional.

For Honor Code Violations (Question 3):

- Provide your explanation of the events that led to the suspension, dismissal, or expulsion.
- Send a copy of all correspondence between you and your educational program regarding the incident and any disciplinary action taken.
- Letters of recommendation (e.g., from employers, instructors, court officials, and the like) are optional.

IMPORTANT NOTES AND ACKNOWLEDGEMENTS

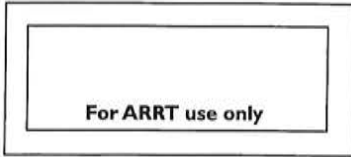
- (1) The Ethics Review applies only to violations specified in the Ethics Review Preapplication. It doesn't apply to any violations you don't report or to violations that occur after you submit the Ethics Review Preapplication.
- (2) Submitting the Ethics Review Preapplication doesn't take the place of completing any other ARRT eligibility and application requirements. You still must submit an Application for Certification and Registration and the associated fee.

CHECKLIST

Before submitting this preapplication, please complete the following steps:

- Fill out the Ethics Review Preapplication form on the next page.
- Sign the agreement—found at the end of this document—in the presence of a notary.
- Enclose all required documentation (see previous pages).
- Enclose the nonrefundable \$100 Ethics Review fee, payable to ARRT by personal check or money order.
- Send items noted above, the signed/notarized agreement, and completed preapplication form to:
ARRT, 1255 Northland Dr., St. Paul, MN 55120.

If you submit an incomplete Ethics Review Preapplication, or you don't include all required documentation, we will return it.



ETHICS REVIEW PREAPPLICATION

NOTE: If you are within eight months of your graduation, do not use this form.

Read the instructions carefully. Incomplete forms and submissions without appropriate documentation will be returned.

Name on application must be legal name and match name on two IDs presented at test center. See handbook for details.

Last Name [grid]

First Name [grid]

Middle Name or Initial [grid]

Street Address 1 [grid]

Street Address 2 [grid]

City [grid] State/Prov [grid] Zip/PC [grid]

Birthdate and social security number must be provided for purposes of positive identification.

Birthdate MM DD YYYY U.S. Social Security Number (US citizens only) or No SSN (Not a US Citizen) Gender M F X (Choose X as a gender-neutral alternative)

Have you applied for or are you currently enrolled in a professional educational program for medical imaging or radiation therapy? If you are within eight months of your graduation, do not use this.

No Yes If "yes," what is the date you expect to complete your educational requirements (Includes the professional component and the degree requirement) MM DD YYYY

Have you previously submitted an Ethics Review Preapplication or an ARRT Application for Certification and Registration?

No Yes If "yes," provide your ARRT number and any previous names. ARRT ID Number Previous Name

WRITTEN CONSENT UNDER FERPA

By signing the Written Consent Under FERPA, you'll:

- Agree to Written Consent under the Family Educational Rights and Privacy Act, 20 U.S.C. Section 1232g ("FERPA"), which allows ARRT to:
- Communicate freely and openly with your Educational Program Director
- Obtain specific parts of your education records in order to verify whether you have ever been suspended, dismissed, or expelled from an educational program that you attended in order to meet ARRT certification and registration requirements
Waive, in part, the confidentiality of your education records under "FERPA"
Consent to the release of any and all education records relating to your suspension, dismissal, or expulsion to ARRT for purposes of its review of your application for certification and registration by ARRT.
Agree to promptly execute any additional written consents under "FERPA" if your educational program has a different requirement

Signature of Applicant Date

Review and Sign the Ethics Review Preapplication Agreement on the Next Page



ETHICS REVIEW PREAPPLICATION AGREEMENT

I hereby request ARRT to review my records as they relate to the requirements for ARRT certification and registration as described in the *ARRT Rules and Regulations* and to the requirements of my compliance with federal and state laws in accordance with the *ARRT Standards of Ethics*. I understand that a full and complete copy of the *ARRT Rules and Regulations* and *ARRT Standards of Ethics* will be provided to me upon my request and can also be found on the ARRT website at arrt.org.

By signing this document and filing it with ARRT, I understand that ARRT may confirm the information contained in the Ethics Review Preapplication and may also request information related to my education, training, employment, and personal history including, but not limited to, a criminal background check. I hereby certify that the information given in this Ethics Review Preapplication is true, correct, and complete, and that I have read and accept the terms and conditions, and agree to be legally bound by and to abide by all the terms and conditions set forth in this Ethics Review Preapplication agreement and ARRT's *Rules and Regulations* and *Standards of Ethics*.

I understand and agree that information submitted through this Ethics Review Preapplication may be used to initiate disciplinary action under ARRT's *Rules and Regulations* and *Standards of Ethics* and that such action may result in an ARRT sanction.

I understand and agree that any misrepresentation in this Ethics Review Preapplication or in any other document or other information I submit to ARRT (including the verification of my identity when I submit this Ethics Review Preapplication), or any offer of financial benefit to an ARRT Trustee, committee member, employee, or other agent or representative of the ARRT in order to obtain a right, privilege, or benefit not usually granted by the ARRT to similarly situated individuals, is grounds for ARRT to bar me permanently from certification and registration, and that ARRT's decision on any such matter is final.

I hereby waive and release, shall indemnify and hold harmless, ARRT and persons in their capacities as ARRT Trustees, committee members, employees, and agents from, against, and with respect to any and all claims, losses, costs, expenses, damages, and judgments (including reasonable attorneys' fees) that arise or are alleged to have arisen from, out of, with respect to, or in connection with any action which they or any of them take or fail to take as a result of or in connection with this Ethics Review Preapplication, and ARRT's notification of legitimately interested persons of such actions taken by ARRT. I understand and agree that in the event of my breach of or default in any provisions of this Ethics Review Preapplication agreement in any respect whatsoever, ARRT shall have the absolute right, in its sole discretion, to deny my eligibility for certification and registration.

Signature of Applicant

Date

NOTARY PUBLIC

Before me personally appeared _____ to me known to be the person described in this Ethics Review Preapplication, who signed the foregoing instrument in my presence, and made oath before me to the accuracy of the standards set forth therein, on the _____ day of _____, 20_____.

Notary to check if no seal is required.

Notary Public Signature (No Signature Stamps)

NOTARY
STAMP/SEAL

My commission expires _____

Magnetic Resonance Environment Screening Questionnaire



The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form **BEFORE** entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.

Name: _____ Date: _____
Last name, First name Middle Initial

Date of Birth ____/____/____

Male / Female

1. Have you experienced any problem related to a previous MRI examination or MR procedure?

No Yes If yes, please describe: _____

2. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)?

No Yes If yes, please describe: _____

3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?

No Yes If yes, please describe: _____



WARNING: Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device, or object.

Please indicate if you have any of the following:

- No Yes Aneurysm clip(s)
- No Yes Cardiac pacemaker
- No Yes Implanted cardioverter defibrillator (ICD)
- No Yes Electronic implant or device
- No Yes Magnetically-activated implant or device
- No Yes Neurostimulation system
- No Yes Spinal cord stimulator
- No Yes Internal electrodes or wires
- No Yes Bone growth/bone fusion stimulator
- No Yes Cochlear, otologic, or other ear implant
- No Yes Insulin or other infusion pump
- No Yes Implanted drug infusion device
- No Yes Any type of prosthesis (eye, penile, etc.)
- No Yes Heart valve prosthesis
- No Yes Eyelid spring or wire
- No Yes Artificial or prosthetic limb
- No Yes Metallic stent, filter, or coil
- No Yes Shunt (spinal or intraventricular)

- No Yes Vascular access port and/or catheter
- No Yes Radiation seeds or implants
- No Yes Swan-Ganz or thermodilution catheter
- No Yes Medication patch (Nicotine, Nitroglycerine)
- No Yes Any metallic fragment or foreign body
- No Yes Wire mesh implant
- No Yes Tissue expander (e.g., breast)
- No Yes Surgical staples, clips, or metallic sutures
- No Yes Joint replacement (hip, knee, etc.)
- No Yes Bone/joint pin, screw, nail, wire, plate, etc.
- No Yes IUD, diaphragm, or pessary
- No Yes Dentures or partial plates
- No Yes Tattoo or permanent makeup
- No Yes Body piercing jewelry
- No Yes Hearing aid (remove prior to entering MRI scan room)
- No Yes Other implant _____

IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system it is important to remember to:

Remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads. Loose metallic objects are especially prohibited in the MRI system room and MRI environment.

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding MRI and its safety. _____ (initial/date)

I attest that I have received safety training for the MR environment and have had the opportunity to ask questions regarding MRI and its safety prior to engaging in clinical experiences. _____ (initial/date)

Signature of Individual Completing Form: _____ Date: _____

Safety Questionnaire Information Reviewed By: _____
Program Director / Clinical Coordinator

Radiologic Technology Student

RT Program Faculty

Merced College
Diagnostic Radiologic Technology Program

Student Consent for Practical & Classroom Experiential Activities

As part of your radiography program you will be expected to take part in some practical based sessions and some classroom activities which will develop your professional knowledge and understanding. As these sessions are an important component of your learning you will normally be expected to fully participate in these sessions.

Please read this form carefully. Complete the required information then sign and date it.

This information will be treated as confidential will be in accordance with the Family Educational Rights and Privacy Act (FERPA).

STUDENT NAME: <i>Print Neatly.</i>	
CLASS OF:	
STUDENT ID NO:	
DATE OF BIRTH:	

1. I confirm that

- a. I am willing to participate in lab/lecture activities as a volunteer subject.
- b. I will behave in a professional manner in accordance with 'The Spirit of the Code of Professional Conduct' throughout any activity.
- c. I will act in accordance to the instructions given to me by the academic supervisor(s).
- d. I will inform academic staff of concerns that I have about a particular session.
- e. I will terminate any tests or activities if the academic supervisor feels it is advisable to do so, after discussion and approval.

2. I understand that

- f. Academic staff will explain the nature and purpose of the session and will inform me of any potential risk to my health as a result of my participation.
- g. I am free to withdraw from an activity at any time after discussion with academic staff, with the understanding this could hinder mine and my fellow classmates' learning.
- h. It will be my responsibility to report any adverse reactions and to act upon advice given.
- i. Academic staff could advise me to see my general practitioner or occupational health as a result of any concerns which an activity could identify. (This is done prior to entry in Program.)
- j. I have a responsibility to seek medical advice if advised to do so.
- k. In order to ensure my well being it is in my interest to discuss in confidence with my instructor or program director any health issues or prior experiences which may impact upon my ability to participate in a session.
- l. It is my responsibility to inform academic staff of any personal physical or psychological issues which may mean that it is unsafe for me to participate in a session.
- m. Academic staff may relate any issues of concern in confidence to other faculty members as needed.

Student Signature

Date

XV. Pregnancy Policy and Procedures

Student Policy

The Program’s policy and procedures for pregnant students includes the Potentially Pregnant Student Statement, the Policy and Declaration for Pregnant Students (to be signed when a student voluntarily declares pregnancy), and the Stipulation Regarding Withdrawal of Pregnancy Declaration (to be signed for withdrawing declaration of pregnancy). See **Appendix P**.

Potentially Pregnant Student Statement

I, _____, a student at Merced College’s Diagnostic Radiologic Technology Program, understand that I have the option whether or not to inform Program officials of pregnancy. I have received and understand instructions regarding potential risk, declaration, policies, and mutual responsibilities if pregnancy occurs during enrollment in the Program.

To understand all my options, in regards to pregnancy, I have:

1. Read the United States Nuclear Regulatory Commission’s Pregnant Worker’s Guide 8.13 Instruction Concerning Prenatal Radiation Exposure, revision 3m June 1999, included in **Appendix P** of the Student Policies and Procedures Handbook.
2. Read the United States Nuclear Regulatory Commission’s Appendix: Questions & Answers Concerning Prenatal Radiation Exposure, included in **Appendix P** of the Student Policies and Procedures Handbook.
3. Read the Pregnancy Policy and Procedures in the Student Policies and Procedures Handbook.
4. Had the above policies reviewed by Program faculty.

I am therefore informed as to the potential risk to an unborn child from radiation received as a result of the occupational exposure of the mother. As a declared pregnant student I will follow the policies of the Program that are in accordance with state and national regulations.

I agree to release Merced College and affiliated clinical sites from any liability that may arise from complications or damage during or after said pregnancy that may be determined to be related to occupational exposure to ionizing radiation.

- The student may revoke her declaration of pregnancy at any time. Withdrawal of a pregnancy declaration must be in writing and given to the Program Director.

Student Name

Date

Student Signature

Merced College
Diagnostic Radiologic Technology Program
Pregnancy Policy and Procedures

Policy and Declaration for Pregnant Students

I, _____, state that I am a student in the Diagnostic Radiologic Technology Program at Merced College. In accordance with the NRC's regulations at 10 CFR 20.1202, "Dose to an Embryo/Fetus," I am declaring on a voluntary basis that I am pregnant. I believe I became pregnant in _____ (only the month and year need to be provided).

My signature affixed below is in recognition of the fact that I have been counseled regarding the radiation hazards confronting a gravid female and that I have read, agree with, and understand the stipulations set forth below.

I. Stipulation Regarding Didactic Training

- A. While enrolled in the program, I agree to attend and complete all classes in which I have registered and complete all class assignments in a manner consistent with my peers within the guidelines set forth by the individual instructor and Merced College. I understand that at the instructor's option, I am not to be given any allowances regarding absenteeism or quality or quantity of didactic work as required for the individual courses.
- B. Regarding my participation during experiments utilizing the live lab on campus or any experiment requiring an ionizing radiation source, I understand, agree with, and shall adhere to the provision set forth in the following section of this policy.

II. Stipulation Regarding Clinical Training

- A. I have read the following publications that have been provided:
 - 1. U.S. Nuclear Regulatory Commission - Regulatory Guide - Office of Nuclear Regulatory Research: Regulatory Guide 8.13 - Instruction Concerning Prenatal Radiation Exposure, revision 3, June 1999
 - 2. U.S. Nuclear Regulatory Commission - Regulatory Guide - Office of Nuclear Regulatory Research: Appendix: Questions & Answers Concerning Prenatal Radiation Exposure
- B. I understand that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, shall not exceed 0.5 rem (5 mSv) or exceed the annual maternal general occupational dose limit of 5 rem (50 mSv) acquired at a fairly uniform rate.

In effect, this implies that a pregnant student radiographer's clinical assignments should only include situations where the annual dose accumulation is unlikely to exceed this limit and is acquired at a more or less steady rate.

Once my pregnancy is voluntarily declared, the actual approximate dose will be reviewed to see if my clinical training can be continued within the framework of the limit set above.

- My most recent deep dose dosimetry report reading for the (1st 2nd 3rd 4th) quarter was:
_____ mrems.

In the event that this limit should be exceeded, it is understood that I will be immediately reassigned to an area, or duty, in which radiation hazards and/or exposure is not a factor. Removal from assigned duties and subsequent reassignment is the sole responsibility of the Program Director.

- C. Regarding my status in the clinical setting or any area where I may be exposed to ionizing radiation, I understand, agree, and shall comply with the following:
 - 1. I shall not hold patients during radiographic exposures.

2. I shall use protective aprons (full-size, half-size, or any other protective clothing appropriate to the situation) while actually exposing patients. I understand that these protective aprons shall be utilized in such a manner as to protect both anterior and posterior surfaces of my body.
 3. I shall use as a minimum of two personal monitoring devices, one worn at the abdomen level under the lead apron and the other worn at collar level. The College shall be responsible for ordering and maintaining all dosimetry reports.
- D. Regarding clinical course objectives, I understand that I will still be held responsible for completion of the required number of clinical objectives set for the respective semester(s). Due to the flexibility of the program's Clinical Competency Evaluation Process, I should be able to complete all the required number of clinical competencies assigned per semester even though I may elect to NOT perform any or all of the procedures identified below during my pregnancy.

With this understanding, I choose the following options. It is understood that I can change my option(s) with prior written notification to the program director.

1. **No Modifications**

I elect to continue the program with no modifications.

2. **Mobile Radiographic Procedures.**

I elect TO continue performing portable x-ray procedures.

I elect NOT to continue performing portable x-ray procedures.

3. **Surgical Radiographic Procedures**

I elect TO continue performing surgical x-ray procedures.

I elect NOT to continue performing surgical x-ray procedures.

4. **Fluoroscopic Procedures (fixed and mobile units)**

I elect TO continue to perform fluoroscopic procedures

I elect NOT to continue to perform fluoroscopic procedures

Although I have chosen not to perform fluoroscopic procedures (be in the x-ray suite while the fluoroscopy unit is engaged, I may continue to perform the follow-up radiographic overheads as required.

5. **Special Procedures (arthros, myelos, etc.)**

I elect TO continue to perform special procedures

I elect NOT to continue to perform special procedures

In the event that I am unable to successfully complete the course objectives and requirements, I understand that I may be dropped from the Program at the completion of the semester. I also understand that once my pregnancy is over, reinstatement to the Program will be set for the first available opening at my level of training. After this period of time has elapsed, I may be required to remediate before being formally accepted back into the Program at the appropriate level of training in order to insure successful reinstatement into the Program.

I have reviewed the materials outlined in this document, and opt to retain my status as a student subject to the provisions set forth above, or until written notification to withdraw this pregnancy declaration is given to the Program Director, as stated in Section III below.

Furthermore, in reaching this decision, I have been given the opportunity to ask questions regarding my situation and acknowledge the fact that written and oral instruction has been received.

Student

Date

Program Director

Date

III. Withdrawal of Pregnancy Declaration

- A. A student may revoke her declaration of pregnancy at any time. Withdrawal of a pregnancy declaration must be in writing and given to the Program Director. Return of this form, signed, constitutes a withdrawal.
 - B. I understand that a written withdrawal of my declaration of pregnancy must be submitted to the program director before any restrictions or limitations placed upon me in my Declaration of Pregnancy will be lifted.
- [] I elect to withdrawal my declaration of pregnancy and resume my training with no restrictions.

Student

Date

Program Director

Date

Merced College
Diagnostic Radiologic Technology Program
Pregnancy Policy and Procedures

Supervision of Declared Pregnant Student in the Clinical Setting

Regarding: _____

Whereas, it is understood that the supervision of pregnant students in the clinical setting requires special provisions, the purpose of this instrument is to recognize those provisions for the affiliate representatives routinely involved in the daily supervision of said student(s).

As an affiliate representative responsible for the clinical supervision of Radiologic Technology students, I recognize, understand, agree, and will enforce the following provisions:

- I. The pregnant student **shall not**:
 - a. Hold patients during radiographic exposures.

- II. The pregnant student **shall**:
 - a. Use protective aprons (full-size, half-size, or any other protective clothing appropriate to the situation) while actually exposing patients and be utilized in such a manner as to protect both anterior and posterior surfaces of the body.
 - b. Use a minimum of two personal monitoring devices such as two dosimetry badges, one worn at the level of the abdomen under the lead apron & the other worn at level of the collar.

- III. Regarding clinical course objectives, the student will still be held responsible for completion of the required number of clinical objectives set for the respective semester(s). Due to the flexibility of the program's Clinical Competency Evaluation Process, the student should be able to complete all the required number of clinical competencies assigned per semester even though they may elect to NOT perform any or all of the procedures identified below during the pregnancy.

The student has elected the following options. It is understood that she can reverse her decision by notifying the Program Director in writing.

- A. **No Modifications**
[] The student has elected to continue the program with no modifications.

- B. **Mobile Radiographic Procedures**
[] The student has elected TO continue performing portable x-ray procedures.
[] The student has elected NOT to continue performing portable x-ray procedures.

- C. **Surgical Radiographic Procedures**
[] The student has elected TO continue performing surgical x-ray procedures.
[] The student has elected NOT to continue performing surgical x-ray procedures.

- D. **Fluoroscopic Procedures (Fixed and mobile units)**
[] The student has elected TO continue to perform fluoroscopic procedures.
[] The student has elected NOT to continue to perform fluoroscopic procedures.

Although the student might have chosen not to perform fluoroscopic procedures (be in the x-ray suite while the fluoroscopy unit is engaged) she may continue to perform the follow-up radiographic overheads.

- E. **Special Procedures (arthros, hysterost, myelos, etc.)**
[] The student has elected TO continue to perform special procedures
[] The student has elected NOT to continue to perform special

IV. Regarding Radiation Dosimetry Measurements

A. It is understood by all parties that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, shall not exceed 0.5 rem (5 mSv). The dose to an embryo/fetus shall be taken as the deep-dose equivalent to the declared pregnant woman. Efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit set shall be assumed.

Once a pregnancy is declared, the actual approximate dose will be reviewed to see if work can be continued within the framework of the limit set above. If the dose to the embryo/fetus is found to have exceeded 0.5 rem (5 mSv), it is understood that the student shall be immediately removed from the clinical setting and reassigned to an area or duty in which radiation hazards or exposure is not a factor. Removal and subsequent reassignment for this reason are the sole responsibility of the Program Director.

- Her most recent deep dose dosimetry report reading for the (1st 2nd 3rd 4th) quarter was: _____ mrems.

B. The College, as the sponsoring institution, shall provide the dosimeters to be worn by the student at all times during assigned clinical hours. One dosimetry badge shall be worn over the abdomen, between the student's clothes and lead apron. The second dosimetry badge shall be worn at the level of the collar.

In the event that during any time during the gestation period the fetal dosimetry reading equal or exceed the 0.5 rem (5 mSv) maximum dose or the annual maternal dose, as usually registered, is within the general occupational dose limit of 5 rem (50 mSv) acquired at a fairly uniform rate, the program director shall immediately notify the clinical facility and make the necessary arrangements to ensure compliance with radiation protection standards.

This agreement made in good faith is binding and will endure for the entire gestation period of the student named previously or until a written withdrawal of the student's declaration of pregnancy is received by the Program Director.

- I am voluntarily declaring that I am pregnant. I believe I became pregnant in _____ (only the month and year need to be provided). My signature affixed below is in recognition of the fact that I have been counseled regarding the radiation hazards confronting a gravid female and that I have read, agree with, and understand the stipulations set forth.

Student

Date

Chief Radiologist

Date

Radiology / Imaging Department Manager

Date

Clinical Preceptor

Date



U.S. Nuclear Regulatory Commission
REGULATORY GUIDE
Office of Nuclear Regulatory Research

REGULATORY GUIDE 8.13
(Draft was issued as DG-8014)

INSTRUCTION CONCERNING PRENATAL RADIATION EXPOSURE

A. INTRODUCTION

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

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

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

Other sections of the NRC's regulations also specify requirements for monitoring external and internal occupational dose to a declared pregnant woman. In 10 CFR 20.1502, "Conditions Requiring Individual Monitoring of External and Internal Occupational Dose," licensees are required to monitor the occupational dose to a declared pregnant woman, using an individual monitoring device, if it is likely that the declared pregnant woman will receive, from external sources, a deep dose equivalent in excess of 0.1 rem (1 mSv). According to Paragraph (e) of 10 CFR 20.2106, "Records of Individual Monitoring Results," the licensee must maintain

records of dose to an embryo/fetus if monitoring was required, and the records of dose to the embryo/fetus must be kept with the records of dose to the declared pregnant woman. The declaration of pregnancy must be kept on file, but may be maintained separately from the dose records. The licensee must retain the required form or record until the Commission terminates each pertinent license requiring the record.

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

B. DISCUSSION

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

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

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

C. REGULATORY POSITION

1. Who Should Receive Instruction

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

2. Providing Instruction

The occupational worker may be given a copy of this guide with its Appendix, an explanation of the

contents of the guide, and an opportunity to ask questions and request additional information. The information in this guide and Appendix should also be provided to any worker or supervisor who may be affected by a declaration of pregnancy or who may have to take some action in response to such a declaration.

Classroom instruction may supplement the written information. If the licensee provides classroom instruction, the instructor should have some knowledge of the biological effects of radiation to be able to answer questions that may go beyond the information provided in this guide. Videotaped presentations may be used for classroom instruction. Regardless of whether the licensee provides classroom training, the licensee should give workers the opportunity to ask questions about information contained in this Regulatory Guide 8.13. The licensee may take credit for instruction that the worker has received within the past year at other licensed facilities or in other courses or training.

3. Licensee's Policy on Declared Pregnant Women

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

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

4. Duration of Lower Dose Limits for the Embryo/Fetus

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

5. Substantial Variations Above a Uniform Monthly Dose Rate

According to 10 CFR 20.1208(b), "The licensee shall make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit in paragraph (a) of this section," that is, 0.5 rem (5 mSv) to the embryo/fetus. The National Council on Radiation Protection and Measurements (NCRP) recommends a monthly equivalent dose limit of 0.05 rem (0.5 mSv) to the embryo/fetus once the pregnancy is known (Ref. 2). In view of the NCRP recommendation, any monthly dose of less than 0.1 rem (1 mSv) may be considered as not a substantial variation above a uniform monthly dose rate and as such will not require licensee justification. However, a monthly dose greater than 0.1 rem (1 mSv) should be justified by the licensee.

D. IMPLEMENTATION

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

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

REFERENCES

1. USNRC, "Instruction Concerning Risks from Occupational Radiation Exposure," Regulatory Guide 8.29, Revision 1, February 1996.
2. National Council on Radiation Protection and Measurements, *Limitation of Exposure to Ionizing Radiation*, NCRP Report No. 116, Bethesda, MD, 1993.

APPENDIX

QUESTIONS AND ANSWERS CONCERNING PRENATAL RADIATION EXPOSURE

1. Why am I receiving this information?

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

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

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

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

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

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

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

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

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

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

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

6. Are there any risks of genetic defects?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The dose to the embryo/fetus must be limited until you withdraw your declaration in writing or you

inform the licensee in writing that you are no longer pregnant. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

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

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

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

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

18. Where can I get additional information?

The references to this Appendix contain helpful information, especially Reference 3, NRC's Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Radiation Exposure," for general information on radiation risks. The licensee should be able to give this document to you.

For information on legal aspects, see Reference 7, "The Rock and the Hard Place: Employer Liability to Fertile or Pregnant Employees and Their Unborn Children—What Can the Employer Do?" which is an article in the journal *Radiation Protection Management*.

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

You may also telephone the NRC Regional Offices at the following numbers: Region I, (610) 337-5000; Region II, (404) 562-4400; Region III, (630) 829-9500; and Region IV, (817) 860-8100. Legal questions should be directed to the Regional Counsel, and technical questions should be directed to the Division of Nuclear Materials Safety.

REFERENCES FOR APPENDIX

1. National Council on Radiation Protection and Measurements, *Limitation of Exposure to Ionizing Radiation*, NCRP Report No. 116, Bethesda, MD, 1993.
2. International Commission on Radiological Protection, *1990 Recommendations of the International Commission on Radiological Protection*, ICRP Publication 60, Ann. ICRP 21: No. 1-3, Pergamon Press, Oxford, UK, 1991.
3. USNRC, "Instruction Concerning Risks from Occupational Radiation Exposure," Regulatory Guide 8.29, Revision 1, February 1996.¹¹ (Electronically available at www.nrc.gov/NRC/RG/index.html)
4. Committee on the Biological Effects of Ionizing Radiations, National Research Council, *Health Effects of Exposure to Low Levels of Ionizing Radiation* (BEIR V), National Academy Press, Washington, DC, 1990.
5. United Nations Scientific Committee on the Effects of Atomic Radiation, *Sources and Effects of Ionizing Radiation*, United Nations, New York, 1993.
6. R. Doll and R. Wakeford, "Risk of Childhood Cancer from Fetal Irradiation," *The British Journal of Radiology*, 70, 130-139, 1997.
7. David Wiedis, Donald E. Jose, and Timm O. Phoebe, "The Rock and the Hard Place: Employer Liability to Fertile or Pregnant Employees and Their Unborn Children—What Can the Employer Do?" *Radiation Protection Management*, 11, 41-49, January/February 1994.
8. National Council on Radiation Protection and Measurements, *Considerations Regarding the Unintended Radiation Exposure of the Embryo, Fetus, or Nursing Child*, NCRP Commentary No. 9, Bethesda, MD, 1994.
9. National Council on Radiation Protection and Measurements, *Risk Estimates for Radiation Protection*, NCRP Report No. 115, Bethesda, MD, 1993.

¹¹Single copies of regulatory guides, both active and draft, and draft NUREG documents may be obtained free of charge by writing the Reproduction and Distribution Services Section, OCIO, USNRC, Washington, DC 20555-0001, or by fax to (301)415-2289, or by email to <DISTRIBUTION@NRC.GOV>. Active guides may also be purchased from the National Technical Information Service on a standing order basis. Details on this service may be obtained by writing NTIS, 5285 Port Royal Road, Springfield, VA 22161. Copies of active and draft guides are available for inspection or copying for a fee from the NRC Public Document Room at 2120 L Street NW., Washington, DC; the PDR's mailing address is Mail Stop LL-6, Washington, DC 20555; telephone (202)634-3273; fax (202)634-3343.

10. National Radiological Protection Board, *Advice on Exposure to Ionising Radiation During Pregnancy*, National Radiological Protection Board, Chilton, Didcot, UK, 1998.
11. M.L. Thomas and D. Hagemeyer, "Occupational Radiation Exposure at Commercial Nuclear Power Reactors and Other Facilities, 1996," Twenty-Ninth Annual Report, NUREG-0713, Vol. 18, USNRC, 1998.²²

²²Copies are available at current rates from the U.S. Government Printing Office, P.O. Box 37082, Washington, DC 20402-9328 (telephone (202)512-1800); or from the National Technical Information Service by writing NTIS at 5285 Port Royal Road, Springfield, VA 22161. Copies are available for inspection or copying for a fee from the NRC Public Document Room at 2120 L Street NW., Washington, DC; the PDR's mailing address is Mail Stop LL-6, Washington, DC 20555; telephone (202)634-3273; fax (202)634-3343.

FORM LETTER FOR DECLARING PREGNANCY

This form letter is provided for your convenience. To make your written declaration of pregnancy, you may fill in the blanks in this form letter, you may use a form letter the licensee has provided to you, or you may write your own letter.

DECLARATION OF PREGNANCY

To: _____

In accordance with the NRC's regulations at 10 CFR 20.1208, "Dose to an Embryo/Fetus," I am declaring that I am pregnant. I believe I became pregnant in _____ (only the month and year need be provided).

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

(Your signature)

(Your name printed)

(Date)

REGULATORY ANALYSIS

A separate regulatory analysis was not prepared for this regulatory guide. A regulatory analysis prepared for 10 CFR Part 20, "Standards for Protection Against Radiation" (56 FR 23360), provides the regulatory basis for this guide and examines the costs and benefits of the rule as implemented by the guide. A copy of the "Regulatory Analysis for the Revision of 10 CFR Part 20" (PNL-6712, November 1988) is available for inspection and copying for a fee at the NRC Public Document Room, 2120 L Street NW, Washington, DC, as an enclosure to Part 20 (56 FR 23360).

**Student Acceptance Statement
of the
Diagnostic Radiologic Technology Program
Student Policies and Procedures**

Having read all of Merced College's *Diagnostic Radiologic Technology Program Student Policies and Procedures Handbook* with care, I both understand and accept the responsibilities of my role as a Radiography student at Merced College.

I understand that my clinical responsibilities are specifically detailed in the *Clinical Competency Evaluation Handbook*.

The content of this handbook may be subject to change throughout the program. Students will be provided a hard copy of any revised provisions. It is the student's responsibility to keep these new provisions in their handbook at all times.

Student's Signature

Date

Witness

Date