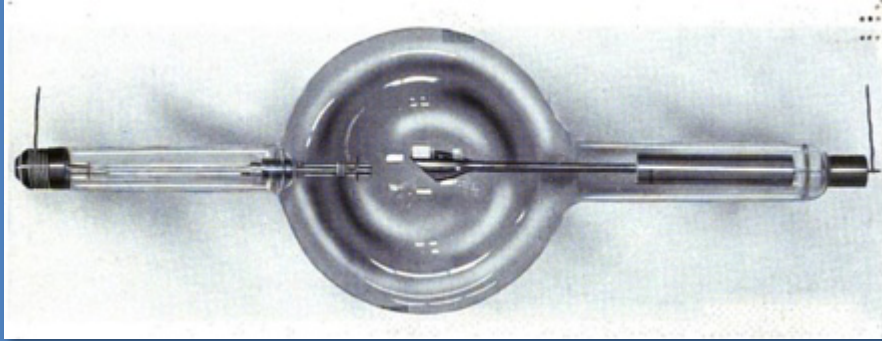


WESTERN SUFFOLK BOCES

152 LAUREL HILL ROAD
NORTHPORT, NEW YORK 11768
(631) 261-3600



RADIOLOGIC TECHNOLOGY PROGRAM STUDENT HANDBOOK

2023 -2024

"WHERE OUTSTANDING CAREERS DEVELOP"

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Note: Program requirements and policies are changed from time to time. New or revised requirements and policies become effective when this handbook is revised, and the additions and/or revisions supersede any previous requirement and/or policy in past use, whether in writing or in past practice. Students will be notified when policies are amended.

WELCOME LETTER

Dear Student,

We extend a warm welcome to the School of Radiologic Technology at Western Suffolk BOCES, where we are committed to providing students with comprehensive and relevant educational opportunities.

We kindly request that you carefully read through this handbook as it outlines the school's operations and what is expected of you during the 24-month program. While this handbook covers most policies and descriptions, it does not encompass all aspects of the program, which may be impractical to include.

Our goal is to provide you with the most intellectually and professionally rewarding experience possible. The administration, faculty, sponsors, and clinical education centers are dedicated to doing everything they can to ensure that you receive the best education possible. We hope that you will approach your studies with seriousness and dedication in order to reach your full potential as a radiographer.

Sincerely yours,

Nicole Reimann, M. Ed, BA, AAS, LRT(R)(M)
Radiologic Technology Program Director

PROGRAM FACULTY

Nicole Reimann, MS Ed., BS, R.T.(R)(M)
Program Director
631-261-3600 x 254
nreimann@wsboces.org

Louis Anetrella MPS, MA, R.T.(R)
Didactic Instructor
631-261-3600 x 271
lanetrel@wsboces.org

Jacob Miller, AS, R.T.(R)(MR)
Didactic Instructor
(631) 261-3600 x 271
jmiller@wsboces.org

Nicole Moore, MPA, R.T.(R)(M)
Clinical Coordinator
(631) 261-3600 x 271
nmoore@wsboces.org

Catherine Deutsch
Radiologic Technology Administrative Assistant
(631) 261-3600 x 254
cdeutsch@wsboces.org

Western Suffolk BOCES Northport Campus School Officials:

Principal.....Dr. Stephanie Engelmann
Supervisor for Adult and Secondary Programs Dr. Kristen Klein
Health Careers Administrative Assistants.....Nancy Ryan, Elyse Wolk, Jennifer Santiago

THE FIELD OF RADIOLOGY

As members of the health care team, the radiologic technologist (RT) is responsible for obtaining high quality images while promoting compassionate care, radiation protection, and ensuring the well-being of the patient entrusted to their care. These responsibilities include, but are not limited to, compassionate patient interaction, accurate patient assessment and positioning, radiation protection of the patient and personnel, utilizing proper technical factors, and handling all radiographic equipment in a competent manner.

Radiologic Technology is a hands-on profession. As a student technologist, you are going to have to touch people. The field is not only high tech, but also touch.

Radiologic Technology isn't just a job, it is a profession. As a professional, you are committing yourself to lifelong learning.

School must be a priority. Studying to become an RT is a demanding, full-time job. In addition to time in the classroom and at clinical sites, you will need ample time for studying.

If you want to succeed, your heart must be in it. Each patient deserves the highest quality of care.

The Radiologic Technology Program at Western Suffolk BOCES is recognized by the American Registry of Radiologic Technologists (ARRT), the New York State Departments of Education (CTE) and Health (DOH) and accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

When all requirements for the program are completed, the student will be eligible to take the national certification examination administered by the American Registry of Radiologic Technologists (ARRT). Upon successful completion of this examination, the student then becomes a Registered Technologist - RT(R) ARRT. Conviction of a crime (misdemeanor or felony) could leave an individual ineligible for participation in the certifying test. Please contact the ARRT (www.arrt.org) if this is a concern.

WESTERN SUFFOLK BOCES SCHOOL DISTRICT MISSION STATEMENT

Western Suffolk BOCES, a regional educational service agency, will provide quality, efficient, shared programs and services to school districts, their students, parents, and communities. Our mission is to expand educational opportunities and alternatives enabling learners to achieve their potential.

WESTERN SUFFOLK BOCES RADIOLOGIC TECHNOLOGY PROGRAM MISSION STATEMENT

To provide an environment for radiography students to become qualified and competent radiologic technologists in a healthcare setting. We join with the healthcare community to provide post associate degree level education to individuals and to encourage the students toward life-long education.

GOALS AND OUTCOMES

Goal #1 - The Student/Graduate will be clinically competent.

Outcomes:

- Students will provide appropriate patient care.
- Students will demonstrate clinical competency appropriate to their level of clinical experience.
- Students will perform all exams safely.
- Students will produce quality diagnostic images.

Goal #2 – The Student/Graduate will demonstrate professionalism.

Outcomes:

- Students will demonstrate an understanding of the importance of professionalism.
- Students will demonstrate professional behavior.
- Students will demonstrate an understanding of patient confidentiality (HIPAA).

Goal #3 – The Student/Graduate will demonstrate effective communication.

Outcomes:

- Students will use oral communication skills effectively with healthcare professionals and patients.
- Students will demonstrate effective presentation skills.
- Students will display effective written skills.

Goal #4 - The Student/Graduate will demonstrate effective critical thinking skills.

Outcomes:

- Students will be able to modify routine procedures for non-routine patients.
- Students will effectively analyze and critique diagnostic images to determine if corrective action is required.
- Students/Graduates will acquire critical thinking skills and problem-solving abilities that enhance their clinical experience.

COMPLETION AND GRADUATION REQUIREMENTS

Students must successfully complete each course with a minimum grade of 75% and have satisfactorily completed each Clinical Competency Requirement (set forth by the ARRT) to be eligible to graduate from the program. Other requirements include (see Appendix F for full details in the sample Enrollment Agreement):

1. Recommendation by the Program Director that you have successfully completed all Program requirements and met course objectives.
2. Satisfaction of all financial obligations.
3. Fulfillment of Program attendance requirements, the curriculum/completion requirements of the New York State Education Department and curriculum/completion requirements of the individual Program.

Upon successful completion of all the above graduation requirements, the student will be awarded a certificate from Western Suffolk BOCES. The student will then be eligible to:

- Apply for the New York State License as a Radiologic Technologist (NYSDOH-BERP)
- Apply for the American Registry of Radiologic Technologists (ARRT) examination.

Both are required to legally practice in New York State.

FINANCIAL INFORMATION

Tuition:

Tuition payment is the responsibility of the student. The Bursar will provide a payment plan to each student. The payment plan must be strictly adhered to. Tuition payment procedures are as follows:

1. Visa, Master Card, Discover, Money Order or Check are accepted. The student's name, telephone number, and the program they are enrolled in must be written on the front of all checks and money orders. Checks and money orders are to be made payable to: *Western Suffolk BOCES*
2. Payments may be submitted to the Bursar's Office as follows:
 - by phone at (631) 261-3600 ext. 314 Monday – Thursday or scheduled Fridays at (631) 752-1957
 - by mail at Western Suffolk BOCES – Bursar's Office 152 Laurel Hill Road Northport, NY 11768
 - in person at the Northport Campus – Room 214.

The Bursar's hours are Monday – Friday from 7:30am to 2:45 pm. The Bursar's office will be open two evenings a month. Dates and times will be posted on the door of room 214.

3. All payments are due on the 15th of the month. A \$25.00 late will be charged to payments not received by the 1st of the following month. Missing two consecutive payments is grounds for withdrawal from the program.
4. If you are having difficulty making payments, please contact the Bursar's Office.
5. Changes made to addresses, phone numbers and other demographic information must be reported to the Bursar's offices.

STRUCTURE OF EDUCATION

During the 24-month program, the student will receive more than 2000 hours of clinical training and more than 1000 hours of didactic education. The school week is broken into two separate segments: didactic and clinical.

Didactic/Clinical days and hours:

- 1st Year Students (Didactic Education) - Monday, Wednesday, Friday
- 1st Year Students (Clinical Practicum) - Tuesday and Thursday

- 2nd Year Students (Didactic Education) - Tuesday and Thursday
- 2nd Year Students (Clinical Practicum) - Monday, Wednesday, Friday

Curriculum:

The curriculum will cover, but is not limited to, the following courses

First Year:

Radiographic Positioning/Lab I & II
Radiologic Science I & II
Medical Terminology
Applied Anatomy & Physiology I & II
Patient Care in Imaging Services
Health Care Ethics & Law
Image Analysis I
Clinical Practicum I – III

Second Year:

Radiographic Positioning/Lab III & IV
Radiologic Science III
Image Analysis II & III
Radiographic Pathology I & II
Advanced Modalities in Radiology
Registry Review
Clinical Practicum IV – VI

PROGRAM VALUES

As educators, we especially value trustworthiness, innovation, caring, competence, and collaboration.

TRUSTWORTHINESS

- We value personal and professional integrity and accountability in all relationships.

INNOVATION

- We value an approach to health sciences education that promotes advances in the effective practice and delivery of healthcare.
- We value creative, future-oriented preparation of healthcare professionals to meet the challenges of providing comprehensive and compassionate healthcare.

CARING

- We value and respect the dignity of all people.

COMPETENCE

- We value excellence in teaching and clinical competence evidenced in personal and professional growth.
- We value promptness and effectiveness in responding to the needs of others.
- We value lifelong learning as an integral part of our professional calling and personal growth.

COLLABORATION

- We value social responsibility and service to others.
- We value partnerships that foster enhanced service to our community.

TECHNICAL STANDARDS

Western Suffolk BOCES complies with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. If a prospective student who is otherwise qualified requires reasonable accommodation, he or she should contact Disability Support Services at Western Suffolk BOCES. Technical Standards/Essential Functions must be met with or without accommodation.

Students should be in good physical and mental health, including possessing the ability to:

- Hear, smell, touch, and distinguish colors.
- Demonstrate 20/20 or 20/30 vision with or without corrective lenses.
- Clearly communicate verbally and in writing.
- Hear a patient calling for assistance ten feet away.
- Bend, stoop, push & pull.

- Demonstrate manual dexterity in gross and fine movements.
- Have full use of arms and legs.
- Push a wheelchair, assist in transferring up to 150 lbs., and lift 25 lbs.
- Reach up to six feet.

ACADEMIC POLICY

Each instructor establishes expectations for the students as outlined in the class syllabi. Students are responsible for the timely completion of all assignments, keeping current with reading from texts, preparing for classes, and completing assignments by their due date. The instructor will follow the grading scale established by the program as outlined below. Students are encouraged to discuss any issues related to the course with the course instructor. It is the student’s responsibility to seek timely assistance in content areas that are challenging them. The program does not promote memorization as a method of understanding, but challenges students to use higher level learning skills such as analysis, contrast and comparison, and critical thinking.

Instructors have an open-door policy before and after class. It is the student’s responsibility to reach out to faculty with questions. It is common for online communication with students regarding assignments, grades, and learning modules to take place. Students are expected to check and use their school email and learning management system (Google Classroom) daily. There is also a Computer Center where students can gain access to the internet to work on and print assignments.

GRADING SYSTEM

Radiography is a profession in which less than adequate performance may cause patients to suffer harm. High program standards must be maintained to ensure the effectiveness and competency of graduates. A grade of 75% (C) or better in all didactic and clinical courses must be maintained. Failure of any course will result in the dismissal of that student from the program.

A	95 - 100	4.0	Superior Achievement
A -	90 – 94	3.7	Above Average Achievement
B +	87 - 89	3.3	Average Achievement
B	84 - 86	3.0	Average Achievement
B -	80 - 83	2.7	Average Achievement
C +	77 - 79	2.3	Below Average Achievement
C	75 – 76	2.0	Below Average Achievement
F	Below 75	0.0	Failure

It is the responsibility of each student to be fully aware of the contents of the syllabi and Student Handbook, and the consequences which exist if the student deviates from any policy regarding classroom and clinical conduct.

PROGRESSION REQUIREMENTS

Western Suffolk BOCES is committed to the adult learner-instructor partnership. The adult learner must take an active role in that partnership. This can be demonstrated by meaningful class participation, reading assigned textbook chapters, completing homework as assigned, developing successful study habits as well as scheduling ancillary time to practice skills without depending on prompts from the instructors. The adult learner must act as their own agent of knowledge and skill acquisition. It is essential that they be personally involved in their own success.

Radiology courses can only be taken once accepted into the program and must be completed in the sequence described in the program curriculum. It is the responsibility of the student to build upon their knowledge to successfully progress in the program.

COURSE EVALUATIONS

At the end of each term, all students are requested to complete anonymous course evaluations for each class. Students are invited to use constructive criticism in completing the evaluations so faculty can identify strengths and weaknesses in the course. Faculty is able to review the evaluations and receive a summary average of course ratings.

ACADEMIC MISCONDUCT

Academic misconduct is subject to an academic penalty by the course instructor and/or a disciplinary action by the Radiologic Technology Program. Academic misconduct is defined as all forms of academic dishonesty, including but not limited to:

1. **Plagiarism:** Representing another person's words, ideas, data, or materials as one's own.
2. **Misconduct during an examination or academic exercise:** Copying from another student's paper, consulting unauthorized material, giving information to another student, collaborating with one or more students without authorization, or otherwise failing to abide by program or instructor's rules governing the examination or academic exercise without the instructor's permission.
3. **Unauthorized possession of examination or other course materials:** Acquiring or possessing an examination or other course materials without authorization by the instructor.
4. **Tampering with course materials:** Destroying, hiding, or otherwise tampering with source materials, library materials, laboratory materials, computer system equipment or programs, or other course materials.
5. **Submitting false information:** Knowingly submitting false, altered, or invented information, data, quotations, citations, or documentation in connection with an academic exercise.
6. **Submitting work previously presented in another course:** Knowingly making such submission in violation of stated course requirements.

7. **Improperly influencing conduct:** Acting calculatedly to influence an instructor to assign a grade other than that earned.

Other examples of academic misconduct are found in the Western Suffolk BOCES Code of Conduct. Any student found to have participated in academic misconduct will be subject to the disciplinary process as described in this document and in the Western Suffolk BOCES Student Code of Conduct.

DISCIPLINARY PROCESS

The Radiologic Technology Program uses a progressive disciplinary system that applies a series of more serious penalties for successive violations of policy, procedure, rules, or standards. The types of penalties used in this system and the consequences of each are as follows:

1. **Warning:** Verbal or written. The student will be given an opportunity to respond to the incident and may be required to develop, with program officials, a written set of goals to acknowledge and resolve the incident. An anecdotal record will be entered into the student's file.
2. **Probation:** A time limiting, official warning will be necessary if previous infractions are unresolved or are of a serious nature. The student will be given an appropriate amount of time to modify his/her behavior to the satisfaction of the program officials. Further disciplinary measures will be necessary if the behavior is not positively changed. Official, written records will be maintained in the student's file.
3. **Dismissal:** The student will be dismissed from the Radiologic Technology program for severe infractions of program policies and/or lack of timely improvement during probation.

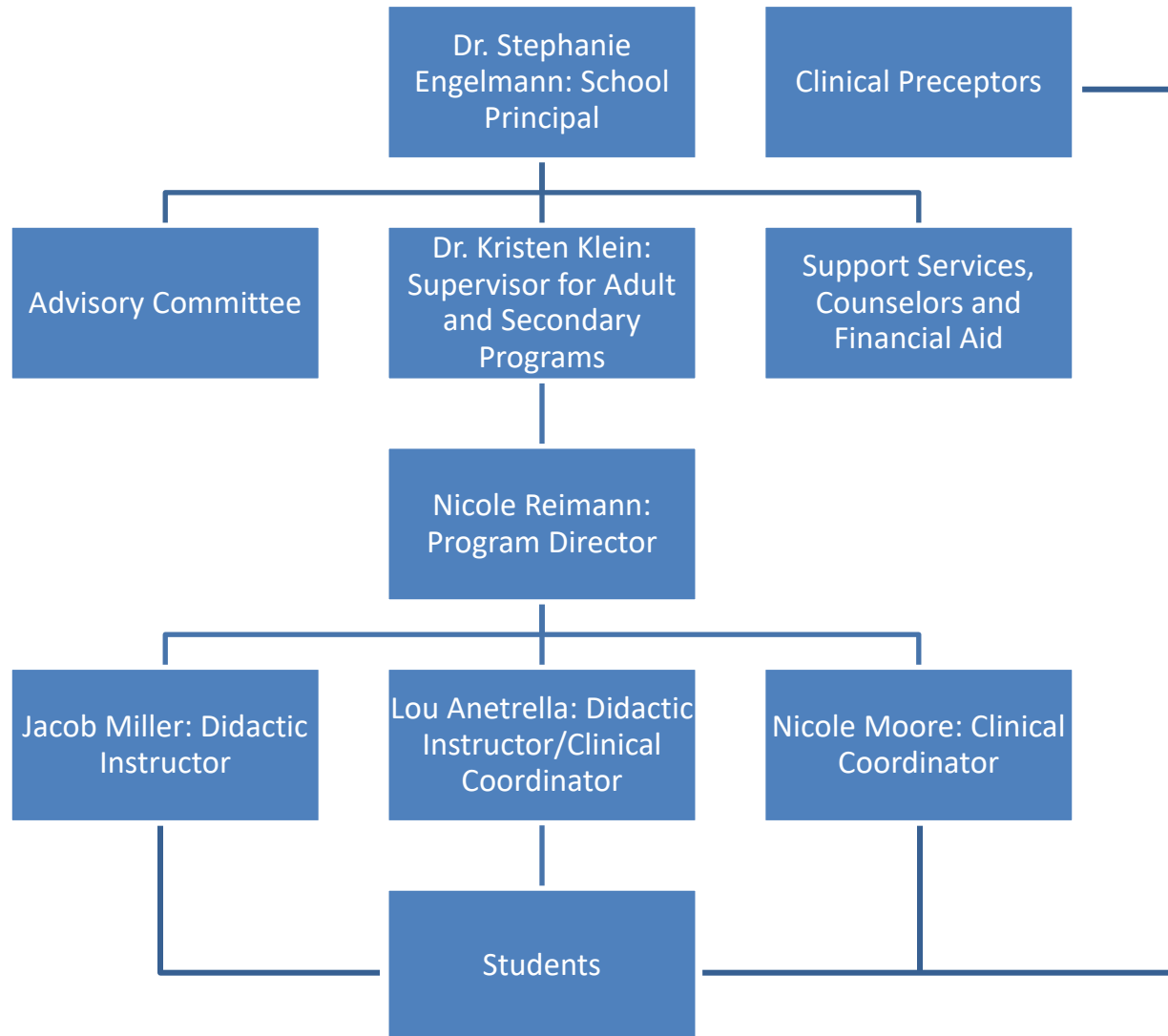
The student has the right to challenge disciplinary decisions by way of the Grievance Policy (see Table of Contents)

PROBLEMS

The faculty realizes that problems may arise during the course of the program. The faculty can help solve these problems only if made aware of them. Any problems incurred in the clinical areas should first be brought to the attention of the Clinical Preceptor(s) and the Clinical Coordinator(s). Any problems dealing with the program as a whole; whether they deal with your classes, or problems that cannot be answered to your satisfaction by the Clinical Preceptor(s) or the Clinical Coordinator(s), should be referred to the Program Director. Problems may be documented so that issues can be followed-up through a complete process to resolution.

Students should follow the chain of command should any issues or problems arise. Other sections of this document outline the processes for some specific types of problems.

FACULTY ORGANIZATIONAL CHART



Program Director (Nicole Reimann) – Oversees all activities of the Radiologic Technology Program. Acts as Radiation Safety Officer (RSO) by monitoring radiation dose reports of all students.

Clinical Coordinators (Nicole Moore and Lou Anetrella) – Oversees and coordinates clinical instruction. Nicole Moore is assisted by Lou Anetrella, and other faculty assists by participating in clinical visitation.

Didactic Instructors (Jacob Miller and Lou Anetrella) – Prepares and maintains course outlines and objectives and delivers classroom instruction.

Clinical Preceptors (Many) – Each clinical site has at least one staff member assigned to oversee clinical instruction. This person is not school faculty, but they work in conjunction with the program by being aware of program policies and objectives. The clinical preceptor(s) will work with the Clinical Coordinator(s) to track the progress of students assigned to the site. Students will be informed of the Clinical Preceptor(s) prior to their embarkation at that site. They are assisted by other clinical staff who supervise, teach, and participate in the clinical competency system.

ATTENDANCE POLICY

Since the student's presence is necessary to receive the essential information for course completion and to develop and demonstrate professional skills in dependability and punctuality, classroom and clinical attendance are vitally important in the Radiologic Technology program. To demonstrate the importance in this skill, the program's instructors will record attendance in each didactic and clinical course. These records will be entered as a direct or indirect portion of each final course grade. ***Failure to comply with the attendance policy will result in disciplinary action up to and including program dismissal.***

Pertinent rules regarding absences and tardiness are as follows:

1. Each instructor will provide attendance rules for each didactic course. Refer to course syllabi for more details.
2. The Didactic Instructor or Clinical Preceptor has the authority to remove the student from class or clinical if the student arrives after the scheduled start time. If the student is habitually tardy, disciplinary actions will be taken (detailed below).
3. Students are permitted a maximum of four (4) absences per academic year (September – August) inclusive of both didactic and clinical days. These absences may not be made up.
4. Any absences beyond four (4) will result in disciplinary action up to dismissal from the program.
 - a. If any of those additional absences occur on a clinical day, the day must be made up before the end of the term in which the absence(s) occurred.

Absences may be reviewed on a case-by-case basis by administration if extenuating circumstances force the student to exceed the permitted absences. Additional absences may be granted with proper approval and documentation. These may not incur the same penalties as those described above such as probation or dismissal from the program, but clinical days must be made up so that the student reaches the total number of hours required for completion of the program.

Unused absences *will not* carry over into the next academic year.

Jury Duty: Should the student be summoned for jury duty during the time they are actively enrolled in the program, WESTERN SUFFOLK BOCES will provide the student a letter requesting postponement until after expected program graduation date.

Weather: Official Western Suffolk BOCES School closings due to weather, etc., will not be counted as missed days. However, weather related absences when the school is open will be counted as missed days. Students will be notified of school closures as early as possible through a phone chain. If an

announcement concerning closing is not made before a student normally leaves home for the school or their clinical site, then the student must use good judgment in deciding whether to attend classes or clinical. When the school is closed, clinical practicum is also cancelled. If the school closes during the day, students will be dismissed from classes or their clinical site.

Classroom Attendance and Absence:

- If a student is to be absent from class, they must notify the Western Suffolk BOCES Administrative Assistant (cdeutsch@wsboces.org or (631) 261-3721) before the start of the class day.
- Students are responsible for all missed material. They should be prepared to submit missed assignments and make up missed tests immediately upon returning to school. The instructor has the authority to institute point penalties for any missed assignments or exams. Instructors have the authority to administer a different version of make-up exams.

Clinical Attendance and Absence:

- Attendance at the clinical site will be confirmed by clock-in/out submissions using the Trajecsyst clinical system. The student must clock in/out each day or they will be considered absent for the day.
- If the student is to be absent from clinicals, the student is required to:
 - Notify **both** the Clinical Preceptor(s) and the Western Suffolk BOCES Administrative Assistant (cdeutsch@wsboces.org or (631) 261-3721) before the designated start time. Notification to the Clinical Preceptor should be via their preferred method of contact (i.e., text, e-mail, or phone call).
 - Log the absence in Trajecsyst as a time exception and mark “Absent” *before the start of the scheduled shift*. This is the only time students should use the “time exemption” option.
 - Failure to mark oneself as “Absent” in Trajecsyst and notify both the Clinical Preceptor and Western Suffolk BOCES Administrative Assistant prior to the scheduled start of the shift may result in the student being required to make up the day, regardless of the number of absences.
 - Any “no call, no show” will result in an immediate letter grade drop in the final clinical grade for each occurrence, the student will be required to make up the day (regardless of their current number of absences), and disciplinary action will follow.
- Clinical attendance will be recorded in full-day or half-day units only. Arriving late or leaving early will be recorded as a loss of a half-day.
- Failure to accurately record clinical attendance shall be grounds for program probation and/or dismissal.
- Students are only allowed in the patient procedure area on their assigned days and during their assigned hours.
- A student may be assigned clinical hours during evening shifts only upon the approval of both the Clinical Preceptor(s) and the Program Director.

Makeup Time:

- All makeup days must be scheduled and approved by the Clinical Coordinator(s) and Clinical Preceptor(s) in advance of the days requested. Attendance policies apply to make-up days.
- Students are not permitted to engage in clinical activity for more than 10 hours per day.
- Students are permitted to voluntarily make up time on Saturday (day shift only) with special permission by both the Clinical Coordinators and Clinical Preceptors.
- The student may not work extra hours if that time exceeds 40 hours of combined clinical and didactic work in that week.
- At no time may a student be paid while on clinical assignment.
- At no time may a student attend clinical on a Sunday.
- Absences may not be made up prior to an anticipated absence.

Punctuality and Tardiness:

Punctuality is defined as arriving to class or clinical no later than the scheduled start time. The student should make it a point to be ready to work in the radiology department no earlier than 15 minutes prior to the start of the shift and no later than 0 minutes after the start time.

- **Clinical Tardiness:**
 - The presence of students in the clinical facility must in no way alter the routine work schedule of the department or inconvenience the patients or staff. Therefore, dependability and punctuality are essential.
 - Students arriving or clocking in after the start of the clinical shift will be charged one half-day absence. Students leaving early or clocking out prior to the scheduled end time will be charged one half-day.
 - Clinical and Program staff have the authority to send a student home if they arrive after the start of the shift. This will result in an absence and the day will need to be made up. (See “Clocking In and Out” for more details.)
- **Classroom Tardiness:**
 - The instructor has the authority to remove a student from class if they arrive after the start of the class. Habitual tardiness will result in disciplinary actions.
 - Class Tardiness will be weighted according to Western Suffolk BOCES policy:

Code	Absence Reason	Weight of the Absence
A	Absent	1.0 of session
E	Excused	0
1	Tardy or left early (30 minutes or less)	.25 of session
2	Tardy or left early (30 minutes to half of the session)	.33 of session
T	Tardy (half of scheduled session)	.5 of session

- If the student is frequently tardy, the student will be conferenced and may be placed on probation for attendance policy violation.

CLOCKING IN AND OUT

- The clinical hours are usually 8:00 a.m. to 4:00 p.m. unless the student is assigned otherwise. If a student clocks in at any time later than their designated start time without proper approval, the student may be sent home by a Clinical Preceptor or Clinical Coordinator and will not be given credit for that day.
- Students may not work through lunch to leave early and may not leave their assignment early without permission from a Clinical Preceptor. No other clinical staff may authorize the early release of students.
- Students should clock in and clock out from inside the x-ray department of the clinical site (as if at a punch clock), not the parking lot. Wi-Fi is available in all departments, so this is possible at all clinical sites. If the Wi-Fi is down preventing a student from clocking in at the appropriate time, the Clinical Coordinator or Administrative Assistant should be notified as soon as possible.
- Any time a student leaves a clinical site, they must clock out (this applies to students leaving their clinical facility for lunch breaks). This is a safety precaution (students must be accounted for at all times during clinical hours).

Clinical attendance is required to be accurately recorded in a timely fashion on the Trajecsys Recording System. Any attempt to falsify or omit clinical records shall be considered unethical and unprofessional conduct and grounds for disciplinary action.

Forgetting to Clock-in and Clock-out:

Forgetting to clock in or out may happen, however, this should not be a frequent occurrence. If a student forgets to clock in or out, they should:

1. Clock in or out immediately (regardless of the time).
2. Do not use a “time exemption” when forgetting to clock in/out. The student must notify the Administrative Assistant, Catherine Deutsch, by e-mail at: cdeutsch@wsboces.org immediately explaining the reason for the time discrepancy. Failure to notify the Administrative Assistant will result in the student being marked tardy and appropriate disciplinary action.
3. Repeated failures to clock in or out will result in disciplinary action.

MAKE UP FEES FOR EXCESSIVE ABSENCES

Any student who does not fulfill attendance requirements is subject to disciplinary action, up to and including dismissal from the program. If make-up time is necessary to meet program requirements, all financial obligations must be met prior to make-up time being scheduled.

There will be an hourly rate of \$30.00 charged for make-up time if it is necessary that the make-up time occur after the expected graduation date. Fees will be paid prior to beginning make-up hours. All make up time must be completed immediately after the expected date of graduation upon availability and administrative approval. Students must be available during the day or evening hours to complete this program requirement. The student engaged in clinical make-up time must adhere to all clinical policies and standards. The student will be expected to achieve a passing grade of 75% for make-up hours to complete the program. A student must complete make-up time within one month of the program end date to receive their Certificate of Completion.

See Appendix F for a sample of the entire Enrollment Agreement.

CONTINGENCY PLAN

In the event of a temporary school closure, instruction will swiftly transition to remote education using video conferencing and Google Classroom. Clear communication will be established with all students, faculty, and staff regarding the closure and instructions on accessing resources and platforms for remote learning. Regular communication channels will be maintained to address questions, concerns, and provide updates throughout the closure. Students are expected to quickly comply with instructions regarding downloading and operating any necessary applications on an appropriate device. The transition should be seamless, as Google Classroom and a school-assigned e-mail address is already incorporated in day-to-day instruction.

UNIFORM AND PERSONAL APPEARANCE

Uniforms are to be worn at all times during the student's didactic and clinical assignments. The student should present a neat and professional appearance and abide by program policy. ID badges, radiation monitoring devices and anatomic markers are part of the student's uniform. Failure to abide by the uniform and appearance policies may result in the student being sent home from class or clinical and face disciplinary action. Should the student report to clinical without the proper uniform, no clinical hours will be credited for that day.

The student's uniform must include the following:

- **Bottoms** – Black scrub pants with a straight hem (an elastic or gathered hem is not acceptable).
- **Top** – Black, embroidered V-neck or crew neck scrub top.
- **Shoes** – White or black shoes. Shoes must be fully closed with no open heels, open toes, mesh coverings, or holes.
- **ID Badge** – Students are required to wear the Western Suffolk BOCES ID badge along with clinical site ID badges (where required).
- **Radiation Monitoring Device** – Each student is required to wear a radiation monitoring device on the collar of the scrub top (and outside any lead apron).
- **Markers** – Anatomy identification markers must be on the student's person.

- **Scrub Jacket** – Black, long-sleeved scrub jacket may be worn as needed (never a white lab coat). Embroidered logo is not required. Other hoodies or jackets may not be worn.
- **T-shirts** – Black, short- or long-sleeved crew neck T-shirt without visible designs or logos may be worn under the scrub top if desired.

Professional Appearance

- Scrub top and bottoms must be freshly laundered and neat in appearance every day.
- Shoes must be clean and in good repair.
- Scrub bottoms should be worn high enough on the hips so that under garments are not visible when the student bends over, and so that excessive fabric does not fall below the heel of the shoe.
- Uniform tops should fall 3-4 inches below the waist and should not be worn in a form fitting manner.
- Long hair can be hazardous around machinery and must be pulled back in a neat fashion.
- Beards and mustaches must be neatly trimmed (the only exception may be religious custom).
- Excessive jewelry and excessive use of cosmetics, colognes/perfume is inappropriate in the patient care setting.
 - Facial jewelry, unless worn for religious or cultural reasons and found not to interfere with work performance, is not permitted in clinical settings.
 - All other jewelry is limited to a wedding ring, an engagement ring, a watch, and one small stud earring per ear.
- Long fingernails pose a health and hygiene hazard, nails must be kept neat and short in length. Acrylic, false, or press-on nails may not be worn.
- Careful attention must be paid to personal hygiene when attending classes or clinicals.
 - Students are expected to arrive showered, clean, without body odor or foul breath, with brushed hair and an overall kempt appearance.
 - Worn accessories like glasses or face masks must be clean and neatly worn.
- Visible tattoos may need to be covered with long sleeves or some other covering during clinical hours.
 - Bandages are not acceptable as they may pose a concern related to infection control.
- Any additional requirements of the clinical site must be adhered to.

CELL PHONES AND ELECTRONIC DEVICES

The use of any personal electronic devices (including but not limited to cellular phones, cameras, smart watches, tablets, MP3 players, laptops, headphones, ear buds, computers, and/or other electronic devices) is prohibited in all classrooms and labs during instructional time (unless otherwise instructed by the faculty).

The use or display of any electronic devices during didactic or clinical hours is grounds for disciplinary action and possible dismissal (unless otherwise instructed).

All electronic devices (including but not limited to the devices mentioned in the paragraph above) are strictly prohibited in all patient care areas, central service processing departments, radiology departments, emergency departments, exam rooms, operating room suites, and nursing stations of the clinical site. There are no exceptions to the rule.

The use or display of any electronic devices in patient care areas is grounds for *immediate* dismissal.

STUDENT GOVERNANCE AND REPRESENTATIVES

At the beginning of each academic year, the first- and second-year radiology classes will select a class president and vice president. Students may volunteer or nominate a classmate (assuming the student accepts the nomination) to serve as a class representative. The candidate who receives the most votes will be elected the class president and the student who receives the second most votes will be elected the class vice president.

Class Officer Duties: The first- and second-year student representatives will:

- Act as liaisons between the students and program officials.
- Attend student affairs and advisory committee meetings with all health career programs in attendance.
- Be proactive in meetings with classmates and program faculty.
- Assist in reporting ideas and resolutions of concerns to both students and faculty.
- Informally poll classmates about ideas and concerns about the educational process prior to meetings with program officials.
- Assist in identifying and implementing program assessment and improvements.
- Identify and assist in the implementation of constructive ideas to foster class spirit.
- Promote activities related to National Radiologic Technology Week and the graduation dedication ceremony.
- Coordinate activities between the first- and second-year radiologic technology classes.

The President will:

- Lead messages.
- Attend student affairs meetings with all health career programs in attendance.
- Act as facilitator during student discussions.
- Maintain frequent contact with faculty and administration.
- Work with the Vice President on all planning.
- Participate in student sponsored activities and events.
- Plan school events and National Radiologic Technology Week preparations.

The Vice President will:

- Work closely with the President.
- Attend Technical Advisory Committee Meetings.

- Assume the president’s duties when needed.
- Work with the president in student sponsored activities and events.
- Help plan school events and National Radiologic Technology Week preparation.

Length of Term:

First-Year Representatives – Will be elected by their classmates by the last week of October of the first term. Volunteers and/or nominations will be made to program officials by the 3rd week of October and the election will take place during the last week of October. The first-year class officers will serve until the end of the 3rd term (summer of the first year). If the class president leaves the program before the end of the 3rd term, the vice president will assume the duties of the class president. A special election to choose a new vice president will be held.

Second-Year Representatives – Will be elected during the first month of the 4th term (fall of the second year) and serve until graduation. If the class president leaves the program graduation, the vice president will assume the duties of the class president. A special election to choose a new vice president will be held.

TECHNICAL ADVISORY COMMITTEE (TAC)

The Technical Advisory Committee (TAC) offers students an opportunity to participate in the activities of the parent organization, community activities, and organizations concerned with medical radiography and health care, to offer a supportive and dynamic educational environment for students to participate in, to develop the commitment for academic excellence and the consistent delivery of quality patient care, and to provide an opportunity for students to have a voice in the growth and development of the Radiologic Technology Program.

The TAC will function in an advisory capacity to program administrators. The committee will make recommendations related to any of the following departmental goals:

- To ensure an educational atmosphere that will produce radiologic technologists proficient in all aspects of radiologic technology.
- To develop a working and supportive relationship with local and state radiologic technology societies and hospital affiliates.
- To identify strengths and weaknesses of the existing program and planning and developing methods through which weaknesses can be addressed.
- To act as an initiator rather than a reactor to change.
- To be sensitive and responsive to national and state trends.

The TAC composition includes: the Supervisor for Adult and Secondary Programs, the Radiologic Technology Program Director, the Clinical Coordinator(s), Didactic Instructors, and the president and vice president from each class of the Radiologic Technology Program.

The TAC meets at least twice during each academic year. Other meetings may be scheduled when a need is indicated.

CHANGE OF PERSONAL INFORMATION

Each student is responsible for providing the Western Suffolk BOCES and the Radiologic Technology Program with information regarding a change in postal address, email address, and phone number. This information is important in case of an emergency during the time the student is enrolled in the program. This also assists in mailing correspondence and post graduate material to alumni.

Changes are to be reported to the Health Careers Office as soon as possible. The Radiologic Technology Program is not responsible for an inability to contact the student when changes have not been reported. An official document must be presented to validate a name change.

RADIATION SAFETY POLICY

Due to the nature of ionizing radiation and its potential for harm, the program complies with the principle of ALARA (As Low as Reasonably Achievable) when administering radiation. It is required by New York State law that all persons working with or around x-ray equipment and/or radioactive materials wear radiation monitoring devices. The student radiographer, through education, understands the nature of radiation and applies that knowledge safely in producing quality diagnostic images.

Radiation Exposure Monitoring (Badging Policy):

All students are required to wear a radiation monitoring device (or dosimeter) at all times as it is possible that they may receive more than 10% of the maximum permissible dose in the normal course of their education. Minimizing radiation exposure to occupational personnel, including radiography students and patients is emphasized throughout the radiography program. The dosimeter is analyzed monthly, and the exposure reports are printed and kept in the program director's office for the students to review. The following rules apply to radiation monitoring:

- No student will be permitted to participate in radiographic examination without the dosimeter on his/her person.
- Students must always keep track of their dosimeter.
- Students should keep their dosimeter in a safe place where it cannot be damaged. It should not be kept in excessive heat or direct sunlight (i.e., on a car dashboard).
- Should a student misplace or lose their dosimeter, they must notify the program director immediately. The student will be issued a spare dosimeter immediately to continue their radiation monitoring for the remainder of that monitoring period. Students will be charged for lost dosimetry badges according to the rate specified by Landauer.
- The monitoring period is one month. The dosimeters will be collected at the same time each month and sent out for reading.

- The Program Director will access the reading and keep exposure information on file in the Program Director’s office.
- The student will be made aware of these policies at orientation.

Dose Limits:

The annual effective absorbed dose equivalent limit for whole body exposure for radiation workers, including radiography students over the age of 18, is 50 millisieverts. For a pregnant radiography student, the radiation exposure limit for the entire gestational period is 5 millisieverts; the monthly exposure limit for the fetus is 0.5 millisieverts.

The Program Director and faculty will provide briefings and educational sessions to inform students of ALARA program efforts and changes when they occur. The Program Director and Clinical Coordinator(s) will ensure that authorized students who may be exposed to radiation will be instructed in the ALARA philosophy and informed that management, school faculty, and clinical staff are committed to implementing the ALARA concept.

The annual dose limits established by the Nuclear Regulatory Commission (NRC) are as follows:

Area	Badge Report Terminology	Annual Dose Limit
Whole Body (head/trunk, active blood forming organs and glands)	DDE Deep Dose Equivalent	50 mSv (5,000 mrem) (10 mSv x age cumulatively)
Lens of the Eye	LDE Eye/ Lens Dose Equivalent	150 mSv (15,000 mrem)
Skin of Whole Body	SDE Shallow Dose Equivalent	500 mSv (50,000 mrem)
Extremity	SDE Shallow Dose Equivalent	500 mSv (50,000 mrem)

Action Levels:

To ensure the annual deep dose limit of 50 mSv is not exceeded, the following action levels are established to determine when to address student radiation levels:

- **Level I – 1.25 mSv (125 mrem) per quarter**
 - Above this whole-body dose, the student is notified that they have exceeded 10% of their dose limit for that quarter.
 - No investigation necessary, but the student is reminded of radiation safety principles.
- **Level II – 3.75 mSv (375 mrem) per quarter**
 - Above this whole-body dose, the student is notified that they have exceeded 30% of their dose limit for that quarter.
 - An investigation is conducted by the RSO, with interview of the student, to determine why the dose for that quarter was high. The investigative report is kept in the student’s permanent file. The student is remediated in radiation safety practices.

Collimation:

The x-ray beam must be carefully collimated before each exposure so that the radiation field is kept to the minimum usable size. Failure to use proper collimation is bad practice and students will be counselled if this is observed.

Shielding:

- **Personal shielding** – All students must wear appropriate protective devices during times of potential exposure to radiation such as during fluoroscopy. Such protective devices may include lead-lined gloves, aprons, thyroid shields, and goggles. When not wearing a protective device, the student must stand behind a protective barrier. *Students are not allowed to hold patients or image receptors during exposure under any circumstances.*
- **Patient shielding** – Gonadal shielding should be used on all patients unless its use would obscure a region of interest or is physically impractical. Approved gonadal shielding includes shadow shields, contact shields, and lead aprons. Some facilities are choosing to discontinue the use of patient shields due to recommendations by national radiation safety organizations. Students should comply with the policy at their assigned clinical site. Regardless, students must demonstrate shielding skills in the lab.

PREGNANCY POLICY

A student who becomes pregnant may voluntarily disclose her pregnancy, in writing, to the Program Director. Confirmation by a physician is not required.

Upon voluntary disclosure of the pregnancy, the student will meet with the Program Director regarding the nature and potential radiation injury associated with exposure in utero, the regulatory limits established by the National Council on Radiation Protection and Measurement Regulatory Guide, and the required preventative measures to be taken throughout the gestational period. A statement of receipt of this information will be signed at this time. Through proper instruction to these precautions, it will be possible to limit all occupational exposure to under 0.5 mSv (50 mrem) per year and prevent fetal dose limits (0.5 mSv for the entire gestational period) from being surpassed. After being properly informed, the student may decide to:

1. Complete the program without any modifications. Clinical assignments are made to satisfy specific competencies required for the semester and for graduation, as specified by the American Registry of Radiologic Technologists (ARRT). As a result, clinical rotations/assignments of a pregnant student cannot be altered to guarantee lower radiation exposure to the fetus. They will be expected to adhere strictly to all radiation safety requirements, including the wearing of personnel monitoring devices. If the student's current clinical setting does not allow for pregnant students to rotate through all areas, they will be reassigned to a clinical setting that allows rotation with no adjustments.

2. Withdraw from clinical courses, while continuing didactic education. The student must complete, upon return or when no longer pregnant, all clinical competencies and related course work missed.
 - a. This structure will extend the duration of the program for the student and may necessitate repeating a clinical education course/assignment.
 - b. A pregnant student registered in a didactic course that requires any clinical activity will be monitored for fetal dose.
 - c. A student wishing to exercise this option must make the request in writing to the Program Director upon disclosure of the pregnancy.
3. Continue full-time status with limited rotations. This excludes fluoroscopy, surgery, and portables. They will abide by the following:
 - a. Strict adherence to all safety precautions for protection purposes.
 - b. Use a second dosimeter (which will be provided) to be worn at the student's waist and under any protective apron to monitor fetal dose.
 - c. Immediately stop working at any time that the student feels they are working in an unsafe area or under conditions that are detrimental to herself or the fetus. She should report such circumstances to the Clinical Coordinator or Program Director.
 - d. At no time and for no reason will the pregnant student place herself in the primary beam of radiation (this is true at all times for all students).
4. Request a leave of absence from all courses with the expectation that the student will resume her education after delivery. Readmission to the program will be on a space-available basis and requires the student withdrew in good standing.

The student must submit in written form, within 48 hours, their decision regarding the chosen option noted in section above.

Undeclared Pregnancy

The student has the right to decide whether to declare pregnancy or that they are no longer pregnant. A student may withdraw a declaration of pregnancy, in writing to the program director, at any time. Under this circumstance, the student retains the right to continue their progress in the radiologic technology program without modification.

If the student chooses not to declare pregnancy and notify the program director, the program will be unable to provide accommodations for the student to ensure proper protection to the embryo/fetus. However, it is the student's right to complete the radiologic technology program in its entirety without modification.

STUDENT HEALTH REQUIREMENTS

It is mandatory that, upon acceptance into the program and by the first day of class, students provide the Program Director with proof of:

1. Complete physical examination including required immunizations and titers.
2. Supplemental medical examinations as needed (i.e., CBC, UA).
3. Tuberculosis (PPD or QuantiFERON Gold) screening.
4. COVID-19 vaccination.
5. Drug testing and background check (if required by clinical site).
6. Current Basic Life Support (BLS) certification.
7. Personal malpractice insurance*.

Yearly renewal of physical, CBC, UA, PPD, and personal malpractice insurance is required. It is the student's responsibility to obtain and maintain health requirements. Students who are not in compliance will not be permitted in the clinical area and will incur an absence.

It is the student's responsibility to make a copy of their medical record prior to submission. A \$5.00 service fee will be charged for any copy requested from the Health Careers office. 72 hours advance notice for copying is required.

*A copy of this policy will be kept in the student's file and a duplicate sent to all clinical education centers upon request. Upon entering senior year students must submit renewed coverage. It is the students' responsibility to maintain liability/malpractice insurance throughout the program. Documentation of this **renewal must be delivered to the Health Careers Office no later than the Friday before it expires**. Visit <https://www.hpsso.com/> for coverage.

STUDENT RIGHTS AND RESPONSIBILITIES

All student interaction and communication among themselves, teachers, school administrators, other school personnel, and visitors on school property will be acceptable, civil, and respectful at all times.

Student Rights:

Western Suffolk BOCES is committed to safeguarding the rights given to all students under state and federal law. To promote a safe, healthy, orderly, and civil school environment, all Western Suffolk BOCES students have the right to:

- Receive an up-to-date, high-quality education in the pursuit of becoming a professional radiologic technologist.
- Take part in Western Suffolk BOCES activities on an equal basis regardless of race, color, creed, national origin, religion, gender, sexual orientation, or disability.
- Present their version of the relevant events to the appropriate school personnel in connection with the imposition of disciplinary consequences.
- Be informed of school rules and, when necessary, receive an explanation of those rules from school personnel.

Student Responsibilities:

All Western Suffolk BOCES students have the responsibility to:

- Contribute to maintaining a safe and orderly school environment that is conducive to learning and show respect to other persons and to property.
- Be familiar with and abide by all Western Suffolk BOCES policies, rules, and regulations.
- Attend class on time every day.
- Work to the best of their ability in all academic pursuits and strive toward the highest level of achievement possible.
- React to direction given by school staff in a respectful, positive manner.
- Utilize available resources to control their anger.
- Ask questions when they do not understand.
- Seek help when solving problems.
- Dress appropriately for school and school functions consistent with the program uniform and Western Suffolk BOCES dress code.
- Be accountable for their actions.
- Conduct themselves as representatives of Western Suffolk BOCES when participating in or attending school-sponsored extracurricular events and hold themselves to the highest standards of conduct, demeanor, and sportsmanship.
- Promptly report violations of the Code of Conduct to an instructor, student support staff, building administrator or his or her designee. When incidents of harassment, intimidation, bullying, and/or discrimination are reported, Western Suffolk BOCES will follow the specific steps described in Policy 6560.
- Treat all students and school personnel in a kind and courteous manner regardless of their actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, gender, sexual orientation, or disability.
- Promptly report any witnessed acts of harassment and/or bullying to the school staff.

TEXTBOOK POLICY

It is the responsibility of each student to purchase all textbooks and workbooks as required by the Radiologic Technology program. Students must agree to bring each required textbook on the first day when each individual course begins and whenever directed by the instructor.

STUDENT ID CARDS

Western Suffolk BOCES school-issued photo ID card is to be worn and visible at all times while on campus and at the clinical sites. If the student misplaces their Western Suffolk BOCES school issued photo ID card, they will be charged \$5.00 for a replacement. The student understands that their Western Suffolk BOCES school issued photo ID card is to be returned prior to graduation or upon withdrawal from the school.

TRANSPORTATION AND PARKING

Radiologic Technology students will be responsible for providing their own transportation to all facilities used for their educational experiences including clinical affiliates. Students must have their own transportation and be willing to travel as assigned. Students will travel at their own expense. Each facility will provide detailed instructions for acceptable student parking areas. Upon admission to the program, a parking permit must be obtained and displayed in the front window of the vehicle. This permits students to use the parking areas designated at Western Suffolk BOCES for student use. Students are not permitted to park in the first four rows (north end of the parking field marked in yellow paint) of the Northport Campus. Any violations will be the responsibility of the student.

SCHOOL RESOURCES

Computer Lab:

The computer lab is available for student use. Students are encouraged to use these resources. Lab access can be attained from the Teacher's Aide or the Health Careers Office (Room 216). A Computer Usage Form must be filled out prior to use.

Library:

The school library at the Northport campus is available for student use as follows:

Monday	<i>8:00 a.m. – 10:00 p.m.</i>
Tuesday	<i>8:00 a.m. – 10:00 p.m.</i>
Wednesday	<i>8:00 a.m. – 10:00 p.m.</i>
Thursday	<i>8:00 a.m. – 10:00 p.m.</i>
Friday	<i>8:00 a.m. – 4:00 p.m.</i>

The school reserves the right to utilize the library for special functions. Please check with the Health Careers Office (Room 216) for Availability.

Library rules:

1. No book(s) leave the library without being signed for.
2. Book(s) must be returned within 3 days.
 - \$1.00 late fee for each book for each day after the 3 days.
3. If book(s) are not returned, you will be charged the cost of the book(s).
4. Book(s) can only be taken out two consecutive times by the same person.
5. Library will not be opened other than designated times.
6. Reference books may not be signed out of the library.

WORK RELATED POLICIES

If a hospital or clinic desires a student to be in their employ and asks that students work for them outside of didactic/clinical hours, there must be an individual agreement between the hospital/clinic and the student. The hospital/clinic must provide a separate ID badge and a separate radiation monitoring device. Students are not permitted to use their student ID badge or radiation monitoring device provided by Western Suffolk BOCES. All students are strongly advised that, if possible, work hours are limited to 20 hours per week during the program.

Students are prohibited from engaging in any duties related to the radiologic technology program outside of assigned clinical hours.

EATING AND SMOKING

Students shall only eat or drink while on duty in designated areas. Most facilities ban smoking and students are required to follow the rules of the institution. Western Suffolk BOCES Northport Campus is a smoke free campus; therefore, smoking is not allowed on the campus property.

DRUGS AND ALCOHOL

Western Suffolk BOCES upholds the laws of the Federal government and New York State and prohibits the illegal possession, use, and/or distribution of illicit drugs. The possession, use, and/or distribution of alcohol or any mind-altering substance are further prohibited. This policy is inclusive of both school grounds and clinical settings.

For more information refer to the Policies for Adult Students, <https://www.wsbores.org/wp-content/uploads/Adult-Students-9.22.pdf>.

COMMUNICABLE DISEASES

Radiology personnel may be exposed to a wide variety of microorganisms through contact with patients. Students should be aware that they will take part in invasive procedures.

During student experiences in the clinical setting, students may possibly come in contact with diseases, equipment, and treatments that may be hazardous to an individual and/or to an unborn fetus. Infections may be transmitted in the clinical environment by blood, saliva, or other body fluids. This may occur through direct contact, droplets, or aerosols. There is also the potential for transmission of infection through indirect contact.

Because of the number of people using the clinical facilities, it is critical that every student and faculty member who delivers patient care practice effective infection control procedures. It is expected that

students will use common sense and good patient care procedures related to bloodborne pathogens that minimize risks. Students shall follow the precautions recommended by the Association for Practitioners in Infection Control (APIC), the Occupational Safety and Health Administration (OSHA), and the policies for exposure control at the affiliate site.

The APIC recommends the use of universal precautions where the handling or exposure to blood and body fluids is concerned. The following are guidelines recommended by the APIC:

1. Hands should be washed before and after contact with each patient. Hands should be washed even when gloves have been used. If hands come into contact with blood, body fluids, or human tissue, they should be washed immediately with soap and water.
2. Gloves should be worn when contact with blood, body fluids, tissues, or a contaminated surface is anticipated.
3. Gowns are indicated if blood splattering is anticipated.
4. Masks and protective goggles should be worn if aerosolizing or splattering are likely to occur.
5. Emergency mouth-to-mouth resuscitation, mouth pieces, resuscitation bags, or other ventilation devices should be strategically located and available to use in areas where the need for resuscitation is predictable.
6. Sharp objects should be handled in such a manner as to prevent accidental cuts or punctures. Used needles should not be bent, broken, reinserted into their original sheath, or unnecessarily handled. They should be discarded intact immediately after use into an impervious needle disposal box, which should be readily accessible. All needle stick accidents, mucosal splashes, or contamination of open wounds with blood or body fluids, should be reported to the Clinical Preceptor immediately.
7. Blood spills should be cleaned up promptly with a disinfectant solution.
8. All blood and body fluid specimens should be considered biohazardous.

If a student has an incident occur involving contact with bloodborne pathogens, it is expected that the student will immediately see their own physician to establish baseline testing. They should then seek any required follow-up. Tuberculosis exposure should be immediately followed with a Mantoux test and a three-month follow-up after that. For further information see Appendix C.

There is also the chance that students/personnel may transmit diseases to patients. As a result, it is expected that students follow the policies in effect at the clinical site where they are assigned, in addition to the following guidelines:

1. Students with communicable diseases that are transferred by air or contact, and are of short duration, may not attend clinical courses. They must inform the Clinical Coordinator(s) of their absence from clinicals. Make-up time must be arranged with the Clinical Coordinator(s) and the Clinical Preceptor(s).
2. If a student has any of the following conditions, they are to notify the Clinical Coordinator(s) prior to clinical assignment:
 - Chicken pox, shingles

- Scabies, lice
 - Hepatitis
 - Eye infection
 - Tuberculosis
 - Measles, mumps, or rubella
 - Cold sores (herpes simplex infection)
 - Influenza
 - Strep throat
 - COVID-19
3. Students with communicable diseases that have a long duration must present a written diagnosis to the Clinical Coordinator(s) and the Clinical Preceptor(s). Dependent upon the diagnosis, the student may be able to perform clinical assignments with restrictions regarding patient contact, or they may be asked to discontinue clinical activities until the illness is resolved. Each reported incident will be handled on a case-by-case basis, with respect for the person’s right to privacy, and with consideration for protecting their own welfare, as well as the welfare of others. All information will remain confidential and will not be released unless mandated by law.
 4. Persons having AIDS, or a positive antibody test for AIDS, shall be treated as any other student or employee on campus.

CERTIFICATION/LICENSE INFORMATION

The American Registry of Radiologic Technologists (ARRT) uses the term “certification” to describe the one-time awarding of a certificate after an individual satisfies all eligibility requirements including the certification exam. “Registration” is the annual renewal of the certificate’s validity. “Licensing” is most used to refer to state laws. The state, not the ARRT, is the authority that administers the license and grants an individual permission to practice radiologic technology within that state. Application for and renewal of a state license is separate from the ARRT certification process and varies from state to state. Although the ARRT examination is a voluntary certification exam, many states (including New York) use the scores in licensing decisions.

Students of the Western Suffolk BOCES Radiologic Technology Program will be recommended for the ARRT Registry exam provided they have met all requirements. Instructions on how to make arrangements to take the exam will be provided during the final term.

Criteria For Program Completion and Certificate in Radiologic Technology:

To successfully complete the clinical program in Radiologic Technology and to be eligible to receive a Certificate of Completion, each student must satisfy the following criteria:

1. Complete clinical education in accordance with the Attendance Policy

2. Complete clinical competency requirements and receive satisfactory clinical performance evaluations for each assigned clinical rotation.
3. Complete each Course in the program with the minimum passing grade of 75%.

The American Registry of Radiologic Technologists (ARRT):

Under the sponsorship of the American Roentgen Ray Society, the Radiological Society of North America, the Canadian Association of Radiologists, and the American Society of X-ray Technicians, the American Registry of Radiologic Technologists was organized in 1922.

In 1944, sponsorship of the Registry was relinquished by the Radiologic Society of North America in favor of the American College of Radiology. The main function of the Registry is to administer examinations for persons who have graduated from approved schools. To be certified as a Registered Radiologic Technologist it is necessary to take an examination administered by the ARRT. The ARRT offers examinations throughout the year at computer-based testing centers located throughout the United States.

Eligibility for certification by the American Registry of Radiologic Technologists (ARRT) requires that:

- Candidates must comply with the ARRT Standards of Ethics. The conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor with the sole exception of speeding and parking violations shall be considered a violation of the *Rules of Ethics*. All alcohol and/or drug related violations must be reported.
- Individuals who have violated the *Rules of Ethics* may file a preapplication with the ARRT to obtain a ruling of the impact on their eligibility for examination. A pre-application must be requested from the ARRT at (612) 687-0048.
- Go to the ARRT website at www.arrt.org for additional details and updated information.

New York State Licensure:

To be employed as a radiographer in the State of New York the graduate must possess both the State of New York Department of Health license and pass the certification ARRT examination in Radiography. Graduates shall be issued a temporary permit to practice Radiography upon graduation if the following criteria have been met:

- Application for licensure has been submitted to and accepted by the New York State Department of Health.
- Except for minor traffic violations, individuals who have ever been convicted for any offense against the law or are now under charges are required to contact the New York State Department of Health at (518) 402-7580.
- Application has been submitted and accepted for the ARRT examination in Radiography.

Upon successfully passing the registry examination, the graduate is eligible for professional licensure by the State of New York. An application fee must be submitted with each application.

THE ARRT'S PRINCIPLES OF PROFESSIONAL CONDUCT/CODE OF ETHICS

The code serves as a guide for radiologic technologists to evaluate their professional conduct as it relates to patients, colleagues, other members of the healthcare team, healthcare consumers, and employers. The code is intended to assist radiologic technologists in maintaining a high level of ethical conduct.

The entire Standards of Ethics can be found at <https://www.arrt.org/pdfs/Governing-Documents/Standards-of-Ethics.pdf>.

10 Principles of Professional Conduct:

1. The Radiologic Technologist conducts himself/herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
2. The Radiologic Technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity to mankind.
3. The Radiologic Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination regardless of sex, race, creed, religion, or socioeconomic status.
4. The Radiologic Technologist practices technology founded upon theoretical knowledge and concepts, utilizes equipment and accessories consistent with the purposes for which they have been designed, and employs procedures and techniques appropriately.
5. The Radiologic Technologist assesses situations, exercises care, discretion, and judgment, assumes responsibility for professional decisions, and acts in the best interest of the patient.
6. The Radiologic Technologist acts as an agent through observation and communication to obtain pertinent information from the physician to aid in the diagnosis and treatment management of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The Radiologic Technologist utilizes equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, demonstrates expertise in limiting the radiation exposure to the patient, self, and other members of the members of the healthcare team.
8. The Radiologic Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The Radiologic Technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The Radiologic Technologist continually strives to improve knowledge and skills by participating in educational and professional activities, sharing knowledge with colleagues, and investigating new and innovative aspects of professional practice. One means available to improve knowledge and skills is through professional continuing education.

Honor Code Violations:

Have you ever been suspended, dismissed, or expelled from an educational program that you have attended in order to meet ARRT certification requirements?

This is a question every primary-pathway candidate for certification must answer on the application, in addition to reading and signing the "Written Consent under FERPA," which allows ARRT to obtain specific parts of their educational records concerning violations to an honor code. If a student has ever been suspended, dismissed, or expelled from an educational program attended in order to meet ARRT certification requirements, he or she should answer "yes" to the question above and include an explanation and documentation of the situation with the completed application for certification.

A list of some of the violations ARRT is concerned about is provided below, but when in doubt, contact the ARRT Ethics Requirements Department at (651) 687-0048, ext. 8580:

- Cheating and/or plagiarism.
- Falsification of eligibility requirements (e.g., clinical competency information).
- Forgery or alteration of any document related to qualifications or patient care.
- Abuse, neglect, or abandonment of patients.
- Sexual contact without consent or harassment to any member of the community, including patients.
- Conduct that is seriously obscene or offensive.
- Practicing in an unsafe manner or outside the scope of professional training.
- Violating patient confidentiality (HIPAA).
- Attempted or actual theft of any item not belonging to the student (including patients' property).
- Attending class or clinical setting while under the influence of alcohol, drugs, or other substances.

Applicants should be aware that the American Registry of Radiologic Technologists (ARRT) is the nationally recognized organization which provides voluntary certification exams and registration status information for radiographers. As such, the ARRT Code of Ethics has strict requirements for individuals who have a criminal background or a history of military court-martial. Applicants with such a history are strongly advised to contact the ARRT and go through the pre-application process to determine future eligibility status before enrolling in a radiography program. Further information can be found at the ARRT website: www.arrt.org or by calling the ARRT at (651) 687-0048. Decisions on ARRT applicant eligibility based on criminal background are solely the responsibility of the ARRT.

ADDITIONAL SUPPORT AND RESOURCES

Special Academic Requirements: Western Suffolk BOCES will make every effort to accommodate students with special academic requirements. Anybody requesting special accommodations must fill out and submit

the form on <https://www.wsboces.org/accommodation/>. Our staff will make every effort to assist the student with any necessary arrangements.

The Financial Aid Office: Offers Title IV funding which are from federal student aid programs administered by the U.S. Department of Education. The U.S. Department of Education regulations only allow schools to use your Federal Student Aid to pay for current academic year institutional charges. Student may visit the Financial Aid Office for more information.

Federal Title IV Funding Satisfactory Academic Progress (SAP) Policy:

A student is required to meet SAP for each Evaluation Period to be eligible for financial aid. If a student does not meet the SAP requirements, they will be counseled and given an Academic Warning for that period. If at the end of the Academic Warning the student fails to meet the SAP, the student will no longer be eligible for financial aid. A student may use the Appeal Process to re-establish eligibility for the next evaluation period. If the Appeal is accepted, the student will be eligible for financial aid. If the Appeal is not accepted, he or she will be ineligible to receive financial aid.

Appeal Process:

A student must explain, in writing, the circumstances that led to the failure to meet SAP standards. The student must also explain what has changed in their circumstances that will permit them to make progress at the next SAP evaluation. The Appeal will be reviewed by the Assistant Principal of Health Careers and a determination will be sent to the student within 10 days.

Counseling Services: Counseling services (including drug and alcohol prevention/awareness) are available to all students in the program. Students may be referred to our Career Counselors by the instructor as well as self-referral by the onsite Training Coordinator. A referral to federal, state, or private counseling service will be made if so desired. Individual services are not provided through Western Suffolk BOCES.

Job Placement: Western Suffolk BOCES Adult and Career and Technical Education’s job placement service offers lifetime assistance to graduates of our Career Certificate programs and full-time programs. This is a service, not a guarantee of employment.

RETENTION OF STUDENT RECORDS

During the 24-month program, active student records are kept in the Program Director’s Office or in the Health Careers Office. These records include, but are not limited to:

1. Appointment letter to the Radiologic Technology Program
2. Formal Application to the School
3. Interview Checklist

4. Registration Application
5. Physical Examination Form
6. Record of Fees Paid
7. Radiation Exposure Report
8. Student’s Transcript
9. Master Competency Form (Signed and Dated)*
10. Western Suffolk BOCES Certificate of Completion*

*Upon completion of the program requirements

Future requests for a Certificate of Completion and/or Transcript may be reprinted from the Western Suffolk BOCES database on ACE software maintained at the Western Suffolk BOCES Dix Hills campus.

Student records will be maintained in accordance with the Family Education Rights and Privacy Act (Buckley Amendment). All student records that may include date of birth, and/or social security numbers will be maintained and secured in a confidential manner by the Health Careers Office.

Types of Student Records	Period of Records Retained
Certificate of Completion, Master Competency Form signed and dated, Transcript and/or Final Summary Report of a student admitted to the program	Permanently
Application and related records of prospective student who did not enter the program	3 years
Other student records including but not limited to, admission application, registration, faculty recommendation for employment or further study, medical record, and correspondence	6 years after graduation or withdrawal from school
Financial aid records including but not limited to, SAR, loan applications, references, and correspondence	7 years

LEAVE OF ABSENCE POLICY

The Program Director and faculty recognize that students may encounter events beyond their control which adversely impact their ability to effectively participate in the didactic and/or clinical phase of their program. If such events occur, students may request a Leave of Absence (LOA) for a period while enrolled in the Radiologic Technology program to ameliorate or correct the circumstances which have caused their current difficulty. The exact duration of the LOA will be determined by program officials on a case-by-case basis. All LOA requests must be submitted in writing to the Program Director. Not all students will be granted a LOA status. Some students may instead be advised to continue in the program while undergoing counseling or tutoring. There may be times when the best option for the involved student is elective termination from the program. If this option is selected, students who resolve their

issue(s) can reapply to the program under the same requirements as any new applicant within one year of leaving.

Eligibility for LOA

Any enrolled student can apply for a LOA. LOA status will only be granted to students by the Program Director, upon recommendations from Program Faculty; all such requests will be considered on a case-by-case basis.

Term of Duration for The Leave of Absence

Short-term LOA status may be granted for a period up to two weeks from the date it is awarded. Students who require longer periods to resolve academic, personal, or clinical matters will be advised to apply for readmission. Although readmission applications will be carefully assessed and considered, they will not be automatically granted. Students who have been out of the program for more than one year will be required to repeat all professional courses.

Ending the Leave of Absence Early

Students granted a LOA may be allowed to return early from their LOA. Students desiring early return from LOA must apply to the Program Director to be allowed to return early. The Director and Faculty will review the students' requests; early return may be granted if those involved believe the issue has been resolved and if the curriculum allows. If a medical release to clinical/classroom is required, students will be advised accordingly in writing.

Returning From a Leave of Absence

At completion of the LOA term, students are expected to be prepared to continue in the program, meeting all standards and didactic/clinical requirements as stated in the course syllabi.

CANCELLATION, WITHDRAWAL, AND REFUNDS

Policies regarding what happens in the event that the student does not complete the program are spelled out in the Enrollment Agreement. A sample Enrollment Agreement is found as Appendix F of this document.

GRIEVANCE POLICY

The program and clinical faculty make every effort to meet the educational needs of all students enrolled in the Radiologic Technology program. Students are encouraged to informally address any concerns they may have in the clinical or classroom setting with their clinical or didactic instructor, Clinical Coordinator(s), or Program Director. If resolution of the student concern does not occur, a formal grievance process can be initiated.

Any problem that may arise at a clinical site between the student and the department and/or its personnel must be discussed first with the Clinical Preceptor(s) at the facility. If there is no mutually satisfactory resolution, then a request for the Clinical Coordinator(s) to participate in the discussion. This may be initiated by either party, with advance written notification to all parties concerned. An Instructor-Student Conference form will be filled out by the Clinical Coordinator for all meetings between students and their Clinical Preceptor(s). Please note that any grievance that would jeopardize the program's ability to meet its mission will be addressed by Western Suffolk BOCES by following its established organization-wide policy. Examples of situations involving patient abuse, discrimination, loss of clinical or program affiliation status, physical abuse, serious illness, or injury are some examples.

Accessible at <http://www.wsboces.org/fulltime/dispute/>

Complaints and Grievances may be directed to:

Adult Career and Technical Education
17 Westminster Ave.
Dix Hills, NY 11746
631-667-6000, ext. 320
Administrative Regulations, Policy 6570 (found online at wsboces.org/policies)

Complaints and Grievances by Students in Adult Programs

Western Suffolk BOCES has developed these procedures for adults to follow regarding disciplinary actions, suspensions, unfavorable evaluations, and dismissals related to programs/services for adults. The goal is to secure resolution to the grievance as rapidly and equitably as possible.

“Grievance” is an unsatisfactory event or condition related to the student’s classroom or clinical achievement, disciplinary action and/or appeal requiring attention.

“Days” refers to working school days.

Western Suffolk BOCES’ Grievance Procedure:

Level I: The student will discuss the event with those directly involved in the problem. For example, if the problem is relevant to the coursework, the student should speak to the instructor. Students in the health programs can speak to the Program Director at the Northport Campus.

Level II: If the problem is not resolved or the student is not satisfied with the disposition of the grievance at Level I the grievance may, within two days, be filed in writing. Request a Student Grievance Form from the Adult Education or Health Careers Offices. Complete the Grievance Form and return to the Principal of the Adult Programs or the Supervisor of Adult and Secondary Programs. An official grievance should state:

1. Name of aggrieved party

2. Reason(s) for grievance with statement of nature and facts of grievance including the date the concern first arose and events or conditions which constitute the grievance.
3. Statement of redress sought by aggrieved party.
4. School representative with whom the aggrieved party met and reason for dissatisfaction with the results of Level I.

The Principal or Supervisor for Adult and Secondary Programs shall, within two days of receipt of the written grievance, meet with the student in an effort to resolve the grievance.

If the student is not satisfied with the disposition of the grievance at Level II or if no decision has been rendered, the student shall forward the written grievance within two days to the Executive Director of Career and Technical Education.

Level III: The Executive Director of Career and Technical Education shall within two days of receipt of the written grievance schedule a meeting of the Grievance Appeal Committee which is composed of the Principal of Adult Career and Technical Education or Principal of Health Careers, a member of the faculty, and a student representative. The committee will meet with the student in an effort to resolve the grievance.

If the student is not satisfied with the disposition of the Grievance at Level III or if no decision has been rendered, the student may file the grievance within two days in writing with the Senior Executive Director.

Level IV: The Senior Executive Director or his representative shall, within four days of receipt of the written grievance, meet with the student in an effort to resolve the grievance. The Senior Executive Director has four days from the date of the meeting to render a decision.

Level V: If the student deems the grievance is not resolved at the Senior Executive Director level, the written grievance and all decisions shall be forwarded to the Chief Operating Officer who will make a final decision within 15 school days.

Level VI: If the student deems the grievance is not resolved at the Chief Operating Officer level, the student may contact the Council on Occupational Education (COE), 7840 Roswell Rd. Building 300, Suite 325, Atlanta, GA 30350. The telephone number is 770-396-3898, fax 770-396-3790 and the website is www.council.org. The student should use the official Complaint Certification Form which is available from supervisors in the Adult Education or Health Careers Offices. After the complainant contacts the COE, he/she will receive a letter acknowledging receipt of the complaint.

At any point in the procedure, the student may request, in writing, the presence of one peer or an ombudsman of his or her choice. Western Suffolk BOCES will maintain written records of all complaints filed through two complete accreditation cycles.

The prescribed time frame, described above, may need to be altered in-light of extenuating circumstances, which may require more investigation or counsel with appropriate individuals.

ACCREDITING ORGANIZATIONS

Joint Review Committee on Education in Radiologic Technology (JRCERT)

20 N. Wacker Drive, Suite 2850

Chicago, IL 60606-3182

(312) 704-5300

<http://JRCERT.org>

Council on Occupational Education (COE)

7840 Roswell Road

Building 300, Suite 325

Atlanta, GA 30350

(800) 917-2081

New York State Department of Health Bureau of Environment Radiation Protection

Phone: (518) 402-7580

New York State Department of Education (CTE)

Phone: (518) 486-1547

PROFESSIONAL SOCIETIES

Students are encouraged to join the professional societies. Professional publications, announcements of annual meetings and reduced participation fees are available to members. Scholarships and other financial opportunities are available through many of the professional organizations.

Suggested societies for membership are:

The American Registry of Radiologic Technologists (ARRT)

1255 Northland Drive

St. Paul, Minnesota 55120-1155

<http://www.arrt.org>

The American Society of Radiologic Technologists (ASRT)

15000 Central Avenue S.E.

Albuquerque, New Mexico 87123-3917

<http://www.asrt.org>

MODIFICATION OF FEES, POLICIES, AND CURRICULUM

Apart from anything contained in this handbook, the program administration expressly reserves the right, where it deems advisable to change, modify or withdraw its schedule of tuition and fees, policies, program of study, or requirements in connection with any of the foregoing. Students will be notified of any changes to policies.

LATEX SENSITIVITY STATEMENT

As the use of latex gloves and other latex items became more frequent in the 1980's, so did the number of repeated health problems related to latex. Hundreds of items in the health care field contain latex, and latex sensitivity often becomes worse with more frequent exposure to latex.

Plan 1: If you think you may have a latex allergy, see a physician called an allergist, and request a blood test to determine your sensitivity.

Plan 2: If it is determined you are sensitive to latex, minimize or avoid contact with latex. Check package labels, avoid powdered gloves, select nitrile or vinyl gloves if appropriate/available and wash hands immediately after wearing gloves.

Plan 3: Notify your instructor if you develop a skin rash or have difficulty breathing after using/wearing latex products.

Plan 4: Follow any physician recommended treatment precautions.

STUDENT CLINICAL POLICIES

CLINICAL CONDUCT REQUIREMENTS

Quality of Care:

In the allied health professions, the goal or objective is proper patient care. Policy manuals may be distributed when available and all forms of treatment must be administered according to departmental policy. However, there may be areas where there is no written policy. In these areas, contact the Clinical Preceptor for assistance. It is essential to be knowledgeable and competent in a procedure prior to its initiation. This includes taking all necessary precautions to provide safe and effective therapy.

Initiative:

Initiative means self-motivation without specific instruction (spontaneously or of one's own accord). It means not waiting for the clinical preceptor to ask, "what should you do now?" but for the student to seek opportunities to expand their knowledge base through interaction with the clinical preceptor or other qualified hospital personnel.

Technologist-Patient Relationship:

When providing services, it should be kept in mind that patient care is more than performing the mechanical steps of an exam. The student should try to care for the total patient. The following are examples of practices that should be avoided in the radiographer-patient relationship: discussion of other patients, degrading other members of the health care team, hospital business policy, or discussion of the patient's condition in inappropriate places.

Honor Code:

An atmosphere of academic integrity can be successfully preserved only when students and faculty unite in mutually supportive acts of trust and assistance. They share equally the obligation to create and promote ethical standards. It is the faculty's duty to uphold academic standards in both the classroom and the clinical settings and to ensure that students receive credit only for their own work; instructors will take any reasonable precautions necessary to achieve these goals.

Students are expected to join faculty members in maintaining an honorable academic environment. They are expected to refrain from unethical and dishonest activities such as lying, plagiarism, cheating, and stealing and are expected to report others who engage in such activities. Failure to report the occurrence of academic dishonesty is also classified as dishonest behavior. Allegations that cannot be resolved by faculty members and students on an informal basis will be handled under disciplinary procedures.

HIPAA REGULATIONS

For purposes of complying with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations on patient privacy and confidentiality, the students shall abide by the HIPAA regulations for each affiliate hospital in which they clinically rotate.

DAILY PATIENT PROCEDURE LOG

Students will keep track of the procedures they have performed each day. This may be done during breaks, at the end of the day, or after arriving home. Every procedure observed, assisted, or performed must be reported.

Patient logs must be submitted weekly in Trajecsys no later than 11:59 p.m. each Sunday evening. It is preferable to submit logs each day so as not to fall behind. Make a note on any exam that has resulted in a competency.

Failure to submit patient logs on time will result in a point deduction in the clinical grade as well as disciplinary action.

Key:

- Unique patient identifiers (medical record numbers, accession numbers, patient names, etc.) contain protected health information and are not permitted in the Trajecsys Report System. Therefore, students must use a 5-digit identifying key. This key is also used for competencies.
- The key is created as follows:
 - **The patient's name is Kurt Reimann, and the patient is a 6-year-old male.**
 - First entry – **M/F** (Male or Female)
 - Second entry – First letter of **LAST NAME**
 - Third entry – First letter of **FIRST NAME**
 - Fourth entry – **AGE** (must be entered as a 2-digit number)
 - Key (or Patient #) – **MRK06**

STUDENT SUPERVISION

Student Competency Evaluation and Level of Supervision:

Students must perform exams under **direct supervision*** for which they have not passed at least one competency. Following are parameters of direct supervision:

1. A qualified radiographer reviews the request for examination in relation to the student's achievement.
 - a. Qualified Radiographer: A radiographer possessing an ARRT certification or equivalent and active registration in the pertinent discipline and practicing in the profession.

2. A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.
3. A qualified radiographer is present during the conduct of the examination.
4. A qualified Radiographer reviews and approves the radiographs. After demonstrating competency, students may perform procedures with **indirect supervision****.
 - a. Students may perform exams under indirect supervision for which they have passed at least one competency. If the clinical site does not allow students to work under indirect supervision, the student must abide by the rules of the clinical site.

***Direct Supervision:** Student supervision by a qualified radiographer who is present in the examination room at all times during the procedure. The radiographer reviews the procedure in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the procedure, and reviews and approves the procedure. A qualified radiographer is present during student performance of a repeat exposure of any unsatisfactory radiograph.

****Indirect Supervision:** Student supervision by a qualified radiographer where the practitioner is not in the exam room at all times. The practitioner is, however, immediately available to assist students should the need arise, regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified radiographer adjacent to the examination room or within earshot.

Supervision During Repeat Exposures:

In support of professional responsibility for provision of quality patient care and radiation protection, unsatisfactory radiographs shall be repeated only under direct supervision in the presence of a qualified radiographer. This is regardless of the student's level of competency. For more information see the subheading "Repeat Exposures".

Supervision After Exposure:

In support of professional responsibility for provision of quality of patient care and radiation protection, all finished radiographs shall be reviewed and approved by a qualified radiographer prior to dismissing the patient. This is regardless of the student's level of competency.

Supervision During Special Procedures:

Under no circumstances may students perform portable examinations, OR procedures, or fluoroscopy without direct supervision. This is regardless of the student's level of competency.

CLINICAL COMPETENCIES

The Western Suffolk BOCES Radiologic Technology program must ensure that all students graduating from the program are competent in a wide range of radiographic procedures. To that end, we have initiated the following competency system. Students first demonstrate their skills during a lab practical, followed by 3 clinical competencies, and at the end of their education a final competency.

Lab Practical:

The student will receive classroom and laboratory instruction regarding anatomy, part positioning, exposure factors, radiation protection, patient communication, and film critique for most x-ray examinations. Instruction will be followed by both a written exam in the classroom, a film critique exam, and a positioning simulation in the lab. Together, these make up the lab practical. Each section must be passed with a minimum grade of 75% before the student will be allowed to progress to clinical competencies.

Failure of the lab practical requires the student to have instructed review and retake the failed test. A student has a maximum of three attempts to pass the practical. Each failed attempt will result in point reduction. After the third failed attempt, the student will be required to complete a remediation. The student may not advance to clinical competencies until the remediation is complete. After remediation, the highest grade the student can receive is 75%.

First Attempt

Pass: 100%
Fail: chance to retake

Second Attempt

Pass: 85%
Fail: chance to retake

Third Attempt

Pass: 75%
Fail: Remediation

Clinical Competencies:

After passing the lab practical, the student will strengthen their skills on live patients in the clinical setting. When the student feels ready, they will request to perform a competency on a patient under direct supervision, but with limited assistance from the supervising radiographer. The radiographer should only assist the student with exposure factor setup. Images that are sub-optimal may be repeated (under direct supervision by the radiographer) if the student can recognize and correct the error. Any other assistance will constitute a failure in the competency attempt. Please refer to the Competency Performance Evaluation form. The student must pass a total of 3 competencies for each exam type for the student to be considered fully competent.

Once a student has completed at least one competency, they are permitted to perform exams with indirect supervision if permitted by the clinical site.

Final Competencies:

During terms 5 and 6 (spring and summer of the second year), the student must prove competence in a variety of radiologic examinations that incorporate a wide spectrum of radiographic procedures. Before the student can complete the program, they will prove competency in 15 final radiographic procedures.

These competencies will be demonstrated at the clinical site, or simulated on campus, using the Final Competency form.

To qualify for a Final Competency Evaluation, the student must have completed 3 competencies on that specific examination.

Laboratory simulations may be performed in limited situations and are not to exceed ARRT recommendations.

All final competencies must be reviewed and countersigned by one of the Western Suffolk BOCES Radiologic Technology faculty. Review will include evaluation of the images and image analysis.

CLINICAL COMPETENCIES TERM REQUIREMENTS

To ensure the proper progression of skills through the duration of the program, the following requirements are established for each term. The requirements are set up in a way in which every student should be able to comfortably keep up while continually developing their skills. Requirements are consistently reviewed to ensure they are realistic for the expectations at each clinical site. Failure to keep up with term requirements may lead to a reduction in the Clinical Practicum grade for that term. If a student notices they are falling behind they should seek help from the Clinical Coordinator(s).

Term 1 5 total procedures completed (3 competencies per procedure)

(Oct – Jan) If rotating at a hospital, at least two procedures must be from the portable category (chest/abdomen/orthopedic); and one must be a trauma procedure (upper extremity/lower extremity).

Term 2 15 total procedures completed (3 competencies per procedure)

(Feb – May) If rotating at a hospital, at least two procedures must be from the portable category (chest/abdomen/orthopedic); and two must be trauma procedures (upper extremity/lower extremity/c-spine/x-table hip).

Term 3 25 total procedures completed (3 competencies per procedure)

(June – Aug) If rotating at a hospital, three procedures must be from the portable category (chest/abdomen/orthopedic); three must be trauma procedures (2 upper extremity/1 lower extremity); and must include cross-table c-spine and cross-table hip.

Term 4 40 total procedures completed (3 competencies per procedure)

(Sept – Jan) If rotating at a hospital, three procedures must be from the portable category (chest/abdomen/orthopedic); three trauma (2 upper extremity/1 lower extremity); cross-table c-spine and cross-table hip; one C-arm procedure and 1 Surgical Procedure.

Term 5 **All 51 competencies completed (36 mandatory and 15 elective (3 competencies per procedure))**

(Feb – May) *If rotating at a hospital or outpatient facility that performs fluoroscopic procedures, all fluoroscopic requirements must be met (i.e., two elective procedures must be from the fluoroscopy studies section).*

If rotating through an outpatient facility that performs head procedures, student must complete any one elective procedure from the head section.

Term 6 **Final Competencies, faculty evaluations, and advanced modality special rotations**

(June – Aug)

REPEAT EXPOSURES

In support of professional responsibility for provision of quality patient care and radiation protection, **unsatisfactory radiographs shall be repeated only under the direct supervision of a qualified Radiographer**, regardless of the student’s level of competency. Instruction should be given to the student as to how the correction is to be made.

1. Student and qualified radiographer reviews the radiograph, identifies unacceptable factors, and needed corrections.
2. Student identifies how corrections will be implemented.
3. If the student’s correction plan is unacceptable return to steps 1 and 2. If the plan is satisfactory to the radiographer, continue to step 4.
4. Student implements corrections and makes exposure in the presence of, and with the approval of, the qualified radiographer after the qualified radiographer has checked the console for appropriate technical factors and entered the exam room to recheck equipment manipulation and patient positioning.
5. Student is required to record repeat and reason when logging the procedure in Trajecsys.
6. Prior to deleting an image, consult the radiographer.

Failure to adhere to this policy may result in dismissal from the program.

STUDENT EVALUATIONS

To enable the student radiographers to assess and improve their performance during the clinical experience, an evaluation system is in place to inform them of their progress in periodic (formative evaluations) evaluations and at the end of each semester (summative evaluations). Please refer to the description below for an explanation of the system.

Formative Evaluations:

The technologists will complete the Student Clinical Performance Evaluation Form as directed by the Clinical Coordinator(s). The Performance Evaluation is filled out near the end of the clinical rotation. The Performance Evaluation, however, can be filled out multiple times during the semester if necessary to document a student's performance progression. If there is concern about the student, it is critical to document any information within the Performance Evaluations. Comments are encouraged. Results are discussed with the student during a meeting with the Program Director.

Additional formative evaluations are done each time the student attempts a procedural competency using the Competency Performance Evaluation form.

Summative Evaluations:

During the final weeks of each clinical term, the student's performance will be evaluated by the Clinical Coordinator(s). The student's cognitive, psychomotor, and affective skills will be assessed using the standard Clinical Coordinator End of Term Form and noted as a summative evaluation for that term. This summative evaluation will be factored into the term clinical grade.

CHANGE OF SCHEDULED CLINICAL TIME REQUEST

During the term, the student may find it necessary to request that their scheduled clinical assignment be changed. Changes will be limited to urgent needs. The student must notify the Program Director or Clinical Coordinator(s) and get prior approval from the Clinical Preceptor(s) at the requested clinical site.

ACCIDENTS/INCIDENTS

All accidents that occur while on clinical assignments and result in injury to any student, patient, hospital personnel or visitor and/or damage to equipment, must be reported immediately to the Clinical Coordinator(s). When applicable, an incident report may be filed at the hospital of which a copy will be forwarded to the Program Director and kept in the student's permanent file (See Appendix C for information about hazardous exposures). The Clinical Coordinator(s), based on the policy of the clinical setting, shall refer students injured during clinical assignments for treatment. The Clinical Coordinator(s) might ask that the student complete a Western Suffolk BOCES incident report form as well.

MAGNETIC RESONANCE IMAGING (MRI) SAFETY

All students will be required to complete an MRI screening questionnaire (see sample at Appendix E) and complete MRI safety training. The questionnaire must be completed prior to the start of clinical education. MRI systems produce strong magnetic fields which may be hazardous to individuals with metallic, electronic, magnetic, or mechanical implants, devices, or objects.

STUDENT RATIO AND ASSIGNMENTS

Student-to-technologist ratio at clinical sites must be at least 1 to 1. Students will not under any circumstances be utilized as replacements for paid radiologic technologists. It is permissible for more than one student to be assigned to one technologist for uncommonly performed procedures on a temporary basis. Students assigned to advanced imaging modalities are not included in the calculation of the authorized clinical capacity unless the institution is recognized exclusively for advanced imaging modality rotations. The student will be reassigned to the radiology department upon completion of the advanced imaging modality. Students will spend limited time in areas such as reception and transport areas.

All students will be given equitable opportunity to experience evening shifts (upon approval) as per JRCERT.

The program permits students to make up clinical time during scheduled breaks, however, this is considered on an individual basis. Students will not be assigned on scheduled holidays recognized by the sponsoring institution (Western Suffolk BOCES). Student liability coverage must include any make-up time.

Student records will be maintained in accordance with the Family Education Rights and Privacy Act (Buckley Amendment). All student records that may include date of birth, and/or social security numbers will be maintained and secured in a confidential manner.

Appendix A

Protected Health Information (PHI) Policy

Purpose: To establish a consistent policy about patient information on medical images Western Suffolk BOCES Program of Radiologic Technology is consistent with the privacy rule of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

It is understood that the imaging students at Western Suffolk BOCES will have access to Protected Health Information (PHI) at their clinical sites. Each clinical affiliate has specific rules that the student must comply with. The following policy will address those medical images that are brought to the campus in response to a class assignment or clinical competency requirement.

1. Medical images reviewed by the student and a Western Suffolk BOCES instructor on the site where that image was produced may contain PHI data since the on-site review has educational value.
2. Medical images that leave the clinical site cannot have any PHI data on the image. This includes hard copy and electronic images. The list of PHI elements that are to be removed are:
 - Names
 - Telephone numbers
 - All geographic subdivisions smaller than a state
 - Fax numbers
 - E-mail
 - All elements of dates (except year) related to the individual
 - Social Security number
 - Account Number
 - Health Plan Beneficiary Number
 - Certificate/license numbers
 - Vehicle identifiers
 - Device identifiers
 - URLs
 - IP address
 - Biometric identifiers
 - Full-face photographic images
 - Any other unique identifying numbers
3. Removing medical images from the clinical site must have the appropriate supervisor's written approval. Failure to remove PHI will result in no credit for that assignment. More than one occurrence of PHI data brought to the campus will result in disciplinary action up to and including dismissal from the program.

Failure to adhere to this policy may result in dismissal from the program.

Appendix B

Radiography Didactic and Clinical Competency Requirements

Effective January 2022

Candidates applying for certification and registration under the primary eligibility pathway are required to meet the Professional Education Requirements specified in the *ARRT Rules and Regulations*. *ARRT's Radiography Didactic and Clinical Competency Requirements* are one component of the Professional Education Requirements. This section summarizes that document, which can be found in its entirety at www.arrt.org. Students may wish to use the following pages to track their clinical progress throughout the program.



Documentation

The following pages identify specific clinical competency requirements. Students may wish to use these pages, or their equivalent, to record completion of the requirements. The pages are for reference and will not be sent to the ARRT.

To document that the didactic and clinical requirements have been satisfied, candidates must have the program director (and authorized faculty member if required) sign the ENDORSEMENT SECTION of the Application for Certification included in the *Certification Handbook*.

Didactic Requirements

The purpose of the didactic competency requirements is to verify that individuals had the opportunity to develop fundamental knowledge, integrate theory into practice and hone affective and critical thinking skills required to demonstrate professional competence. Candidates must successfully complete coursework addressing the topics listed in the [ARRT Content Specifications](#) for the Radiography Examination. These topics would typically be covered in a nationally recognized curriculum such as the ASRT Radiography Curriculum. Educational programs accredited by a mechanism acceptable to ARRT generally offer education and experience beyond the minimum requirements specified in the content specifications and clinical competency documents.

Clinical Requirements

As part of the education program, candidates must demonstrate competence in the clinical procedures identified below:

- Ten mandatory general patient care procedures
- 36 mandatory imaging procedures
- 15 elective imaging procedures selected from a list of 34 procedures
- One of the 15 elective imaging procedures must be selected from the head section
- Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section.

One patient may be used to document more than one competency. However, each individual procedure may be used for only one competency (e.g., a portable femur can only be used for a portable extremity or a femur but not both).

The clinical competency requirements include the general patient care activities listed below and a subset of the imaging procedures identified on subsequent pages. Demonstration of competence should include variations in patient characteristics (e.g., age, gender, medical condition).

Simulated Performance:

ARRT defines simulation of a clinical procedure routinely performed on a patient as the candidate completing all possible hands-on tasks of the procedure on a live human being using the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient.

ARRT requires that competencies performed as a simulation must meet the same criteria as competencies demonstrated on patients. For example, the competency must be performed under the direct observation of the program director or program director’s designee and be performed independently, consistently, and effectively.

Simulated performance must meet the following criteria:

1. Simulation of imaging procedures requires the use of proper radiographic equipment without activating the x-ray beam.
2. A total of ten imaging procedures may be simulated. Imaging procedures eligible for simulation are noted within the chart (see section 4.2.2).
3. If applicable, the candidate must evaluate related images.
4. Some simulations are acceptable for General Patient Care (see section 4.2.1). These do not count toward the ten imaging procedures that can be simulated.

General Patient Care:

Candidates must be CPR/BLS certified and have demonstrated competence in the remaining nine patient care procedures listed below. The procedures should be performed on patients whenever possible, but simulation is acceptable if state regulations or institutional practice prohibits candidates from performing the procedures on patients.

General Patient Care	Date Completed	Competence Verified By
CPR/ BLS Certified		
Vital signs- Blood Pressure		
Vital signs-Temperature		
Vital signs-Pulse		
Vital signs- <i>Respiration</i>		
Vital signs- Pulse Oximetry		
Sterile and Medical Aseptic Technique		
Venipuncture*		

Assisted Patient Transfer (e.g., Slider Board, Mechanical Lift, Gait Belt)		
Care of patient medical equipment (e.g., oxygen tank, IV tubing)		

*Venipuncture can be simulated by demonstrating aseptic technique on another person, but then inserting the needle into an artificial forearm or suitable device.

Imaging Procedures:

Institutional protocol will determine the positions and projections used for each procedure. When performing imaging procedures, the candidate must independently demonstrate appropriate:

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

Clinical Competencies Tracking Sheet:

Sim – Eligible for Simulation

Imaging Procedure	Mandatory or Elective		Sim	Lab Practical	Competencies			
	M	E			#1	#2	#3	Final
Chest and Thorax								
Chest Routine	✓							
Chest AP (Wheelchair or Stretcher)	✓							
Ribs	✓		✓					
Chest Lateral Decubitus		✓	✓					
Sternum		✓	✓					
Upper Airway (Soft-Tissue Neck)		✓	✓					
Sternoclavicular joints		✓	✓					
Upper Extremity								
Thumb or Finger	✓		✓					
Hand	✓							

Imaging Procedure	Mandatory or Elective		Sim	Lab Practical	Competencies			
	M	E			#1	#2	#3	Final
Wrist	✓							
Forearm	✓							
Elbow	✓							
Humerus	✓		✓					
Shoulder	✓							
Clavicle	✓		✓					
Scapula		✓	✓					
AC Joints		✓	✓					
Trauma: Upper Extremity (Nonshoulder)*	✓							
Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial) *	✓							
Lower Extremity								
Toes		✓	✓					
Foot	✓							
Ankle	✓							
Knee	✓							
Tibia-Fibula	✓		✓					
Femur	✓		✓					
Trauma: Lower Extremity*	✓							
Patella		✓	✓					
Calcaneus (Os Calcis)		✓	✓					
Head – Candidates must select at least one elective procedure from this section.								
Skull		✓	✓					
Paranasal Sinuses		✓	✓					
Facial Bones		✓	✓					
Orbits		✓	✓					
Nasal Bones		✓	✓					
Temporomandibular joints		✓	✓					
Mandible		✓	✓					
Spine and Pelvis								
Cervical Spine	✓							
Cross-Table (Horizontal Beam) Lateral Spine (Patient Recumbent)	✓		✓					
Thoracic Spine	✓		✓					
Lumbar Spine	✓							
Pelvis	✓							
Hip	✓							
Cross Table Lateral Hip	✓		✓					

Imaging Procedure	Mandatory or Elective		Sim	Lab Practical	Competencies			
	M	E			#1	#2	#3	Final
Sacrum and/or Coccyx		✓	✓					
Scoliosis Series		✓	✓					
Sacroiliac Joints		✓	✓					
Abdomen								
Abdomen Supine (KUB)	✓							
Abdomen Upright	✓		✓					
Abdomen Decubitus		✓	✓					
Intravenous Urography		✓						
Fluoroscopy Studies – Candidates must select two procedures from this section and perform per site protocol.								
Upper GI Series (Singles or Double Contrast)		✓						
Contrast Enema (Single or Double Contrast)		✓						
Small Bowel Series		✓						
Esophagus (NOT Swallowing Dysfunction Study)		✓						
Cystography/ Cystourethrography		✓						
ERCP		✓						
Myelography		✓						
Arthrography		✓						
Hysterosalpingography		✓						
Mobile C-Arm Studies								
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	✓		✓					
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	✓		✓					
Mobile Radiographic Studies								
Chest	✓							
Abdomen	✓							
Upper or Lower Extremity	✓							
Pediatrics (Age 6 or younger)								
Chest Routine	✓		✓					
Upper or Lower Extremity		✓	✓					
Abdomen		✓	✓					
Mobile Study		✓	✓					
Geriatrics (At Least 65 Years Old and physically or Cognitively Impaired as a Result of Aging)								
Chest Routine	✓							

Imaging Procedure	Mandatory or Elective		Sim	Lab Practical	Competencies			
	M	E			#1	#2	#3	Final
Upper or Lower Extremity	✓							
Hip or Spine		✓						
Subtotal								
Total Mandatory exams required	36							
Total Elective exams required		15						
Total number of simulations allowed			10					

* Trauma requires modifications in positioning due to injury with monitoring of the patient's condition

Appendix C

STUDENT POLICY ON BODY FLUID AND EXPOSURE

Injury which results in an exposure to blood or other body fluids (i.e., mucous membranes, open skin lesions, sharp instruments, or needle sticks) at clinical sites should be reported to the school's Health Service at the time of the exposure. The following guidelines should be used to protect the student and provide immediate assistance. The referral for an exposure should be to a hospital emergency facility.

Report Exposure Incident/First Aid:

Inform Clinical Preceptor(s) of the exposure immediately before continuing any further patient procedures. Initiate first aid by cleansing affected areas well: mucus membrane, open skin lesions, site of needle stick or sharp instrument puncture, etc.

Exposure Counseling:

The Clinical Preceptor(s) or other appropriate staff should discuss with student and source patient:

- a. The importance of testing immediately for HIV, HBV, and HCV (CDC notice 4/98).
- b. Confidentiality of testing and reporting (written permission required for both at the testing site.)

Referral: Student and source patient should be referred immediately to an emergency facility. Call ahead to the emergency facility to notify of arrival. If student or source patient chooses to use a personal physician, the Clinical Preceptor(s) should inform the physician's office of the nature of the exposure and request testing as soon as possible within two hours (If this is the primary care physician and the patient is unable to be seen quickly, ask to which hospital emergency unit the student may be referred). As a source of information for decision-making at the testing site, a copy of an accident report should be sent with the student. Include last Tetanus-diphtheria date and Hepatitis B vaccine status.

Accident Report: Complete the Accident Report: Blood and Body Fluid Exposure form. Notify Health Services at the clinical site and forward original Accident Report to the Western Suffolk BOCES Office with copies to the Clinical Coordinator.

Refusal of Evaluation: The student has the right to refuse testing and evaluation. In this case, the student should sign a declination of testing and/or follow-up procedures statement.

Exposure Follow-up: Health Services at the clinical setting will work with the student regarding post-exposure follow-up testing.

Appendix D

SAMPLE CLINICAL ASSESSMENT FORMS

**Find sample forms used for student clinical evaluation on the following pages.
The forms included here are for reference purposes only.**

- **Laboratory Practical Performance Evaluation**
- **Clinical Competency Performance Evaluation**
- **Final Competency Performance Evaluation**
- **Clinical Performance Evaluation**
- **End of Term Clinical Coordinator Evaluation**

LABORATORY PRACTICAL PERFORMANCE EVALUATION

Student: _____ Date: _____

Body Part/Examination Type: _____ Views: _____

Grade Scale (15 points needed):

2 points: Correct, standard met. (+10%)

1 point: Acceptable with a minor error, repeat exposure would not be needed. (+5%)

0 points: Incorrect, would result in a repeat exposure. (+0%)

20/20 = 100% 19/20 = 95% 18/20 = 90% 16/20 = 80% 15/20 = 75% ≤14/20 = Failure

Selects appropriate IR size, IR orientation, and light field size. _____

Selects appropriate exposure factors. _____

Demonstrates appropriate radiation protection (shielding & collimation). _____

Addresses patient appropriately and communicates procedure effectively. _____

Positions the patient and body parts correctly and appropriately. _____

Manipulates radiographic equipment correctly and efficiently _____

CR alignment (aligns x-ray tube/patient/IR correctly). _____

Uses lead markers correctly. _____

Makes exposure with appropriate patient instruction. _____

Overall performance/efficiency/flow _____

Excellent: Well-performed exam (2 points)

Good: Passable performance (1 point)

Incorrect: Would have been repeated or very inefficient exam (0 points)

Final Grade (%): _____

I have reviewed this evaluation with my instructor (Signature). _____

A "0" on any one of the components above may result in failure. The maximum number of attempts to pass is 3.

CLINICAL COMPETENCY PERFORMANCE EVALUATION

Student: _____ Date: _____

Body Part/Examination Type: _____ Views: _____

Clinical Site: _____ Patient #: _____

Comp #1 _____ Comp #2 _____ Comp #3 _____

Grade Scale (45 points needed):

- 3 points:** Correct, needs no improvement
- 2 points:** Performed accurately, needs minor improvement
- 1 point:** Acceptable, needs improvement but meets minimum standards
- 0 points:** Incorrect, below minimum standards
- N/A:** Not applicable for this exam (full credit should be given)

- A. Evaluated requisition and patient chart accurately and correct views identified. _____
- B. Identified patient properly using two identifiers. _____
- C. Evaluated patient condition properly and acquired detailed patient history. _____
- D. Explained procedure to patient properly and clearly. _____
- E. Used appropriate infection control techniques. _____
- F. Demonstrated radiation protection for patient, self, and others. _____
- G. Selected appropriate image receptor size, type, and orientation. _____
- H. Properly prepared patient for examination with consideration for patient dignity. _____
- I. Set up exam room properly. _____
- J. Selected appropriate technique. (Check one: AEC _____ or Manual _____) _____
- K. Used standard operating procedure without prompting. _____
- L. Positioned patient properly. _____
- M. Aligned tube/patient/image receptor properly. _____

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- N. Used lead markers properly. _____

- O. Made exposures properly with appropriate patient instruction. _____

- P. Paperwork/documentation completed properly. _____

- Q. Able to critique images for positioning, contrast/density, motion, markers, etc. _____

- R. Dismissed patient properly. _____

- S. Completed procedure efficiently, with good “flow” and minimal hesitation. _____

- T. Related to the patient and patient’s family in a caring and professional manner. _____

Total Points: _____

Final Grade (%): *Total points ÷ 0.6 =* _____

The student should inform the technologist of an attempt to complete a competency before the patient arrives. The technologist may refuse to grant a competency for an unsatisfactory performance.

Any repeat exposures must be made under the direct supervision of the technologist.

Technologist Comments:

Technologist/Instructor: _____
(Print Name)

(Signature)

I have reviewed this evaluation with the evaluator:

(Student Signature)

FINAL COMPETENCY PERFORMANCE EVALUATION

Student: _____ Date: _____

Body Part/Examination Type: _____ Views: _____

Clinical Site: _____ Patient #: _____

Grade Scale (75 points needed and no “0” scores to pass):

- 3 points:** Correct, needs no improvement
- 2 points:** Performed procedure accurately, needs minor improvements
- 1 point:** Acceptable, needs improvement but meets minimum standard
- 0 points:** Incorrect, below minimum standards
- N/A:** Not Applicable for this exam (full credit should be given)

PATIENT SKILLS (36 points possible for this section) – The student can:

1. Evaluate patient chart/requisition correctly _____
2. Correctly identify the patient _____
3. Correctly assess the condition of the patient _____
 - a. The exam performed was (circle one) routine / non-routine / emergent _____
4. Adequately adjust to the patient’s condition _____
5. Communicate with the patient in the following areas: _____
 - a. Introduction (✓ or X) _____
 - b. Patient history (✓ or X) _____
 - c. Procedure explanation (✓ or X) _____
 - d. Post-procedure release (✓ or X) _____
6. Address patient needs PRN _____
7. Use appropriate universal precaution techniques _____
8. Complete the examination in an efficient manner _____
9. Relate to the patient, staff, and others in a caring and professional manner _____
10. Maintain confidentiality _____
11. Use appropriate communication skills with staff, physicians, patient family, etc. _____
12. Properly complete required paperwork and/or documentation _____
 - a. Such as RIS, pregnancy forms, etc. _____

EQUIPMENT SKILLS (18 points possible for this section) – The student can:

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1. Identify what equipment is needed _____
2. Set up the equipment and exam room properly _____
3. Adjust to the patient’s condition by using additional equipment PRN _____
4. Align the tube/Bucky tray/image receptor correctly _____
5. Use the appropriate tube angulation PRN _____
6. Mark each image with appropriate patient ID, markers, and other data _____
 - a. Patient ID (✓ or X) _____
 - b. Right or Left marker (✓ or X) _____
 - c. Other annotation (✓ or X) _____

RADIOGRAPHIC EXPOSURE SKILLS (9 points possible for this section) – The student can:

1. Select the appropriate exposure factors _____
 - a. Exposure factors were chosen (circle one) manually / with AEC _____
2. Select the correct image receptor/grid/orientation for the procedure _____
3. Adjust the exposure factors for patient condition, habitus, and position change _____
 - a. Views obtained (check all that apply):
 - i. AP/PA _____
 - ii. Lateral _____
 - iii. Oblique _____
 - iv. Other _____

PATIENT POSITIONING SKILLS (6 points possible for this section) – The student can:

1. Adjust or improvise as needed for patient condition _____
2. Use proper landmarks _____
3. Position correctly (grade each applicable area below and use an approximate average): _____
 - a. AP/PA _____
 - b. Lateral _____
 - c. Oblique _____
 - d. Other _____

RADIATION PROTECTION SKILLS (12 points possible for this section) – The student can:

1. Demonstrate appropriate collimation _____
2. Demonstrate appropriate patient shielding _____

- 3. Protect themselves adequately _____
- 4. Protect staff and others adequately _____

IMAGE ANALYSIS SKILLS (18 points possible for this section) – The student can:

- 1. Identify each position correctly _____
- 2. Identify anatomical structures properly _____
- 3. Identify artifacts and motion if present _____
- 4. Identify suboptimal films and explain why they are suboptimal _____
 - a. Check below if any apply to films in this study
 - i. Positioning error _____
 - ii. Motion/artifact _____
 - iii. Other _____
- 5. Correctly recommend remedial action for a rejected film _____
 - a. Check below if the student correctly remediated films in this study
 - i. Positioning error _____
 - ii. Motion/artifact _____
 - iii. Other _____
- 6. Make the appropriate decisions about the acceptance or rejection of the images _____

Total points: _____

Final Grade (%) Total points ÷ 0.99 = _____

NOTE:

- The student must receive at least a 75% score to pass the evaluation.
- Repeat images may be done if the student can assess and demonstrate the appropriate remedial action under direct supervision.
- Remediation / Review must take place before a retake of the competency is attempted.
- **A score of "0" in any area is a failure in that skill area and for the entire competency.**

Technologist/Instructor: _____
(Print Name)

WSB Faculty Signature: _____ Date: _____

Student Signature: _____ Date: _____

CLINICAL PERFORMANCE EVALUATION

Student Name: _____ Clinical Site: _____

PERSONAL APPEARANCE AND ATTITUDE					
CRITERIA	4	3	2	1	N/A
Personal Appearance	Follows dress code policy, professional, neat, and clean	Follows dress code policy, within guidelines	Sometimes does not follow dress code policy, needs reminding	Sloppy and unkempt, lack of personal hygiene	Cannot assess
Cooperation and Attitude	Excellent team player, positive leader	Consistently works well with coworkers and others	Causes problems, inclined to be quarrelsome	At times arrogant, passive, disrespectful	Cannot assess
Self-Confidence	Displays maturity and confidence, completely self-sufficient	Is working on being more self-confident	Lacking self-assurance, stands back	Too independent, ignores policy and procedures, never takes initiative	Cannot assess
Attitude Toward Supervision	Responds maturely, respectfully, and promptly to suggestions and feedback	Accepts criticism and shows improvement	Accepts criticism in a satisfactory manner but does not show improvement	Opposes criticism and tries to justify self, blames others	Cannot assess
Attitude Toward Clinicals	Considers clinicals a serious learning experience	Cheerful outlook most of the time	Regards clinicals as a waste of time	Negative attitude, allows personal life to interfere	Cannot assess
DEPENDABILITY					
CRITERIA	4	3	2	1	N/A
Absences/Tardies	Never absent or late, highly dependable	1-2 absences or tardies	3-4 absences or tardies	4 or more absences or tardies	Cannot assess
Notification	Always gives proper notification	Usually calls when absent or tardy	Seldom calls to notify	Never properly notifies if absent or tardy	Cannot assess
Completes Assigned Task	Always follows through and completes exams or tasks in a reliable manner	Usually follows through with clinical tasks in a reliable manner	Frequently relies on others to complete exams	Unreliable, never completes patient exams	Cannot assess
Accountability	Always present and punctual in assigned area	Usually present in the assigned area	Must be reminded to stay in assigned area	Never reports to assigned area, always roaming	Cannot assess
PROFESSIONAL SKILLS					
CRITERIA	4	3	2	1	N/A

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Interpersonal Behavior	Excellent relationship with patients and staff, works harmoniously with others, never negative	Relations with others are harmonious under normal circumstances	At times argumentative with staff and/or students, bad attitude	Frequent negative comments, rude, known to cause friction	Cannot assess
Ability To Follow Instructions	Learns rapidly, implements, and retains knowledge	Acceptable retention	Hesitant to respond, needs reassurance	Headstrong, ignores instructions	Cannot assess
Initiative	Initiative-taker, asks for additional work	Displays initiative consistently	Meets minimum requirements	Lacks initiative. Must be told often what to do	Cannot assess
Communication Skills	Exceptional communication skills, organized thoughts, easily understood, correct grammar.	Satisfactory communication skills	Does not organize thoughts, rambles when speaking to patients, does not speak clearly	Inadequate communication skills, incorrect grammar, unorganized thoughts, and/or lacks tact	Cannot assess
Professional Ethics	Abides by ARRT Code of Ethics, displays the highest ethical behavior	Acceptable ethical behavior	Occasionally acts in an unethical manner around patients or personnel	Violates ARRT Code of Ethics; unethical behavior	Cannot assess
TECHNICAL SKILLS AND QUALITY OF WORK					
Criteria	4	3	2	1	N/A
Quality of Work	Above average performance	Produces quality work	Does what is required	Requires constant supervision and must repeat often	Cannot assess
Quantity of Work	Stays busy, completes a lot of quality work	Productive part of the team	Stays busy enough to meet minimum requirements	Must be prodded, works very slowly	Cannot assess
Care for Patients	Anticipates and provides proper patient care, safety, and comfort	Satisfactory patient care	Provides adequate patient care but inconsistent in anticipating patient needs	Inadequate patient care skills	Cannot assess
Patient Use and Care of Equipment	Knowledgeable and skillful at operating the equipment	Adequate technical knowledge and skill	Requires supervision and guidance	Careless use and care of the equipment, does not try to learn	Cannot assess

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Ability to Formulate and Adjust Techniques	Excellent abilities	Meets criteria	Requires some help	Constantly needs assistance, frequently repeats mistakes	Cannot assess
Positioning Skills	Rarely needs assistance	Meets criteria	Normal mistakes	Poor application of knowledge	Cannot assess
Organization of Work	Understands workflow and sequences tasks efficiently	Satisfactory, needs some help and learns from mistakes	Needs to be told when to do things, barely meets minimum criteria	Confused, appears lost, inefficient	Cannot assess
Comprehends Medical History and Exam Type	Very knowledgeable, recognizes pathologies and infrequent exam types	Knowledgeable, recognizes some pathologies and infrequent exam types	Recognizes common pathologies and routine exam types	Lacks knowledge of common pathologies and routine exam types, unable to determine reason for exam	Cannot assess
Radiation Protection	Practices cardinal principles skillfully	Collimates and shields when required	Meets minimum criteria	Careless, needs reminding, seldom implements protection practices	Cannot assess
Interest in Work	High interest, very enthusiastic, takes pride in doing work well.	Satisfactory amount of interest and enthusiasm	Does only enough to get by, little interest or enthusiasm shown	Does not want to perform procedures once competency is completed	Cannot assess
Problem Solving Skills	Proficient problem-solving skills, modifies procedures as needed	Satisfactory problem-solving abilities	Meets minimum criteria	Exhibits inadequate problem-solving abilities	Cannot assess
Critical Thinking Skills	Accurately evaluates images for appropriate positioning and image quality	Able to evaluate for appropriate positioning but needs work on evaluating the image	Recognizes incorrect positioning but unable to make appropriate adjustments	Unable to evaluate images for appropriate positioning and image quality	Cannot assess

Total Points (Include full credit for sections marked N/A): _____

Final Grade (%): *Total points ÷ 1.04 =* _____

Technologist Signature: _____

Student Signature: _____

END OF TERM CLINICAL EVALUATION

Student Name: _____

Date: _____

Clinical Site: _____

Grade Scale (38 points needed):

3 points: Excellent, needs no improvement

2 points: Good, needs minor improvement

1 point: Acceptable, needs improvement but meets minimum standards

0 points: Unacceptable, failure to meet minimum requirements

CLINICAL PERFORMANCE STANDARDS		
Defines clinical performance, standard activities of the student in the care of the patient and delivery of procedures, which includes patient assessment and management with the procedural analysis, performances, and evaluation.		
Criteria	Specific Criteria	Grade
Assessment	Recognizes, identifies, and can describe specific information about the patient from the requisition. Comments:	
Analysis, determination, implementation	Follows the proper identification procedure, can describe a plan of action to assist a patient for a procedure which includes properly preparing the patient for exam. Comments:	
Patient Education	Communicates with the patient appropriately with minimal difficulty. Comments:	
Outcomes and measurements	Describes the outcome for procedures performed by properly evaluating radiographic images for diagnostic value. Comments:	
Documentation/ Confidentiality	Describes how to obtain and document adequate patient history using acceptable medical terminology. Preserves patient information privacy. Comments:	
QUALITY PERFORMANCE STANDARDS		
Defines activities of the student in the technical areas of performance including equipment, material assessment, safety standards, and total quality management.		
Criteria	Specific Criteria	Grade
Assessment	Identifies and understands the function of the components of the control panel, table, tube, and demonstrates proper manipulation of the equipment. Comments:	
Analysis/ Determination	Selects appropriate exposure factors and identifies the need to make the adjustments for individual clients' needs. Comments:	
Education/ Communication	Communicates with the patient and clinical instructor during the procedure. Comments:	

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Evaluation/Implementation	Identifies an appropriate action plan for a procedure while maintaining compassionate care to patients. Comments:	
Outcomes	Performs radiographic procedures with appropriate supervision. Comments:	
Documentation	Completes the necessary paperwork/computer entries for task completion when applicable. Checks proper identification on radiograph with proper markers. Comments:	
PROFESSIONAL PERFORMANCE STANDARDS		
Defines activities of the student in the areas of education, interpersonal relationships, personal and professional behaviors, and ethical behavior.		
Criteria	Specific Criteria	Grade
Quality	Identifies what constitutes optimal care for all patients. Comments:	
Self-Assessment	Identifies areas of personal performances, knowledge and skills for improvement and growth. Comments:	
Education	Recognizes, identifies, and applies didactic learning with clinical procedures. Comments:	
Collaboration and Collegiality	Promotes a positive atmosphere in the healthcare setting and performs well in a group. Comments:	
Ethics and Values	Practices proper ethical and professional behavior for radiographers and Western Suffolk BOCES students. Comments:	
Program Policies	Recognizes and follows the clinical facility's policies and procedures. Comments:	

Total Points:

Final Grade (%):

Total points ÷ 0.51 = _____

Clinical Coordinator: _____

Signature: _____

Student Signature: _____

Appendix E

MRI Safety Questionnaire

An MRI instrument produces a strong magnetic field that is **ALWAYS ON**. This strong field has the potential to harm individuals with certain medical implants and/or conditions. The introduction of certain metallic objects into the magnet area also has the potential to harm individuals and equipment. The purpose of this screening form is to identify those at increased risk for exposure to static magnetic fields. Please review the questions below and write YES or NO clearly. If you do not understand any question, please ask for assistance.

1. Do you have a pacemaker, wires, stents, defibrillator, or implanted heart valves? _____
2. Have you ever had any head surgery requiring aneurysm clips? _____
3. Have you ever had any type of surgery or procedure of the eye or ear? _____
4. Do you have any surgically implanted metal of any type in your body? _____
5. Have you ever been exposed to metal fragments, perhaps by working with metal? _____
6. Have you ever been shot by bullets or BBs? _____
7. Do you have any metal prosthesis, piercing, or metal object attached to your body? _____
8. Do you have any type of electronic device implanted in your body? _____
9. Do you have any tattoos or permanent makeup? _____
10. Do you wear a medication patch? _____
11. Are you pregnant, or is it possible that you might be pregnant? _____
(The biological effects of magnetic fields on a developing fetus are not fully known)
12. Do you have an IUD? _____
13. Is there any other item or device that you are unsure about regarding MRI safety? _____

I understand that I am **not** to enter any MRI area without proper screening, supervision, and approval by the appropriate clinical staff. I will remove any personal items before I enter the MRI area. I will not allow individuals access to the MRI area without the proper screening, supervision, and approval.

STUDENT SIGNATURE: _____ DATE: _____

NAME (printed): _____

Appendix F

ENROLLMENT AGREEMENT

Western Suffolk BOCES Adult Career & Technical Education hereby sells the undersigned applicant, known hereafter as the student, subject to the terms and conditions set out herein, the program(s) of study indicated below, consistent of academic, laboratory and clinic instruction, including all materials required for said student. Exceptions are those items which must be provided at the student’s expense and are listed in the program materials given to students prior to the start of the program.

STUDENT DATA:

Name _____

Address _____

Phone _____ Date of Birth _____

PROGRAM OF STUDY:

Program (Name)	Clock Hours	Number of Weeks and/or Months	Time of day	*Tuition \$
				Deposit \$
				Balance \$

*Non-refundable registration fee of \$100 is included in tuition.

ENROLLMENT PERIOD

Start Date: _____ Projected Completion or Graduation Date: _____

If an applicant is accepted by the institution and cancels prior to the start of scheduled classes or never attends class (no-show), the institution will refund all monies paid, less a non-refundable registration fee of \$100 and any stated student expenses which are listed in the institutional catalog

The purchaser hereby agrees to pay Western Suffolk BOCES Adult Career & Technical Education payments either in full or in installments as determined by the Bursar's Office.

I. CANCELLATION and REFUND POLICY

For a student to whom no state or federal or special program fund policy applies, and who chooses to cancel this agreement, the school shall apply the refund stated below.

If Western Suffolk BOCES closes, current students shall receive a pro-rata refund of tuition.

All additional expenses, such as uniforms, textbooks, supply kits, software, state licensing fees, Airman testing fees and program consumables, that are not included in the tuition price are non-refundable.

Refund Due Dates:

1. If an applicant never attends class (no-show) or cancels the contract prior to the class start date, all refunds due will be made within forty-five (45) calendar days of the first scheduled day of class.
2. For an enrolled student, the refund due will be calculated using the last date of attendance (LDA) and be paid within forty-five (45) calendar days from the documented date of determination (DOD). The date of determination is the date the student gives written or verbal notice of withdrawal to the institution or the date the institution terminates the student, by applying the institution's attendance, conduct or Satisfactory Academic Progress Policy.
3. A student on an approved leave of absence notifies the school that he or she will not be returning. The last date of the leave is used as the termination date.

Rejection and Cancellation before the start of class:

1. If an applicant is rejected for enrollment by an institution, a full refund of all tuition monies paid will be made to the applicant.
2. If an institution cancels a program subsequent to a student's enrollment, the institution will refund all monies paid by the applicant within 45 days of the planned start date.
3. If an applicant accepted by the institution cancels prior to the start of scheduled classes or never attends class (no-show), the institution will refund all tuition monies paid, less a non-refundable registration fee of \$100 as noted on page 1 of this enrollment agreement.

Withdrawal or Termination after start of class

1. During the first week of classes, tuition charges withheld will not exceed ten percent (10%) of the stated tuition up to a maximum of \$500. When determining the number of weeks completed by the student, the institution will consider a partial week the same as if a whole week were completed, provided the student was present at least one day during the scheduled week.

2. After the first week and through fifty percent (50%) of the period of training and financial obligation, tuition charges retained will not exceed a pro rata portion of tuition for the training period completed, plus ten percent (10%) of the unearned tuition for the period of training that was not completed.
3. After fifty percent (50%) of the period of financial obligation is completed, the institution retains the full tuition.

PERCENTAGE TIME TO TOTAL COURSE	AMOUNT OF TOTAL TUITION OWED TO THE SCHOOL
First week of classes	10% of total stated tuition up to a maximum of \$500
Second week through 50% of course	Pro-rated portion of tuition for the period of time completed plus 10% of the balance due for the period of time that was not completed.
After 50% of the course is completed	Full tuition

II. GRADUATION REQUIREMENTS

Criteria for successful completion of the program(s) shown on page 1 are:

1. Recommendation by the instructor that you have successfully completed all Program requirements and met course objectives.
2. Satisfaction of all financial obligations.
3. Fulfillment of Program attendance requirements, the curriculum/completion requirements of the New York State Education Department and curriculum/completion requirements of the individual Program.

Upon successful completion of all of the above graduation requirements, the student will be awarded a certificate.

III. JOB PLACEMENT

Western Suffolk BOCES Adult Career & Technical Education's job placement service offers lifetime assistance to graduates of our Career Certificate programs and our full-time programs. This is a service, not a guarantee of employment.

IV. STUDENT ABSENCES AND MAKEUP FEES

Any student who does not fulfill attendance requirements is subject to disciplinary action, up to and including dismissal from the program. The program administrator will review the attendance record of any student who exceeds the maximum allowable absences. The administrator will determine if the student is eligible for make-up time. If make-up time is scheduled, all fees must be paid in full in order for the student to begin any additional hours. The current make-up rate is \$ _____ module/hour.

V. TITLE IV FUNDS

Students who receive Title IV Funds and withdraw from the program are subject to the rules and regulations of the Department of Education for returning aid. All monies may be returned to the Department of Education. In that case, the student may be responsible for all tuition due.

VI. BUYER'S RIGHT TO CANCEL

A student may cancel this agreement within three (3) business days of signing this agreement and receive a 100% refund of all tuition monies paid, less a non-refundable registration fee of \$100.00.

I acknowledge that I have read and received a copy of this enrollment agreement. I understand that this agreement is legal and binding and I agree to any and all stipulations and terms contained therein.

Student Signature _____ Date _____

Staff Signature _____ Date _____

MEMORANDUM OF AGREEMENT

I have read the Radiologic Technology Program Student Handbook in its entirety, and I am familiar with its content. I expect any violation to result in appropriate action.

I understand that it is my responsibility to review the appropriate sections of the handbook when confronted with a specific problem or concern, and then to contact the Clinical Coordinator or Program Director at the time I would like clarification.

I understand that I will be a guest in the Clinical Education Settings and will conduct myself accordingly. All known rules and regulations will be followed.

I understand that the Clinical settings may vary in location and that all students are expected to meet the same requirements; therefore, distance and weather do not change the program schedule unless classes are cancelled.

I understand that I may not function independently as a registered technologist and the Clinical Coordinator and Site Instructor will determine appropriate supervision, and that I will request the presence of a registered technologist when I repeat radiographs for the second time.

I understand that I will receive a syllabus for each professional course in the curriculum and will abide by those requirements for each course as appropriate.

I understand as a student in the Radiologic Technology Program, at Western Suffolk BOCES, I represent not only the school, but the clinical education settings, in my contact with patients, visitors, and members of the community. The impression I leave with each person is very important to the affiliate sites and all the people involved in the healthcare team, as well as to me and fellow students.

I understand that the clinical affiliation reserves the right to refuse admission to any Radiologic Technology student who is involved in any activity not considered professional or conducive to proper patient care.

STUDENT SIGNATURE: _____ DATE: _____

NAME (printed): _____

PHONE: _____ E-MAIL: _____

PROGRAM DIRECTOR (signature): _____

CLINICAL COORDINATOR (signature): _____

Student Copy

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STUDENT SIGNATURE: _____ DATE: _____

NAME (printed): _____

PHONE: _____ E-MAIL: _____

PROGRAM DIRECTOR (signature): _____

CLINICAL COORDINATOR (signature): _____

Director Copy

CONFIDENTIALITY STATEMENT FOR CLINICAL SITES

All information pertaining to patients, medical records and reports, or personnel records is strictly confidential.

Anyone found reading records, discussing patient information, or imparting confidential information except when authorized to so, is liable to instant dismissal from the clinical Radiologic Technology Program.

I, _____, (PRINT NAME) understand the above policy and agree to respect and keep confidential all information I may hear or read pertaining to patients, medical records, or staff personnel records.