If you have questions or concerns regarding this handbook, please contact:

Program Coordinator
Chantel Burns, M.S., R.T. (R), R.D.M.S., R.V.T
Office Location: BHS 201
Office Phone: 515-574-1302 or 800-362-2793, Ext. 1302
Fax: 515-574-1323
Email Address: burnsiowacentral.edu

Clinical Coordinator
Doug Boelter, B.A., R.T.(R)
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Office Phone: 515-574-1315 or 800-362-2793, Ext. 1315
Fax: 515-574-1323
Email Address: boelter@iowacentral.edu
RADIOGRAPHY STUDENTS

Please keep the HANDBOOK easily accessible – Review it from time to time. It will be helpful to you in determining the expectations of your instructors.

It is the responsibility of the student to be thoroughly familiar with the policies and to adhere to them.
STUDENT CONTRACT

Compliance with each of the following responsibilities is required while affiliating with the clinical site and classroom in which the Radiology student is assigned during the program.

The STUDENT will:

1. Observe all rules and regulations of the clinical site.

2. Observe ALL STUDENT policies as presented in the IOWA CENTRAL COMMUNITY COLLEGE STUDENT HANDBOOK for Radiologic Technology Program and student conduct as described in the I.C.C.C. catalog: "Students are responsible to laws governing the community as well as the policies of the college and its officials. When a student or group of students violate college policy, they shall be liable for disciplinary action."

3. Demonstrate the principles of ethics, conduct and professional **positive attitude**.

4. Maintain confidentiality regarding ALL office and patient information--students are liable both while on educational experiences as well as after termination of said experiences. Violations may result in legal action.

5. Follow the assigned clinical rotation schedule, reporting on time and staying until the shift is complete.

6. Accept and attempt to fulfill all delegated responsibilities in clinical and classroom assignments.

7. Accept constructive criticism and suggestions.

8. Perform any task listed on the Competency List.

9. Report to the program director and/or clinical coordinator or clinical supervisor in the event of absence.

10. Report any accidents or errors immediately to the clinical supervisor and the college clinical coordinator.

11. Follow the Uniform Code of the educational program.

12. Demonstrate **initiative**, **integrity**, **cooperativeness**, and **motivation**.

13. Refrain from the use of mind-altering substances (**alcohol**, **drugs** etc.).

14. If more than three (3) days of clinical are missed during a fall or spring semester, or two (2) days of clinical are missed during summer session, the student will have to withdraw from clinical and that will result in the inability to continue into the next consecutive semester until the clinical that is withdrawn in is repeated and passed successfully.

15. I have received and understand the Student Policies and Procedures Handbook of the I.C.C.C. Radiologic Technology Program.

I, the undersigned Radiologic Technology student, understand (my obligation) that I am required to comply with the aforementioned responsibilities, the guidelines, and requirements of the Radiologic Technology Program. Additionally, I will follow the policies of the clinical site in which I am granted student status. I understand that failure to do so may result in my termination from the Radiologic Technology Program.

__________________________________________  ____________________________
Student's signature                                   (Date)

__________________________________________
Program Director/Clinical Coordinator

8-09
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WELCOME

Everyone at Iowa Central Community College, including and especially your instructors, wish
to greet you and make you feel welcome. Please feel free to ask questions of any of us. You
are going to be on campus for the next six semesters (including two summer sessions) so
consider this your second home.

COLLEGE PHILOSOPHY

The complexities of our society and of the world require a well-educated citizenry capable of
coping with changing conditions and problems.

Therefore, it is the philosophy of Iowa Central Community College as a comprehensive
community college to aid students in developing their capabilities to the maximum. Iowa
Central Community College provides a flexible program to satisfy the needs of the individual
and the needs of the community. An educational environment is planned to provide
experiences for those who desire pre-professional courses, improvement of educational or
technical skills or development programs for self-enrichment.

RADIOLOGIC TECHNOLOGY PROGRAM PHILOSOPHY

The philosophy of Iowa Central Community College Radiologic Technology program is to
provide a quality education that complies with the Joint Review Committee on Education in
Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in
Radiologic Sciences. The college recognizes that to achieve a quality educational program,
the students must be able to grasp technical and theoretical knowledge and to successfully
apply this knowledge in a clinical setting.

The program’s philosophy recognizes the importance of professional standards, morals, and
ethical obligations to the community when committing itself to an educational program.
Development of professional competence, personal growth, and effective patient care will be
major areas of concentration in providing the community and the profession with entry level
radiographers.

HEALTH SCIENCE MISSION STATEMENT

The Health Sciences Department provides an active learning environment to prepare students
to practice as entry level health care professionals.
RADIOLOGIC TECHNOLOGY MISSION STATEMENT

The Radiologic Technology Program prepares students to become skilled entry level diagnostic Radiographers. The program provides an excellent learning environment while preparing students for this profession.

PROGRAM GOALS

The program will strive to:

- Create a learning environment dedicated to excellence in the Radiologic Sciences.

- Develop skills that encourage life long learning and ability to achieve goals.

- Prepare the student to be clinically competent in a rapidly changing profession.

Assessment of the goals, to ensure they are being met will be done on a continuous basis. The results will be reviewed to determine what, if anything, needs to be done to ensure the ability to meet these goals.
## I. Goal: To create a learning environment dedicated to excellence in the Radiologic Sciences

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Measurement tool</th>
<th>Benchmark</th>
<th>Frequency</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Students will complete the program successfully</td>
<td>Program completion rates</td>
<td>75% of students enrolled will graduate within 3 years</td>
<td>Annually following graduation</td>
<td>Program director</td>
</tr>
<tr>
<td>b. Graduates will demonstrate adequate preparation to perform as entry level radiologic technologists</td>
<td>Employer survey Section C #2</td>
<td>80% of returned surveys will indicate adequate preparation</td>
<td>Biannually</td>
<td>Program director</td>
</tr>
<tr>
<td>c. Graduates will pass the certification or licensing examination</td>
<td>ARRT or IDPH</td>
<td>75% will pass the exam on first attempt</td>
<td>Within 1 year of graduation</td>
<td>Program director</td>
</tr>
<tr>
<td>d. Graduates will score above average on the certification or licensure examination</td>
<td>ARRT or IDPH</td>
<td>Average score of exam will be greater than 80</td>
<td>Within 1 year of graduation</td>
<td>Program director</td>
</tr>
</tbody>
</table>

## II. Goal: To develop skills that will encourage lifelong learning and ability to achieve goals.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Measurement tool</th>
<th>Benchmark</th>
<th>Frequency</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Graduates will possess adequate skills and knowledge for entry level radiologic technologists</td>
<td>Graduate Survey Part B, #2, K</td>
<td>80% of returned surveys will indicate adequate skills and knowledge</td>
<td>Biannually</td>
<td>Program director</td>
</tr>
<tr>
<td>b. Graduates will maintain good standing with ARRT or state licensing body</td>
<td>ARRT or state licensing body</td>
<td>85% of graduates will be in good standing with the ARRT or licensing body for 4 years post graduation</td>
<td>Annually</td>
<td>Clinical coordinator</td>
</tr>
<tr>
<td>c. Graduates will continue professional development.</td>
<td>Graduate Survey Personal Interviews</td>
<td>25% of completed graduate surveys or interviews will show graduates have/or have begun training in another modality</td>
<td>Biannually for the first year</td>
<td>Program director</td>
</tr>
</tbody>
</table>
III. Goal: To prepare the student to be clinically competent in an rapidly changing profession.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Enrolled students will demonstrate clinical competency in a variety of clinical education settings</td>
<td>Clinical competency evaluations</td>
<td>Clinical competency evaluations</td>
<td>90% of students will complete the required number of competencies each semester</td>
<td>At end of each clinical semester</td>
</tr>
<tr>
<td>b. Enrolled students will demonstrate effective communication skills</td>
<td>Clinical assessment Section 4</td>
<td>Clinical assessment Section 4</td>
<td>90% of students will score 4 or better on a scale of 1 to 5</td>
<td>At end of each clinical semester</td>
</tr>
<tr>
<td>c. Graduates will find employment within 6 months after graduation</td>
<td>Graduate Surveys</td>
<td>Graduate Surveys</td>
<td>75% of students will find employment in the Radiologic Sciences within 6 months after graduation</td>
<td>Biannually</td>
</tr>
<tr>
<td>d. Students demonstrate ability to think critically and problem solve.</td>
<td>Clinical assessment section 11 e</td>
<td>Clinical assessment section 11 e</td>
<td>95% of all students will receive a “yes” by their 5th semester</td>
<td>Annually</td>
</tr>
<tr>
<td>Outcome</td>
<td>Measurement tool</td>
<td>Goal</td>
<td>Results</td>
<td>Analysis/Action</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------</td>
<td>------</td>
<td>---------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>I.a.</td>
<td>Program Completion Rate</td>
<td>75%</td>
<td>76.2%</td>
<td>Goal met, no action necessary</td>
</tr>
<tr>
<td>I.b.</td>
<td>Employer Survey</td>
<td>80%</td>
<td>98%</td>
<td>Goal met, no action necessary</td>
</tr>
<tr>
<td>I.c.</td>
<td>ARRT Pass Rate</td>
<td>75%</td>
<td>92.2%</td>
<td>Goal met, continue to encourage students to take registry ASAP</td>
</tr>
<tr>
<td>I.d.</td>
<td>ARRT Average Score</td>
<td>80</td>
<td>83.0</td>
<td>Goal met, no action necessary</td>
</tr>
<tr>
<td>II.a.</td>
<td>Graduate Survey</td>
<td>80%</td>
<td>99.4%</td>
<td>Goal met, no action necessary</td>
</tr>
<tr>
<td>II.b.</td>
<td>Graduates in Good Standing</td>
<td>85%</td>
<td>91%</td>
<td>Goal met, no action necessary</td>
</tr>
<tr>
<td>II.c.</td>
<td>Continuing Education-Advanced Professional Development</td>
<td>25%</td>
<td>22%</td>
<td>Goal not met, modality training is now offered with Univ. of IA (also note mammography was not included)</td>
</tr>
<tr>
<td>III.a.</td>
<td>Clinically Competence</td>
<td>90%</td>
<td>95%</td>
<td>Goal met, no action necessary</td>
</tr>
<tr>
<td>III.b.</td>
<td>Effective Communication Skills</td>
<td>90%</td>
<td>92%</td>
<td>Goal met, no action necessary</td>
</tr>
<tr>
<td>III.c.</td>
<td>Job Placement</td>
<td>75%</td>
<td>77%</td>
<td>Goal met, no action necessary</td>
</tr>
<tr>
<td>III.d.</td>
<td>Critical Thinking</td>
<td>95%</td>
<td>90.3%</td>
<td>Goal not met, changes in teaching methods to encourage critical thinking and problem solving will be used in more core classes, results will be monitored for improvement</td>
</tr>
</tbody>
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PROGRAM OBJECTIVES

1. Through an educationally valid rotation schedule, the student should be able to transfer didactic knowledge in the application of clinical skills when performing diagnostic radiographic procedures.

2. The student should develop effective communication and psychomotor skills when providing patient care and working with medical staff.

3. The student should become proficient in the operation and manipulation of radiographic equipment through classroom instruction, laboratory instruction, and daily use.

4. The student should utilize radiation protection methods at all times for the patient, self, and other individuals.

5. The student should be able to critique radiographs to determine diagnostic quality as it relates to technical factors, positioning, and visibility of the structures of interest by daily instruction.

6. The student should be able to determine the proper exposure factors needed to obtain diagnostic radiographs through classroom instruction and clinical rotations.

7. The student should be able to adjust positioning techniques, exposure factors, and communication skills for varied patient conditions and situations by observing and participating in clinical education and classroom lectures.

8. Effectively apply principles of body mechanics to avoid injury to self, patient, or others during clinical rotations through classroom instruction.

9. To respond effectively during emergency situations by applying proper First Aid and/or CPR by successfully completing an annual First Aid/CPR course.

10. Safely operate pieces of radiographic equipment and understand their function to prevent possible hazards to self and patient by successfully completing various courses in the curriculum.

11. Understand the anatomical structure and function of the human body and its importance in producing diagnostic radiographs by successfully completing various courses in the curriculum.

12. Utilize critical thinking skills in evaluating situations, problems, and challenges that students may encounter in the Radiography Profession.
STUDENT OUTCOMES

Upon completion of the Radiologic Technology Program, the student will be able to:

1. Apply knowledge of anatomy, physiology, positioning and radiographic techniques to accurately demonstrate and critique anatomical structures on a radiograph or other imaging receptor.

2. Be knowledgeable about computers, use software applications, and utilize computers effectively in diagnostic imaging and personal life.

3. Apply the principles of radiation protection for the patient, self, and others by utilizing appropriate exposure factors to achieve an optimal radiographic image.

4. Recognize emergency patient conditions and initiate life saving first aid and basic life support procedures.

5. Interact and collaborate with others on the health care team through oral and written communication to maximize the efficiency of the health care system.

6. Modify radiographic procedures to accommodate for changes in patient conditions, technical factors, types of equipment, and other variables while continuing to provide optimal patient care and comfort.

7. Evaluate the performance of radiology systems utilizing quality management programs, know the safe limits of equipment operations, and report malfunctions to the proper authority.

8. Exercise independent judgment and discretion in the technical performance of medical imaging procedures.

9. Define and identify ethical and legal responsibilities of the profession by understanding the diversity of human cultural practices and the commonality of human needs.

10. Demonstrate the need for continuing learning through attendance of workshops and professional meetings.

11. Demonstrate the necessary knowledge and skill for an entry level Radiological Technology Professional.
ETHICAL PRACTICE STATEMENT

The administration and faculty support and implement the following statements concerning ethical practices in the relationship of Iowa Central Community College, the Health Sciences Radiologic Technology Department, and the Radiologic Technology Student.

1. Iowa Central Community College is responsible for all of its personnel engaged in recruitment and/or admission procedures.

2. In recruitment activities, all information released is correct, authentic, and objective whether made concerning Iowa Central Community College’s Department of Health Sciences Radiography Technology Education or any other Radiography Technology program.

3. The catalog of Iowa Central Community College provides basic information concerning admission requirements as well as a description of the Health Sciences Education Program itself.

4. All candidates are notified promptly following decision of their eligibility status for admission.

5. The provisions of the Civil Rights Act are carefully followed.

6. The Health Sciences Radiography Technology program of studies provides that all students have equal opportunities in participation and/or sharing of similar experiences, whether classroom or clinical in nature.

7. The Department is responsible for informing the Radiography students written policies for dismissal, promotion and graduation which it endorses.

8. Students will be advised of program changes sufficiently in advance of the effectuation of these changes.

9. Parents and/or guardian of unmarried students under 21 are notified as soon as possible if their daughter or son is facing dismissal for any reason. Prior to termination, the parents and student will be given an impartial hearing.

10. Provided that all requirements are met, the student shall not be prevented from graduation nor making application for ARRT Registry Examination.

11. All individuals having access to confidential information concerning students are ethically obligated to judiciously protect such information.
STUDENT CONDUCT

Students are expected to conduct themselves according to the laws governing the community college regulations. The rights and welfare of all students is a prime consideration of the college.

All Iowa Central Community College professional personnel share the responsibility for seeing that the behavior of students meet the standards of conduct conducive to a learning situation.

You, a potential Radiologic Technologist, will be evaluated by your employer. This person will expect and evaluate you on the personal traits listed below, in addition to the competencies and knowledge you possess. Therefore, the Radiologic Technology Instructors will evaluate you on the personal traits you display. These traits are deemed necessary to become a PROFESSIONAL RADIOLOGIC TECHNOLOGIST.

EVALUATIVE FACTORS:

| Attendance | Speed of performance |
| Interpersonal relationships | Initiative |
| Interest in profession | Integrity, honesty (Falsifying Records) |
| Dependability | Loyalty |
| Courteousness | Self-confidence |
| Reliability | Emotional maturity |
| Articulativeness | Motivation |
| Adaptability | Cooperativeness |
| Enthusiasm | Promptness |
| Good judgment, common sense | Attitude |
| Competence | Acceptance of criticism |
| Poise | Work habits |
| Tact | Organizational ability |
| Neatness | Personal appearance |
| Ability to follow directions | Mannerisms |
| Leadership | Independent work |
| Thoroughness |  |
CODE OF ETHICS

1. The Radiologic Technologist conducts himself/herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality care.

2. The Radiologic Technologist acts to advance the principle objective of the profession to provide services to humanity with full respect for the dignity of mankind.

3. The Radiologic Technologist delivers patient care and service unrestricted by 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 purpose for which it has been designed, and employs procedures and techniques appropriately.

5. The Radiologic Technologist assesses situations, exercises care, discretion and judgement, assumes responsibility for professional decisions, and acts in the best interest of the patient.

6. The Radiologic Technologist Acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment 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, and demonstrates expertise in limiting the radiation exposure to the patient, self and other members of the health care 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, protects 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.

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Good moral character is one of the eligibility requirements for ARRT registration. The ARRT establishes guidelines for this in the Standards of Ethics. Any violation of the Standards, either past or present, must be reviewed in order to determine if the inappropriate activity reflects the character of the applicant and may be a predictor of future behavior.

A conviction of a felony or a misdemeanor is considered to be a violation of Rule 3 of the Standards of Ethics. Any criminal proceeding where a plea is guilty or nolo contendere (no contest) is entered, or a finding of guilty is made or returned, but the adjudication of guilt is withheld or not entered, is considered to be a conviction for ARRT purposes. In order to provide all registrants a fair and equal review of a possible violation, all convictions must be reported. An activity that is a felony in jurisdiction, may be a misdemeanor in another jurisdiction, and a traffic infraction in another.

Applicants should be informed of the ethics requirement at or before their enrollment in an educational program. Because a violation must be cleared before the applicant can be assigned to an examination, the ARRT encourages early review so that there is no delay in determining eligibility at the time of completion of the program. In some situations, applicants have completed a program only to be found ineligible for examination because of the seriousness of the conviction(s).

Applicants also are not eligible for examination while they are under any condition of the courts. These conditions include, but are not limited to, suspended sentence, stay of sentence, conditional discharge, non-reporting probation, and reporting probation or parole. Students or potential students may contact the ARRT to request information on the Pre-Application Review process at any time. The Standards of Ethics found in this Report provide further details of the procedures used in the review process.

The American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN 55120
(651) 687-0048
Students in the Radiologic Technology Program will be attending clinical in nearby affiliating facilities, hospitals, or clinics. Affiliating facilities are now requiring students to complete a Criminal Record/Child and Adult Abuse checks prior to attending clinical. This procedure will be mandatory for all students in the Radiologic Technology Program.
RADIOLOGIC TECHNOLOGY PROGRAM
TECHNICAL STANDARDS

All students must be able to perform the essential functions of the curriculum and meet the standards described for the program in which the student is enrolled, with or without reasonable accommodations. Students seeking accommodations should initiate their request with the program director.

Physical and mental demands include, but are not limited to:

- Lift more than 25 pounds routinely
- Work with their arms above their head routinely
- Push and pull, bend and stoop, and kneel or squat routinely
- Work standing on their feet 80 percent of the time
- Work compassionately with patients
- Help patients on and off the Radiographic equipment from wheelchairs or carts
- Effectively write and speak to patients and staff
- Hear and see clearly
- Accurately align the patient, Radiographic tube equipment and film
- Work effectively in a team setting
- Organize and accurately perform the individual steps in Radiographic procedures in the proper sequence
- Calculate basic and complex math problems
- Evaluate patients and your work
- Alphabetize patient files
- Communicate with peers, hospital staff, patients and their family

Additional physical demands include, but are not limited to:

**Constant:** Standing, walking, handling, talking, hearing, near and midrange vision, visual accommodations

**Frequent:** Stooping, crouching, kneeling, reaching, handling, feeling, smelling, lifting of chemical containers, film boxes, supply boxes, lead aprons, equipment, carrying supplies, equipment, pushing/pulling of patients, equipment.
### IOWA CENTRAL COMMUNITY COLLEGE
### RADIOLOGIC TECHNOLOGY PROGRAM
### CURRICULUM

<table>
<thead>
<tr>
<th>Pre-requisite</th>
<th>Class</th>
<th>Lab</th>
<th>Clin</th>
<th>Credits</th>
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<tr>
<td>BIO-168 Human A &amp; P I w/Lab</td>
<td>45</td>
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**Semester I (15 weeks)**

<table>
<thead>
<tr>
<th>Class</th>
<th>Credits</th>
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<tbody>
<tr>
<td>BIO-173 Human A &amp; P II w/Lab</td>
<td>4</td>
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<tr>
<td>HSC-104 Introduction to Health Care</td>
<td>2</td>
</tr>
<tr>
<td>RAD-320 Imaging I</td>
<td>2</td>
</tr>
<tr>
<td>RAD-122 Radiographic Procedures I</td>
<td>4</td>
</tr>
<tr>
<td>RAD-210 Clinical Education I</td>
<td>4</td>
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<td><strong>Total</strong></td>
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</table>

**Semester II (15 weeks)**

<table>
<thead>
<tr>
<th>Class</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>PSY-111 Introduction to Psychology or</td>
<td>3</td>
</tr>
<tr>
<td>PSY-112 Psychology of Human Relations</td>
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</tr>
<tr>
<td>RAD-430 Radiographic Physics</td>
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</tr>
<tr>
<td>RAD-365 Imaging II</td>
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</tr>
<tr>
<td>RAD-142 Radiographic Procedures II</td>
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</tr>
<tr>
<td>RAD-230 Clinical Education II</td>
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<td><strong>Total</strong></td>
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</table>

**Semester III (Summer Session, 9 weeks)**

<table>
<thead>
<tr>
<th>Class</th>
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<tbody>
<tr>
<td>RAD-182 Special Procedures</td>
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</tr>
<tr>
<td>RAD-162 Radiographic Procedures III</td>
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<tr>
<td>RAD-270 Clinical Education III</td>
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**Semester IV (15 weeks)**

<table>
<thead>
<tr>
<th>Class</th>
<th>Credits</th>
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<tbody>
<tr>
<td>RAD-770 Film Critique and Evaluation</td>
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</tr>
<tr>
<td>RAD-896 Quality Assurance</td>
<td>2</td>
</tr>
<tr>
<td>ENG-105 Composition I</td>
<td>3</td>
</tr>
<tr>
<td>RAD-510 Clinical Education IV</td>
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<td><strong>Total</strong></td>
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**Semester V (15 weeks)**

<table>
<thead>
<tr>
<th>Class</th>
<th>Credits</th>
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<tbody>
<tr>
<td>RAD-738 Radiologic Pathology</td>
<td>2</td>
</tr>
<tr>
<td>RAD-850 Radiation Protection &amp; Biology</td>
<td>3</td>
</tr>
<tr>
<td>RAD-570 Clinical Education V</td>
<td>8</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>13</strong></td>
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**Semester VI (Summer Session, 9 weeks)**

<table>
<thead>
<tr>
<th>Class</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAD-946 Seminar</td>
<td>2</td>
</tr>
<tr>
<td>RAD-620 Clinical Education VI</td>
<td>4.5</td>
</tr>
<tr>
<td>RAD-690 Cross Sectional Anatomy</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7.5</strong></td>
</tr>
</tbody>
</table>

| Sub Total Clock Hours                      | 76.5    |

Total Clock Hours: 2610

78 weeks, Average Clock Hours/week: 33.46

(this does not include BIO-168 Human A & P I w/Lab, Medical Terminology, or College Level Math)

Effective Fall 2013
Updated 7/12

-21-
HSC-104 Introduction to Health Care 2 Sem. Hrs.
This course will provide students with a basic introduction to the health care delivery system. Information regarding professionalism, legal and ethical responsibilities of the health care worker will be discussed. The communication process will be introduced as well as an understanding of patients’ needs and behavior. Aspects of patient care will be discussed involving safety, infection control, transfer techniques, and vital signs.

The student will study language related to medical science and allied health specialties. The emphasis is on word analysis, construction, definitions, pronunciations, and standard abbreviations.

RAD-320 Imaging I 2 Sem. Hrs.
In this course, the principles of radiographic imaging are investigated. The history and methods of recording radiographic images are explored. Special emphasis will be placed on the factors that determine image quality. Co-requisite: RAD-122 (RAD-104) Radiographic Procedures I; RAD-210 (RAD-107) Clinical Education I.

RAD-122 Radiographic Procedures I 4 Sem. Hrs.
The student will study patient positioning and common procedures performed in the Radiology Department. Procedures include upper and lower extremities, chest, and abdominal radiography. A vital part of this course will be theory of exposure, film development and darkroom techniques. Co-requisite: RAD-210 (RAD-107) Clinical Education I; RAD-320 (RAD-103) Imaging I.

RAD-210 Clinical Education I 4 Sem. Hrs.
This course enables the student to become oriented to the health facility and the department of radiology. Time is allotted the student to observe procedures, under direct supervision and gain beginning skills in Radiography. Co-requisite: RAD-122 (RAD-104) Radiographic Procedures I; RAD-320 (RAD-103) Imaging I.

RAD-430 Radiographic Physics 3 Sem. Hrs.
Explores the physical concepts of energy, the structure of matter, electrostatics, electrodynamics, magnetism, electromagnetism, electric generators and motors. The principles of electricity are studied as it relates to x-ray circuits, rectification, and x-ray production. X-ray tubes, rating charts, and interaction of x-rays with matter are included. Prerequisite: RAD-210 (RAD-107) Clinical Education I; Co-requisite: RAD-230 (RAD-117) Clinical Education II; RAD-360 (RAD-113) Imaging II, RAD-142 (RAD-114) Radiographic Procedures II.

RAD-365 Imaging II 2 Sem. Hrs.
This course is a continuation of Imaging I in which the student will continue to explore the principles of radiographic imaging. Imaging principles will involve such items as automatic processing, film characteristics, and geometrical factors. Prerequisite: RAD-320 (RAD-103); Co-requisite: RAD-230 (RAD-117) Clinical Education II; RAD-430 (RAD-110) Radiographic Physics; RAD-142 (RAD-114) Radiographic Procedures II.
RAD-142 Radiographic Procedures II 4 Sem. Hrs.
This course is a continuation of Radiographic Procedures I in which the student will be given an in-depth integrated coverage of the thoracic viscera, abdomen, digestive system, urinary system, and axial skeleton. Prerequisite: RAD-122 (RAD-104) Radiographic Procedure I; Co-requisite: RAD-230 (RAD-117) Clinical Education II; RAD-430 (RAD-110) Radiographic Physics; RAD-360 (RAD-113) Imaging II.

RAD-230 Clinical Education II 4 Sem. Hrs.
This clinical practicum is a continuation of Clinical Education I. In addition to doing the procedures learned in the first semester, the student observes more complex examinations and gradually assumes an increasing amount of responsibility for the performance of those procedures. Prerequisite: RAD-210 (RAD-107) Clinical Education I; BIO-163 (BIO-126) Essentials of Anatomy & Physiology; HSC-113 (HSC-102) Medical Terminology; HSC-104 Introduction to Health Care; RAD-320 (RAD-103) Imaging I; RAD-122 (RAD-104) Radiographic Procedures I; Co-requisite: RAD-142 (RAD-114) Radiographic Procedures; RAD-430 (RAD-110) Radiographic Physics; RAD-360 (RAD-113) Imaging II.

RAD-162 Radiographic Procedures III 2.5 Sem. Hrs.
This course is a continuation of Radiographic Procedures II. The student will study radiographic anatomy and procedures of the skull and its contents. Emphasis will be given to those procedures commonly performed in the radiology department. Prerequisite: RAD-142 (RAD-114) Radiographic Procedures II; Co-requisite: RAD-270 (RAD-121) Clinical Education III; RAD-182 (RAD-124) Special Procedures.

RAD-182 Special Procedures 2 Sem. Hrs.
Students will study detailed anatomy, physiology, and radiographic procedures of the central nervous and circulatory systems. Contrast medias, procedures used, and reactions are discussed. Also presented are new technologies and modalities within Radiology. Prerequisite: RAD-142 (RAD-114) Radiographic Procedures II; Co-requisite: RAD-162 (RAD-115) Radiographic Procedures III; RAD-270 (RAD-121) Clinical Education III.

RAD-270 Clinical Education III 3.5 Sem. Hrs.
This clinical practicum builds on Clinical Education I and II. It focuses on special procedures, computerized Tomography, Angiography, magnetic resonance, ultrasonography and nuclear medicine. Prerequisite: RAD-230 (RAD-117) Clinical Education II; Co-requisite: RAD-162 (RAD-115) Radiographic Procedure III; RAD-182 (RAD-124) Special Procedures.

RAD-770 Film Critique and Evaluation 2.5 Sem. Hrs.
Criteria for diagnostic quality radiographs is studied. The principles of film evaluation is emphasized as it relates to technique, collimation and shielding, positioning, anatomy and radiographic quality. Prerequisite: RAD-162 (RAD-115) Radiographic Procedures III; Co-requisite: RAD-896 (RAD-132) Quality Assurance; RAD-510 (RAD-136) Clinical Education IV.
**RAD-895 Quality Assurance**  
2 Sem. Hrs.  
Explores the theory and practice of quality assurance in the diagnostic radiology department. The use of quality assurance test tools, interpretation of results and management of a quality assurance program through record keeping investigated in the laboratory. Prerequisite: RAD-270 (RAD-121) Clinical Education III; Co-requisite RAD-770 (RAD-131) Film Critique and Evaluation; RAD-510 (RAD-136) Clinical Education IV.

**RAD-510 Clinical Education IV**  
6 Sem. Hrs.  
Clinical experience in the fourth semester is primarily spent in continuous practice in improving the techniques and procedures previously experienced, with ongoing film critique. Prerequisite: RAD-162 (RAD-115) Radiographic Procedures; RAD-270 (RAD-121) Clinical Education III; Co-requisite RAD-770 (RAD-131) Film Critique and Evaluation; RAD-896 (RAD-132) Quality Assurance.

**RAD-738 Radiologic Pathology**  
2 Sem. Hrs.  
This course is designed to acquaint the student with certain changes which occur in disease and injury and their application to radiologic technology. Prerequisite: RAD-162 (RAD-115) Radiographic Procedures III; Co-requisite: RAD-850 (RAD-144) Radiation Protection and Biology; RAD-570 (RAD-137) Clinical Education V.

**RAD-850 Radiation Protection & Biology**  
3 Sem. Hrs.  
This course explores the history and biological effects of ionizing radiation. Methods of radiation measurement detection and protection are discussed. Prerequisite: RAD-110 Radiographic Physics; Prerequisite: RAD-360 (RAD-113) Imaging II; RAD-510 (RAD-136) Clinical Education IV; Co-requisite: RAD-570 (RAD-137) Clinical Education V; RAD-738 (RAD-140) Radiologic Pathology.

**RAD-570 Clinical Education V**  
8 Sem. Hrs.  
The student gains experience in the art of pediatric radiography. The clinical practicum also serves as a continuation of clinical experience providing opportunity to demonstrate competency in all phases of radiologic technology. Prerequisite: RAD-510 (RAD-136) Clinical Practicum IV; Co-requisite: RAD-738 (RAD-140) Radiologic Pathology; RAD-850 (RAD-144) Radiation Protection and Biology.

**RAD-690 Cross Sectional Anatomy**  
1 Sem. Hr.  
This course includes the principles and applications of cross sectional anatomy. The student will explore regions of the body in a transverse, sagittal, or coronal section and will be able to identify the anatomy of that area. Prerequisite: RAD-162 (RAD-115) Radiographic Procedures III; RAD-570 (RAD-137) Clinical Education V; Co-requisite: RAD-620 (RAD-154) Clinical Education VI; RAD-946 (RAD-150) Seminar.

**RAD-946 Seminar**  
2 Sem. Hrs.  
The student will re-examine previously learned material. Special topics will be selected for group discussion. Prerequisite: RAD-570 (RAD-137) Clinical Education V; Co-requisite: RAD-690 (RAD-149) Cross Sectional Anatomy; RAD-620 (RAD-154) Clinical Education VI.
RAD-620 Clinical Education VI  4.5 Sem. Hrs.
Students will continue to perform radiographic procedures with minimal supervision, exercising independent judgement, perfecting the techniques and procedures previously experienced. Prerequisite: RAD-570 (RAD-137) Clinical Education V; Co-requisite: RAD-690 (RAD-149) Cross Sectional Anatomy; RAD-946 (RAD-150) Seminar.

GENERAL EDUCATION COURSES

**BIO-168 Human Anatomy and Physiology I w/Lab**  4 Sem. Hrs.
This course is a study of the anatomy and physiology of human cells, tissues and membranes, followed by a comprehensive study of the nervous, skeletal, muscular, circulatory, respiratory, digestive, urinary, endocrine and reproductive systems. Fluid, electrolyte and acid-base balance are also included. It is designed for biology majors and for other majors that require a course in human anatomy and physiology. Three hour lecture, two hour labs.

**BIO-173 Human Anatomy and Physiology II w/Lab**  4 Sem. Hrs.
The second course in a two-semester sequence. The study continues with the endocrine system, blood and cardiovascular system, lymphatic system and immunity, respiratory, digestive and the reproductive systems. Three hours lecture, two hours lab. Prerequisite: BIO-168 Human Anatomy and Physiology I w/Lab

**PSY-111 Introduction to Psychology**  3 Sem. Hrs.
This course includes the tools for the study of psychology, basic psychological processes, personality and social behavior, contemporary knowledge of motives, intelligence, learning and emphasis on the language of modern psychology.

OR

**PSY-112 Psychology of Human Relations**  3 Sem. Hrs.
The basic psychological principles of human behavior and the operation of these principles in helping students to understand themselves and their relationships with others socially, in the family and the world of work, are examined in this course.

**ENG-105 Composition I**  3 Sem. Hrs.
This course focuses on the process of writing expressive and informative prose. It introduces library research skills and critical thinking skills.

**Elective Computers**  2 Sem. Hrs.

**Approved College Level Math**  3 Sem. Hrs.

General education courses are taught by instructors with expertise in each field.
RADIOGRAPHY TEXTBOOKS


Other textbooks will be needed for the general education courses.
# IOWA CENTRAL COMMUNITY COLLEGE
## RADIOLOGIC TECHNOLOGY PROGRAM

### ESTIMATED PROGRAM COSTS (2012-13)

#### FIRST YEAR

<table>
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<th>Summer</th>
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<td>Markers</td>
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<td>Travel</td>
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<tr>
<td>Books</td>
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|                      |              |              |        |        |
| Tuition              |              |              |        |        |
| Student Fees         |              |              |        |        |
| Uniforms & Accessories |        |              |        |        |
| Uniform Emblems (2)  |              |              |        |        |
| Markers              |              |              |        |        |
| Travel               |              |              |        |        |
| Books                |              |              |        |        |

|                      | $3021.00     | $2691.00     | $1168.00 | $6880.00 |

#### SECOND YEAR

<table>
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<td>National Examination Fee</td>
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|                      | $2583.00     | $2228.00     | $1290.00 | $6101.00 |

* Students must be aware of the cost of traveling to and from clinical education sites. These will be attended a minimum of two days per week and a maximum of four days per week.
GRADING STANDARDS

The grading scale for the Radiologic Technology Program is as follows:

- 93 – 100  A
- 85 - 92   B
- 78 - 84   C
- 70 - 77   D
- 0 - 69    F

The grade point system for the college is as follows:

- A - Excellent  4 Grade Points
- B - Above Average 3 Grade Points
- C - Average 2 Grade Points
- D - Below Average 1 Grade Point
- F - Failure  No Grade Point
- W - Withdrawal  No Grade Point or Credit
- I - Incomplete No Grade Point or Credit
- N - Audit  
- X - Repeat  

Students will be notified by the instructor at mid-term of any course in which they are achieving at a “D” or “F” grade level. A copy of the grade report will be sent to the student. In order for an additional grade to be sent to a parent or spouse the student must check a box and sign his/her name on the registration card.

How to Calculate Your Grade Point Average

Semester 1

<table>
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<th>Semester Hours</th>
<th>Letter Grade Earned</th>
<th>Total Points Earned</th>
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<tr>
<td>Anatomy &amp; Physiology I</td>
<td>C (2)</td>
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</tr>
<tr>
<td>Intro to Health</td>
<td>B (3)</td>
<td>2 x 3 = 6</td>
</tr>
<tr>
<td>Medical Terminology</td>
<td>A (4)</td>
<td>2 x 4 = 8</td>
</tr>
<tr>
<td>Rad Procedures</td>
<td>C (2)</td>
<td>4 x 2 = 8</td>
</tr>
<tr>
<td>Clinical Education</td>
<td>A (4)</td>
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<tr>
<td></td>
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46 ÷16 = 2.875 G.P.A.

Students must have a grade of “C” or better in Radiology courses to continue in the program.
GRADE APPEAL

A student who believes a course grade is inaccurate may seek an appeal as follows:

1. Within 60 calendar days following the end of a course, the student will inform the instructor or Department Chair in writing of questions concerning the course grade. The written correspondence will address questions concerning the criteria and procedures the instructor used in determining the grade, the process by which it was assigned, and to request error correction, if any, in the grade.

2. Within 14 calendar days after the instructor’s receipt of the student’s written questions, the instructor will offer to meet with the student to attempt to resolve the questions concerning a grade.

3. If after the discussion with the instructor, the student believes that the grade is still inaccurate, the student will meet with the department chair. This meeting must be scheduled within 10 calendar days after the instructor has offered to meet with the student. Before meeting with the department chair, the student will submit in writing his/her questions regarding the grade. The department chair shall meet with the instructor and student separately and/or together in an effort to resolve the question regarding the grade.

4. If the steps above do not solve the question regarding the grade, the student may submit his/her written questions concerning the course grade to the Vice President of Instruction no later than 10 calendar days after meeting with the department chair. Within 14 calendar days after receipt of the written questions from the student, the Vice President of Instruction will submit to the student, the instructor, and the department chair a written decision concerning the appeal of the grade.

GRIEVANCE/APPEAL POLICY

Whenever a student desires information concerning the curriculum, or takes issue with some aspect of the curriculum, such student shall discuss the problem with the party most immediately involved. If the matter is not satisfactorily resolved, the appeal process will follow this order:

1. Radiography Instructor
2. Program Coordinator
3. Department Chair
4. Vice President Academic Affairs
5. Executive Officer of the Board (President)
6. The Board of Directors
SCHOLASTIC DISHONESTY

Iowa Central Community College may initiate disciplinary proceedings against a student accused of scholastic dishonesty. Scholastic dishonesty includes, but is not limited to, cheating and plagiarizing. Plagiarism is presenting someone else's words as one's own, whether in writing or in speaking. Cheating and plagiarism, whether intentional or accidental, are serious offenses.

Scholastic dishonesty will not be tolerated in any course. Plagiarism and other forms of cheating are examples of such dishonesty and will result in serious consequences.

**One is plagiarizing if one:**

- Uses direct quotes without quotation marks and textual citation of the material;
- Paraphrases without crediting the source;
- Presents another's ideas as your own without citing the source;
- Submits material written by someone else as your own (this includes purchasing or borrowing a paper);
- Submits a paper or assignment for which one has received so much help that the writing is significantly different from one’s own.

**One is cheating if one:**

- Copies someone else's exam or homework;
- Purposefully allows another student to copy your work or submit work you have written as his/her own;
- Refers to text, notes or other materials during an exam without authorization to do so;
- Submits a paper or assignment for which you have received so much help that the writing is significantly different from your own;
- Passes test answers to another student during or before a test.

**Disciplinary Action by the Instructor:**

An instructor who suspects a student of scholastic dishonesty will inform the student of the allegation as soon as possible. It is up to the instructor to determine the disciplinary action to be taken, which could include giving the student a zero for the assignment, reducing the student’s grade for the course, assigning an “F” for the course, or other action. The instructor will send a written report of the incident to the student, the appropriate department chair and the Vice President of Instruction. If the instructor concludes that the incident merits additional disciplinary action (such as suspension or expulsion, he/she will send a written report of the case to the Vice President of Instruction for recommended additional disciplinary action.

HONOR SOCIETY

The college has a charter from the Iowa Community College Honor Society and follows the procedures of this organization in recognizing and stimulating scholarship among the students. Students on campus less than three semesters qualify for temporary membership.
At the time of election, a student must have achieved a grade point average of 3.50. The Honor Society conducts an annual spring convocation in which students are initiated. Aim to become a member of this group!

**INCOMPLETE**

An incomplete in a didactic/clinical course requires the make-up work be completed within the next college term, in order to receive a grade for the course. The student is responsible to arrange with the instructor to complete course work. Please note co-requisites and prerequisite requirements to progress in the program.

**DIDATIC & CLINICAL SCHEDULES**

A student’s schedule will not exceed more than 40 hours per week. This includes both clinical and didactic portion of the program.

**ADVISOR**

The advisor is generally considered to be the Program Director of the Radiologic Technology Program. If you are unable to meet with your advisor, the Clinical Coordinator or the Health Science Department Chair may be able to assist you.

**PERSONAL RECORDS**

The policy on what is considered student public records and private records follows federal law. Public records include name, address, phone number, your current class schedule, attendance dates, current ICCC status, and high school attended and graduation date.

Your private records (those we only give out with your written permission) include test scores, high school and college rank, grades and grade slips, grade point, transcripts and confidential recommendations.
ADMISSIONS

Prior to admittance into the Radiologic Technology Program, the student must submit:

1. Complete ICCC application form.
2. Official high school transcript (or equivalent) and official transcripts from any college previously attended.
3. ACT, COMPASS, or ASSET test scores.

Then complete a Radiologic Technology application and submit prior to or on the submission deadline.

The following criteria is strongly recommended for applicants in the Radiologic Technology Program. Preference will be given to those students who:

1. Have a minimum of a high school diploma (GPA of 2.5) or equivalent (GED 550) or college course completion with cumulative GPA of 2.0 or higher.
2. ASSET scores of 40 in writing and reading, numeric score of 46 or ACT scores of 18 or above in English and Reading, 20 in Math or COMPASS (writing 65, reading 80, pre-algebra 64 or algebra 51).
3. Have successfully completed (Grade of C or higher) high school or college classes in Biology, Algebra and Chemistry.

PRIOR TO BEGINNING PROGRAM

After a student has been accepted into the Radiologic Technology Program, each student will be required to complete the following items before they begin.

1. Proof of successful completion of Human Anatomy and Physiology I w/Lab (BIO-168 or its equivalent), HSC-113 Medical Terminology and an approved college level Math with a “C” or better.
2. Completion of Health Physical including documentation of vaccinations and TB test.
3. Completion of CPR.
4. Completion of required Criminal/Adult and Dependent Abuse checks.

While a student in the Iowa Central Community College Radiologic Technology Program, students must earn a final grade of “C” or higher in every course as listed in the curriculum (general education courses may be completed prior to the semester listed within the program). Failure to do this will prevent a student from progressing on to the next semester/session of the program. If a student must (or chooses to) withdraw from the program they may be able to re-enter the program at the point that will allow them to successfully complete all courses in the required sequence. (See re-admission policy above).

Upon successful completion of the Iowa Central Community College Radiologic Technology program and payment of all fees the student will be awarded the degree of Associate of Applied Science in Radiography Technology. The student is then academically eligible to take the national examination issued by the American Registry of Radiologic Technologists.

-32-
Criminal Record and Child/Adult Abuse Registry Information

As a student in Radiologic Technology Program, you will be attending clinical in local affiliating health care facilities (hospitals and clinics). Several affiliating facilities require students to complete Criminal Record/Child and Adult Abuse Registry checks prior to participating in clinical. Students will need to complete and submit the Criminal Record/Child and Adult Abuse forms. These forms will be given to them when they enroll for the radiography classes.

HEALTH REQUIREMENTS

Pre-Entrance Physical
The objective of the health program is to promote positive health habits, in addition to prophylaxis and the advocacy of early treatment of disease. The Radiologic Technology program requires all students have a current and complete health record turned in prior to the first day of class. A pre-entrance physical including specified immunizations must be completed. The physical examination forms will be provided at orientation. The cost of the required physical examination is the student’s responsibility. No student will be allowed to begin clinical education without a completed medical form.

Required Immunizations
All students are required to read and sign the Hepatitis B vaccine consent/waiver form to be placed in his/her file.

STUDENTS SHOULD MAKE A COPY OF THE COMPLETED MEDICAL FORM FOR THEIR PERSONAL RECORDS. COPIES WILL NOT BE MADE.)

CLASSROOM POLICIES

Absences shall not lessen student responsibility for meeting the requirements of any course. Each instructor will inform students as to their make-up policy when an absence does occur.

Students must also call to inform the instructor when he/she will not be able to attend. Records of attendance will be kept on each individual student. The number to call is 515-574-1315 or 1-800-362-2793 ext. 1302 or 1315.

All students must assist in making the classroom a place of learning. Therefore it should be kept orderly. While there, the student will act in an adult, professional manner. Talking and disruptive behavior will not be tolerated. If any student is caught cheating, they will receive a zero (0) for that test and may also receive other disciplinary action.

1. Class will start on time. All students are to remain until class is dismissed. No students will leave unless for an emergency or prior arrangements have been made with the instructor.
2. Each student is allowed to be tardy 2 times. Starting with the 3rd tardy (and every tardy after) will count as an absence.

3. Instructor may initiate the Instructor Initiated Withdrawal process. Attendance is an important aspect of professional behavior. Each instructor will determine the maximum number of absences they will allow. A student who exceeds the maximum number of absences in any class may be withdrawn from the class. Each course syllabus will inform students about the maximum number of absences. Under most circumstances it will be “2” absences for courses that meet once a week and “4” absences for courses that meet twice a week. The maximum number of absences from clinical will be “3” days during the fall and spring semesters and “2” days during the summer sessions.

4. No student will be allowed to enter class 15 minutes after scheduled starting time. (Unless prior arrangement has been made with the instructor).

5. All class assignments are to be turned in on time. No late assignments will be accepted unless a prior arrangement has been made with instructor.

6. Talking and disruptive behavior will not be tolerated. Students will be warned once and asked to leave the second time which will result in an absence.

7. Missed tests will be made up on two designated test make up dates during the semester (See test make up policy in student handbook). This policy is strictly enforced.

8. Instructors have the option of initiating other classroom policies.

**TEST MAKE UP DAYS**

If a student should need to make up an exam the student will need to contact the instructor for that course to make arrangements. **If a student fails to make up a test, he/she will receive a zero (0) for that test grade.** Make up test may vary from original exam. Depending on the courses policy there may be an automatic points deduction for late exams taken.

**CLASS CANCELLATIONS**

In case of inclement weather listen to the local radio station for notice of delay or cancellation of classes. Students may sign up for automated text alerts through the Webadvisor system. Students are advised to use their own discretion before venturing out when road conditions may be hazardous. Clinical hours will be cancelled only when college classes are also cancelled. Students may call ICCC regarding class delays or cancellations. Please listen carefully to the entire message.

**Students need to call clinical** when classes are cancelled. If a student attends clinical on a day of school cancellation, this will be utilized as extra credit.
HOLIDAYS AND BREAKS:

Iowa Central Community College recognizes the following holidays and breaks according to the college calendar.

- Labor Day
- Thanksgiving Break
- Christmas & New Years Break
- Spring Break
- Easter Break
- Memorial Day
- July 4th
- Summer Break

Students will not be attending didactic classes or assigned to the clinical site during the holidays, winter, spring, summer breaks or week of final exams. (Please see college calendar)

PROGRAM PROGRESSION

All courses in the radiologic technology program core curriculum (classes with RAD-prefix) must be taken in the specified order. Each course has prerequisites that must be fulfilled prior to beginning the course. If a student receives a final grade of “D” or “F” in any course they may not continue on into the next semester of the program. Failure to resolve an “I” (incomplete) before the next semester begins will also prevent the student from progressing in the program. If a student withdraws from the program, they may be eligible for re-entry (see readmission policy following) but must complete the program within 3 years.

RE-ADMISSION

Students may re-enter the program at the point they withdraw if they have successfully completed prior course work. **Students must inform both the program director, clinical coordinator and the admissions office of their plan on re-entering the radiography program. Students will not be automatically re-admitted. Re-admittance is based upon space available, admissions criteria, committee approval. Radiographic Procedures competency testing, students motivation and sincere intent to succeed in the program.**

The Radiologic Technology Program must be completed within three years of the student’s initial program starting date.
GRADUATION REQUIREMENTS

A student must satisfactorily complete all course work. A minimum grade of “C” is required in all Radiography curriculum courses. If a student receives a grade lower than a “C” in any course, they may not continue in the program. A 2.0 grade point average is required for graduation.

Commencement exercises are held at the end of the 2nd Spring semester. Although students will not finish for nine (9) more weeks, they are expected to take part in graduation.

A pinning ceremony may be held on the final week of the last summer session. Students are expected to attend both the College graduation and Pinning Ceremony. All tuition/fees must be paid prior to taking the American Registry Examination for Radiologic Technologist.

DEGREE CONFERRED

An Associate in Applied Science Degree is awarded to the student successfully completing the prescribed Radiologic Technology curriculum of at least two (2) years with a minimum G.P.A. of 2.00.

DEMERIT POLICY

Students not in compliance with the program policies and procedures (stated in the student handbook) will be issued one demerit per infraction. Students acquiring demerits totaling more than one per semester may be dismissed from the Radiologic Technology Program. When a demerit is issued, the student will sign and receive a copy of the demerit infraction form. This form will state the total number of demerits received to date. Students may re-enter the program at the beginning of the semester, they were dismissed, upon the approval of the Program Director and competency testing. Students will not be automatically re-admitted into the program.

EMPLOYMENT DURING EDUCATION

Students who are involved in the Radiologic Technology program are counseled to keep employment at a minimum. If the student has the opportunity to become employed as a limited radiographer, rules that apply are as follows:

1. A student may work as a limited radiographer after the completion of their first two semesters.
2. A student may work as a limited radiographer, but is required to obtain a permit to practice from the state of Iowa.
3. A student may not apply for a permit to practice unless he/she has an offer of employment.
4. A letter of recommendation and an application may be obtained from either the
Clinical Coordinator or Program Director.

5. Any radiography related employment may NOT be used in place of the supervised
clinical education. Employment hours may not be used for make-up hours of clinical
education.

6. Student uniforms may not be worn while student is working as a limited technologist
or in any other capacity at the clinical site.

LIBRARY

The Library is located on the upper level of the Library Building. The general library
hours are (hours may change):

Fall and Spring Semesters:  
Monday thru Thursday: 7:30 a.m. – 12:00 a.m.
    Friday: 7:30 a.m. – 4:30 p.m.
    Saturday: 12:00 p.m. – 8:00 p.m.
    Sunday: 2:00 p.m. – 12:00 a.m.

Summer Semester:  
Monday and Friday:  8:00 a.m. – 5:00 p.m.
    Saturday and Sunday: Closed

In addition to excellent library holdings, the library facilities are equipped with carrels for
private study.

Typewriters and computers are available for student use—inquire at the desk.

STUDENT ORGANIZATIONS

Involvement in professional organizations is encouraged while students are in the
program to ensure involvement after they graduate.

Some opportunities for joining are:

Health Occupations Students of America
Student Senate
North Central District of the Iowa Society of Radiologic Technologists
Iowa Society of Radiologic Technologists

Other professional organizations may also be joined in the student capacity.

Absences incurred because of attendance at any functions associated with these
organizations will be excused if the student makes prior arrangements and attendance is
documented.
STUDENT SUCCESS CENTER

The Student Success Center is located in the Instructional Services Building and offers programs to improve skills in the three "R's". A professional staff is available to assist with your enrichment needs. The hours are (hours may change):

Monday thru Thursday: 7:30 a.m. - 10:00 p.m.
Friday: 7:30 a.m. - 4:30 p.m.
Sunday: 4:00 p.m. – 10:00 p.m.

Typewriters and computers are available for student use.

SUSPENSION/DISMISSAL

The power to temporarily dismiss a student for three (3) days is conferred upon by the Vice President of Academic Affairs. This official may also re-admit suspended students. Notice of suspension in writing shall be given by the Vice President of Academic Affairs immediately.

The Vice President of Academic Affairs may propose expulsion of a student for cause. Such expulsion shall become final when approved by the Board of Directors. Applications for re-admission by any expelled student shall be submitted to the Board of Directors by the Executive Office.

TRANSFERS

Transferring into the Radiologic Program is a difficult process, due to variances between program course offering. Additional semesters may be necessary to complete all program requirements. Students wishing to transfer into the Radiologic Technology program must have their transcripts evaluated by the program director and college registrar. Grade point average is evaluated, and courses completed previously must be of comparable content, semester hours, and clock hours. The length of time since the student completed the course work is also reviewed. Students transferring will be required to successfully complete a radiographic procedures competency testing before admission into the program. This will be administered by the radiography faculty.

WITHDRAWAL

To withdraw from a class the student should obtain a drop slip from his/her advisor and fill it out after informing the instructor of his/her intent. The drop slip needs to be signed and turned in to the registrar’s office to be official. Failure to follow this procedure will result in an "F" on the permanent record. The last date for a student to drop a class without receiving an "F" may be found in the Iowa Central Community College Student Handbook.

To withdraw (drop) from all classes, a withdrawal sheet is needed.
INSTRUCTOR INITIATED WITHDRAWAL

When a student has missed 20% of scheduled class time (excluding college related activities), the instructor has the option to withdraw the student from the class. (Instructors will include their Withdrawal Policy in all first day course hand-outs/syllabi).

To withdraw the student, the instructor will do the following:

1. Notify the student through Enrollment Services that she or he is subject to academic withdrawal based on the Instructor Initiated Withdrawal Policy. The student will receive a notice through Iowa Central email and regular mail of the impending withdrawal.
2. The student has the option of appealing the withdrawal. To do so, the student must begin the process within five days of receiving the notice. The student has the right to continue attending class during the appeals process.

NOTE: After the student has been withdrawn, she or he will once again be notified through Enrollment Services of the action. If the student has received no notification, she or he should assume the withdrawal has not taken place and will receive an “F”. The “F” or “W” could affect the student’s GPA, insurance, scholarships, grants, etc. Students who quit attending class and receive no notice of withdrawal are responsible for their withdrawal.

Withdrawal Appeal Process:

If the student wants to appeal the withdrawal, she or he must first discuss the problem with the instructor after which the appeal process will follow this order:

1. Department Chair
2. Vice President of Instruction
3. President
4. Board of Directors

DISCIPLINARY PROBLEMS

All students are expected to conduct themselves in an adult professional manner at all times. They are expected to comply with the school, the hospital, and departmental policies. Students failing to comply with the above, may be given disciplinary action resulting in the following:

1. Verbal warning
2. Written warning (disciplinary Incident Report or Demerit)
3. Suspension (optional)
4. Dismissal from the program

The severity of the noncompliance will determine the disciplinary action that will be taken.
DUE PROCESS

Refer to Appendix page 88-90 for policy number 406, page 91 for policy number 408, page 91-93 for policy number 414 and page 93 for policy number 415.

CLINICAL EDUCATION INFORMATION

The clinical phase of the program is developed in correlation with the didactic phase of the program. Application of classroom lectures is transferred and applied through clinical education assignments. Students progress in their clinical skills and perform competency tests until all terminal competencies are met as stated in the essentials and guidelines.

Iowa Central Community College utilizes the area hospitals and clinics as education centers for student assignments.

UNIFORMS AND APPEARANCE

The complete or official ICCC Radiologic Technology Program Student Uniform consists of:

- Ceil Blue Pants – no flare or cuffed leg
- Ceil Blue Scub Top
- Ceil Blue Lab Coat – no collar, cuffed sleeve
- White shoes and shoe laces (no clogs, crocs, canvas, or sling backs)
- ICCC emblem sewn on left shoulder of shirt and/or lab coat
- Name badge
- Radiation dosimeter worn on collar of shirt
- Lead markers

The student uniform is only to be worn while present as a student. If a student works in the radiology department, they must not wear this uniform while employed.

Failure to comply with the dress code will result in clinical assessment grade for that period being lowered by 1 grade. This may affect the students overall Clinical Education grade for that semester.

Uniform pants and shirts may be purchased at a uniform store of your choice. Information about choices will be supplied prior to clinical beginning. The blue men’s and women’s lab coats may be purchased from the specified sites, ICCC emblem and lead markers must be purchased from the ICCC Bookstore at the Fort Dodge campus. The name badges will be obtained at the Help Desk in the Admissions office. The Radiation dosimeters will be ordered by the Program Director and provided to the students before they begin Clinical Education rotations.
GROOMING

1. Hair should be clean with no scarves, ribbons, or decorative barrettes. Hair should be neatly arranged and worn away from the face, and long hair must be pinned up with small hair apparel off the collar. Males should have a conservative haircut with mustaches or beards clean and trimmed.

2. Skin should be clean and odor free. Excessively strong perfumes or after-shave lotions should be avoided. Makeup should be used in moderation. All visible tattoos must be covered.

3. Breath should be inoffensive. It is recommended that students should refrain from smoking during clinical hours. Regular oral hygiene is a must. No chewing gum on duty is allowed.

4. Wedding and/or engagement rings may be worn. A wristwatch and one pair of small stud earrings for pierced ears may be worn. (Other visible piercing not allowed). No neck jewelry is allowed. Special areas may ban the wearing of all jewelry. Some clinical sites mandate a restricted jewelry policy.

5. Fingernails must be SHORT and CLEAN: clear or clear pink polish may be worn. No artificial fingernails are allowed.

SUPERVISION

Students will be properly supervised at all times by a certified radiologic technologist while they are at the clinical education setting. Students will not be supervised or assigned to non-certified technologists. Second year students shall not supervise first year students nor can two first year students supervise each other during clinical assignments. There must always be at least a 1:1 student to technologist ratio and under most circumstances there will be more than one technologist available to supervise each student.

Direct Supervision

The student is under direct supervision of a registered radiographer during radiographic procedures until he/she has successfully completed competency testing.

Direct supervision is defined as being physically present in the radiographic room assisting the radiography student with the radiographic procedure.

At no time is the student allowed to perform radiographic procedures independently until he/she has successfully completed a competency test.
Listed below are situations in which the student will be under direct supervision even though he/she has completed competency testing.

1. Isolation Patients
2. Repeat Radiographs
3. All Portable Cases
4. Surgery Cases

**Indirect Supervision**

The student is under indirect supervision when he/she has successfully completed a competency test for a radiographic procedure. Indirect supervision means that the student can perform a radiographic procedure independently without the physical presence of a registered technologist in the radiographic room, but, a registered Radiologic Technologist must be immediately available in the clinical area upon request regardless of the level of student achievement.

Repeat radiographs must be completed under Direct Supervision of a registered radiologic technologist.

**ASSIGNMENT OF CLINICAL EDUCATION CENTER**

Health Care facilities throughout Northwest and North Central Iowa are used as clinical sites. Upon enrollment into the Radiologic Technology Program, the student will select a minimum of 5 clinical sites they could rotate through. An effort will be made to assign the student to these sites. If this is not possible, preference will be given to those first enrolled.

Students need to provide their own transportation while enrolled in any of the Clinical Education courses. All students will be assigned to some evening and weekend shifts.

Possible clinical sites and miles from Fort Dodge are as follows:

**Distances from Fort Dodge (One Way)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Miles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algona</td>
<td>45</td>
</tr>
<tr>
<td>Ames</td>
<td>65</td>
</tr>
<tr>
<td>Audubon</td>
<td>80</td>
</tr>
<tr>
<td>Boone</td>
<td>50</td>
</tr>
<tr>
<td>Carroll</td>
<td>57</td>
</tr>
<tr>
<td>Cherokee</td>
<td>81</td>
</tr>
<tr>
<td>Clarion</td>
<td>42</td>
</tr>
<tr>
<td>Webster City</td>
<td>23</td>
</tr>
<tr>
<td>Emmetsburg</td>
<td>62</td>
</tr>
<tr>
<td>Humboldt</td>
<td>16</td>
</tr>
<tr>
<td>Jefferson</td>
<td>45</td>
</tr>
<tr>
<td>Lake City</td>
<td>40</td>
</tr>
<tr>
<td>Perry</td>
<td>57</td>
</tr>
<tr>
<td>Pocahontas</td>
<td>45</td>
</tr>
<tr>
<td>Sac City</td>
<td>38</td>
</tr>
</tbody>
</table>

Clinical sites for the Iowa Lakes Region are:

**Distances from Emmetsburg (One Way)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Miles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algona</td>
<td>24</td>
</tr>
<tr>
<td>Spencer</td>
<td>24</td>
</tr>
<tr>
<td>Spirit Lake</td>
<td>42</td>
</tr>
</tbody>
</table>
Clinical sites for specialty areas may differ from those above, but in no case will mileage exceed 100 miles each direction.

Students usually change clinical sites at least every other semester. This depends upon the number of students in the program. Site determination is based on student residence and type and number of radiology exams in each hospital.

**ATTENDANCE**

- Students are to arrive promptly to their clinical area.
- If a student will be late or absent, they are required to notify Iowa Central Community College and their Clinical Site (preferably the clinical instructor) at least 30 minutes before their scheduled start time. **Failure to follow this procedure will result in the student’s clinical assessment grade being lowered one complete letter grade during that assessment period.**
- Students may be absent from clinical no more than 3 days during any fall or spring semester or 2 days during any summer session. **Having more than the maximum allowed absences during any semester or summer session will result in the withdrawal of the student from Clinical Education.**
- Students are given 1 excused day each semester that does not need to be made up but it will be counted toward the maximum allowed absences.
- Absences beyond the 1 day must be made up. The student will determine when this may be done by arranging it with the site clinical instructor.
- All make up time must be completed at the clinical site where it occurred and if the absence occurred during an evening or weekend rotation, the make up time must be scheduled and completed on another evening or weekend shift.
- Students are required to fill out a make-up form for all make up time and the form must include the signature of the supervising technologist.
- Tardiness is expected to be made up on the day it takes place.
- Students are not permitted to leave early from the clinical sites unless they are given prior approval from the Iowa Central Community College staff and/or clinical instructors.
- Students may not skip lunch to leave early.

**Student Dismissal From Clinical Site**

If a student is dismissed from their assigned clinical site prior to the end of that semester it may receive a failing grade which will result in failure of Clinical Education course regardless of other site availability. Failure of Clinical Education will result in program withdrawal. Circumstances involving the dismissal will be discussed by the Clinical Coordinator and the Program Coordinator and the resultant decision will be reached.

If a student is dismissed from a second site the student may receive a failing grade for that Clinical Education course regardless of other site availability.

Failure of Clinical Education, as like any other RAD course, will prevent the student from continuing on in the Radiologic Technology Program.
DOCTOR APPOINTMENTS

Routine doctor appointments (check ups) should not be scheduled during clinical or class time. Only in an emergency should clinical or class time be missed for doctor appointments.

LEAVE OF ABSENCE

Loss of time due to serious illness, accidents, and/or surgery will be dealt with on an individual basis. The objectives of the course must be met in a satisfactory manner.

FUNERAL POLICY

A student may receive three (3) excused days for loss of a grandparents, parent, brother, sister, spouse, or child.

CONFIDENTIALITY

In keeping with professional ethics, any information of a confidential nature may not be divulged or discussed with others outside the professional setting. Breeches of confidentiality violate the rights of clients in the affiliating institution and jeopardizes the student's status in the program.

Students will be required to view a program regarding confidentiality prior to beginning clinical rotations and again during the fall semester of the second year of the program, and sign an agreement ensuring compliance.

LIABILITY AND MALPRACTICE

All students are covered with a liability and malpractice insurance policy which is provided by the college. The cost is included in the college fee structure.

HEALTH INSURANCE

Students are encouraged to have health insurance.

The clinical agencies do not provide insurance coverage for students injured while in their agencies. Students need to assume full responsibility for their own accidents or injuries which may occur in the clinical setting.

Accident, sickness and major medical insurance is available to any student attending Iowa Central Community College. Students who are 35 years of age or under may secure family coverage. For more information, you can find an information pamphlet outside of the Student Health Office.
CLINICAL EVALUATION

Clinical grades are determined by:

- Clinical assessment: 50% of total grade
- ICCC Competency Evaluation: 25% of total grade
- Procedure Checklist: 10% of total grade
- ARRT Competency Requirement: 15% of total grade

Failure to comply with attendance policy (pg. 42) and/or dress code (pg. 40) will result in clinical assessment grade for that period grade being lowered a full letter grade for each of the above infractions. (Possibility of having grade lowered 2 letter grades per clinical assessment, based on non-compliance).

CLINICAL ASSESSMENTS

Students will be assessed by their clinical instructor a minimum of 2 times per semester. These assessments will be utilized to help determine the student’s grade. Weighting of the evaluation will be dependent on the student’s level in the program, the weighting for first year students will be different than it is for the second year of the program.

Examples of the clinical assessment forms can be found in the Appendix of the Handbook on pages 75-77.

Examples of the Final Clinical Evaluation Forms can be found in the Appendix of the Handbook on pages 78.

ICCC COMPETENCY REQUIREMENTS

Iowa Central Community College Radiologic Technology Program Faculty and Staff will visit each student at their clinical site approximately every third week. During some of the visits, they will test the student to help ensure the student remains competent in all areas of radiography. The student will be told they are being tested. Three exams will be selected for the student to perform for each test. Each exam is worth 5 points. One point will be deducted for each error the student makes. The grade is determined by the average score obtained after completing 3 exams.

An example of the ICCC Clinical Competency Evaluation Form can be found in the appendix on page 82.

PROCEDURE CHECKLIST

To ensure students continue to perform and remain competent in procedures they have previously demonstrated competency performing, each student will receive a Radiographic Procedure Checklist at the beginning of each clinical rotation. It must be completed and signed by the supervising technologist as the student completes all examinations.
Maximum credit can be obtained by completing all required examinations in each area, but students must document all examinations. Extra examinations in one area may be able to be utilized to help to fulfill requirements that may be lacking in other areas of the checklist.

An example of the Procedure Checklists can be found in the Appendix of the Handbook on page 83-85.

ARRT COMPETENCY REQUIREMENTS

There are core clinical competencies that all individuals must demonstrate to establish eligibility for ARRT certification. The requirements listed are the minimum core clinical competencies necessary to establish eligibility for participation in the ARRT examination. ARRT encourages individuals to obtain education and experience beyond these core requirements.

Students first demonstrate competency in the laboratory setting and then are able to begin practicing on patients under direct supervision. They should practice a minimum of 3 times at the clinical setting under direct supervision before asking to demonstrate competency for any examination. They must tell the supervising radiologic technologist they are ready and would like to “comp” prior to beginning the exam. The supervising technologist will observe the student while they complete the examination and if the technologist deems the student’s performance acceptable, the technologist will initial and date the ARRT Competency checklist.

Although the ARRT mandates students must demonstrate competency in all 39 mandatory Radiological procedures (30 must be on patients, not phantoms or simulated) and 10 of the 23 elective Radiological Procedures (all may be on phantoms or simulations), ICCC students are required to demonstrate competency in all of the Radiological Procedures. Four General Patient Care Competencies must also be completed, but the completion of these competencies is not included in the grade determination.

To ensure completion of all competencies the student will be responsible for completing a predetermined number of competencies. Grading will be based on successful completion of the minimum required competencies during each Clinical Rotation.

<table>
<thead>
<tr>
<th>Clinical Rotation</th>
<th>Minimum Required Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical I</td>
<td>5 competencies</td>
</tr>
<tr>
<td>Clinical II</td>
<td>14</td>
</tr>
<tr>
<td>Clinical III</td>
<td>13</td>
</tr>
<tr>
<td>Clinical IV</td>
<td>19</td>
</tr>
<tr>
<td>Clinical V</td>
<td>17</td>
</tr>
<tr>
<td>Clinical VI</td>
<td>Any incomplete competency must be obtained during this semester for completion of the program.</td>
</tr>
</tbody>
</table>

Grading for required competencies
Number of missing competencies | Grade received
---|---
0 | A (5 pts.)
1 | B (4 pts.)
2 | C (3 pts.)
3 | D (2 pts.)
4 or more | F (1 pt.)

The required number of competencies may change due to changes in ARRT competency requirements. Please refer to the Clinical Education Syllabi for the most current requirements. An example of the ARRT Competency Requirements can be found in the Handbook Appendix on page 81.

**HOURS AND ASSIGNMENTS**

An eight and a half hour clinical day is to include a half hour lunch break, one 15 minute morning break, and one 15 minute afternoon break. These times will vary according to the activity status of the department. All breaks need to be okayed by the clinical instructor or other appropriate radiologic technologist.

**Clinical Hours:** These hours are approximate--Clinical hours may vary according to assigned site.

- **Day Shift** 7:00 a.m. - 5:00 p.m. Monday through Friday
- **Non Day Shift** Any shift extending beyond 5:00 p.m. Monday through Friday or any time on Saturday and/or Sunday.

Limited to no more than one Non Day Shift “clinical week” per month.

During the program, the students will be assigned to various shifts. Non day shift clinical rotations will be accomplished through the utilization of weekend and evening scheduling in the larger clinical sites (Ames, Boone, Clarion, Fort Dodge, Carroll, Spencer, and Spirit Lake).

The hours for these shifts are listed above. Rotations other than days will be determined by clinical education needs of the student, but will be limited to no more than 1 weekend and/or 1 evening rotation per month.

The student, in any case, will not be in the hospital setting past 10:30 p.m. nor assigned to off-hours unless there is a Radiologic Technologist present. Off-hour rotations will take the place of daytime rotations and will not be an added shift. All students will complete a non day shift rotation at some time within the two year program.
ROOM ASSIGNMENTS

Students may be assigned to radiographic rooms or technologist, by the clinical instructor at the site. Students assigned to radiographic rooms will be expected to actively participate in all procedures performed in their room assignment.

Students will not be permitted to switch rooms with another student unless authorized by the clinical instructor at the site.

Students may observe procedures and/or participate in a radiographic procedure in another room under the following conditions:

1. No procedures are being performed in his/her assigned room.
2. No other student is assigned to that room.
3. If requested by the clinical instructor.

EXTRA CREDIT

A student may, on a volunteer basis, accumulate 30 hours per semester for an additional .5 towards a clinical grade or 15 hours for an additional .25 on a 1-5 grading scale.

Extra credit must be accumulated in one hour increments.

ILLNESS AND INJURY

It is the student’s responsibility to inform the appropriate instructor(s) of any physical condition or occurrence that could interfere with the safety of the student and/or client while in the area.

When ill, it is important to notify the instructor and the clinical site. To reduce the possibility of the student either contracting or spreading an infectious illness, the clinical sites require that all of the student’s required vaccinations are current before they begin their clinical rotations. Verification of these requirements and documentation of a physical examination is required prior to beginning the program. TB testing may be completed and documented according to ICCC’s Tuberculosis Prevention Program. A copy of this program can be found in the Handbook Appendix on pages 64-66.

Students who sustain any injuries or exposures during the clinical assignment will be required to complete incident forms provided by the hospital and Iowa Central Community College. If the injury or exposure involves treatment, the student has the option to deny treatment. If the student refuses treatment, they must fill out a treatment waiver form. **The cost of treatment is the student’s responsibility.**

If the clinical instructor feels that the student cannot perform efficiently or effectively due to the injury, the clinical instructor may send the student home.

All injuries or exposures sustained in the clinical site should be communicated to Iowa Central Community College staff immediately.
The Clinical Coordinator assigns a predetermined number of students to each major clinical education center. The capacity of the students assigned to each clinical center has been determined by the number and type of examinations per hospital.

Students are assigned to their designated clinical center for the first and second semester. Thereafter, they rotate through different clinical sites for summer session, third and fourth semesters and their last summer session. All semesters consist of fifteen weeks and both summer sessions of nine weeks.

**Pregnancy Policy**

Due to the well documented sensitivity of the fetus to radiation during the early stages of pregnancy, it is the policy of Iowa Central Community College to give all incoming female students appropriate information concerning this subject area so they may make an informed decision should the need arise.

While the program encourages any female student who becomes pregnant during the course of the program to declare her pregnancy in writing to the Program Director/Licensee (Radiation Safety Office (RSO) according to NRC guidelines (Federal Register, May 21, 1991, 20.1003, 20.1208) this is strictly at the discretion of the student to do so. Whether a student chooses to declare her pregnancy or not, the student will be treated equitably by the program in all cases. (It should be remembered that a non-declared pregnant student is not considered to be pregnant and cannot ask for special considerations due to her health status unless pregnancy is actually declared.)

If a student chooses to declare her pregnancy to the program, the student will be expected to abide by the following radiation safety guidelines for the pregnant student: (1) Review special radiation safety guidelines and sign “statement on a pregnancy” form. (2) Wear 2 radiation monitoring badges while at any clinical education setting during the duration of the pregnancy, and (3) abide by NRC dose limits to the embryo/fetus due the occupational exposure of a declared pregnant woman not to exceed 0.5 rem (5 mSv) during the entire pregnancy.

Once a female student declares her pregnancy to the Program Director, it will be up to the student, in consultation with the Program Director and Radiation Safety Officer to decide how she would like to treat the clinical portion of the program during the course of her pregnancy. ("It is urged that the student provide the Program Director/RSO at the earliest possible date a written physician statement verifying pregnancy with an expected date of delivery and any restrictions in physical activity. Changes in the student’s physical status should be updated from the student’s physician as soon as applicable). Possible options that the student might choose to pursue include:

- Continuation in the program with no special consideration made in any way.
- Rescheduling of potential high exposure rotations during the pregnancy taking into consideration other student’s access to equitable clinical experience.
- Take a Leave of Absence from the program for any desired portion of the pregnancy due to radiation safety/health concerns.

Clinical and co-requisites would be completed at the next appropriate course offering. This would probably extend the program for an additional year. The program reserves the right to require the student to demonstrate additional clinical and/or didactic competency. (See student re-admission policy.)

- Other options or combinations of the above will be considered in consultation between the student and Program Director/RSO as individual situations indicate.

However a female student chooses to handle the declaration of pregnancy, the program is committed to the equitable treatment of all students in the program no matter what their situation. Students will be expected to complete all clinical and didactic requirements of the program to become eligible for graduation and State/national registry exams. Program and clinical requirements cannot be skipped or shortened due to pregnancy status. The student will arrange to make up all clinical time missed during maternity leave with the clinical coordinator. If possible, it is recommended the student make up clinical days prior to the maternity leave. The student must be able to meet the requirements of all radiography courses in order to continue in the program. The student may withdraw the declaration of pregnancy at any time using the written withdrawal form. A copy of the program’s Declaration of Pregnancy form and Withdrawal of Declaration of Pregnancy form can be found in the Handbook Appendix on page 86 and 87.

A copy of the NRC guidelines (Federal Register, May 21, 1991, 20.1003, 20.1208) can be found in the Handbook appendix on pages 95-97.

**RADIATION MONITORING**

All students are required to wear radiation dosimeter when they are in the clinical setting and in the energized lab classes. The dosimeters must be turned in once a month to the Program Director for a reading of the amount of radiation, if any, received. This is usually around the 20th day of each month. Reports are kept in the Program Director’s office and may be view by the student. Energized room may be used under direct supervision of appropriate radiography technology faculty only. Classes utilizing the energized lab will state requirements which include mandatory dosimeter worn at the collar level. Any student failing to bring their monitor will be unable to participate and may or may not have an option to make up that specific lab.

**RADIATION PROTECTION PLAN**

1. Before being assigned to the initial clinical rotation, students will be given an introduction to Radiation Protection.

2. Each student will be issued a radiation dosimeter to be worn at collar level while they are in their clinical site and attending energized lab classes. This dosimeter will be changed each month.
3. The report of dosimeter reading will be maintained in the Radiography Program Director’s office.

4. Students should not receive more than 100mr/month. Under normal conditions the student’s dosimeter reading will be well below this amount.

5. Students who receive over this amount will be advised of this and the incident will be discussed with the Radiation Safety Officer of their clinic site and with the Program Director. If the student continues to receive over the recommended dose limits, they will be removed from the clinical site until it can be determined why the student is receiving more than normal limits.

6. The radiation dosimeter is sensitive to sunlight, heat and some television sets and microwave ovens. It is advised the student not leave the dosimeter in your car, in direct sunlight, near heat, TV sets or microwaves.

7. If you inadvertently wash the dosimeter with your laundry, DO NOT THROW IT AWAY. BRING IT TO THE PROGRAM DIRECTOR AND IT WILL BE SENT BACK. WE MUST BE ABLE TO ACCOUNT FOR ALL BADGES. A READING CANNOT BE ATTAINED. WE WILL KNOW WHY YOU DO NOT HAVE A READING FOR THAT MONTH.

8. Be sure to report any incident with your dosimeter to the Program Director/Clinical Coordinator.

9. DO NOT WEAR THE DOSIMETER WHILE YOU ARE RECEIVING MEDICAL OR DENTAL X-RAYS. THIS IS FOR OCCUPATIONAL DOSE ONLY.

10. When using ionizing radiation, the student will use all precautions for both themselves and the patient. This involves the use of:
   a) time
   b) distance
   c) shielding
   d) use of correct film screen combinations
   e) use of grids when applicable
   f) beam restriction

11. Every time you repeat an image the patient receives an additional exposure to radiation. Therefore, it is important for you to attain images of diagnostic quality with the first exposure. **IF IT IS NECESSARY TO REPEAT A FILM, YOU MUST BE UNDER DIRECT SUPERVISION.**

12. **IT IS NOT ACCEPTABLE TO CONSTANTLY REMAIN IN THE ROOM HOLDING A PATIENT DURING AN EXPOSURE. STUDENT DOSE MUST NOT EXCEED THE ACCEPTABLE LIMIT.**

13. Students may review their dosimeters reading at any time by arranging a time with the Program Director where the results are kept on file for confidentiality.
PROGRAM STAFF

PROGRAM COORDINATOR
Chantel Burns, M.S., R.T. (R), RDMS, RVT, Midwestern State University

CLINICAL COORDINATOR
Doug Boelter, B.A., R.T.(R), Mount Marty College

Radiography staff offices are located in the BioHealth Science Building on the 2nd Floor rooms 201 and 204.

PART-TIME STAFF
Althea Rouse, A.S.R.T. (R)
Susan Holden, B.S., R.T.(R)
Carla Koch, R.T.(R)

CLINICAL INSTRUCTORS
Clinical instructors are determined by Radiology Managers at each clinical Institution and ICCC Radiography Staff.

1. Please feel free to consult with the program director or clinical coordinator relative to any problem or concerns that may arise during the college year.

2. If an issue should arise, the proper order for resolution should be followed: Clinical Instructor at the site; Doug Boelter – Clinical Coordinator; Chantel Burns – Program Coordinator; Trina Staton – Department Chair of Health Science; Dave Grosland – Vice President of Instruction; Dr. Dan Kinney – President.

3. We, the staff, want to do everything we can to assist you in becoming an efficient, effective, competent Radiologic Technologist. YOUR conscientious effort, commitment and cooperation are needed to accomplish this goal. Office hours are posted by each individual office.

4. If after entering the program, you find that Radiologic Technology is not your area of interest, please do not hesitate to discuss this with the Program Director.

5. YOU are responsible for YOUR future – Strive to create a rewarding and successful career in Radiologic Technology. Make a firm foundation in your PERSONAL and PROFESSIONAL life.
CLINICAL INSTRUCTOR RESPONSIBILITIES/DUTIES
Each clinical education center has designated clinical instructors. These individuals are responsible for:

- Ensuring that the clinical objectives for the program are met
- Ensuring that a supervised clinical environment is maintained
- Ensuring the orientation checklist is performed
- Submission of completed clinical assessment forms throughout the semester
- Providing feedback for assigned students
- Critiquing images performed
- Expand and develop patient care skills
- Attend Clinical Instructor meeting
- Submission of a Curriculum Vitae
- Submission of JRCERT Form 102 (may be completed by Program Director)

In addition to the above responsibilities the clinical instructors will receive annual feedback from ICCC after compiling the site evaluations from the students.

Clinical instructors are selected by the Radiology manager of each clinical education center and ICCC Radiography Staff. The individual selected must meet the following requirements as outlined in the Essentials and Guidelines of the J.R.C.E.R.T.:

- Current ARRT and/or Permit to practice
- 2 years of clinical experience

EVALUATION OF INSTRUCTORS, CLINICAL SITES AND PROGRAM
Students will have the opportunity to evaluate each radiography course at its completion. Each instructor and clinical education site will be evaluated by the students annually. Instructors value student input and suggestions. The radiologic technology program will be evaluated by students as they complete the program. Follow-up studies of both graduates and employers are conducted after graduation.

SPECIAL ROTATIONS
Rotations will be available to all radiography students so they may spend time in special modalities such as CT, MRI, US, Nuc Med and Radiation Therapy. Special rotations will be done at specific existing clinical sites and will be arranged by the Clinical Coordinator. Student will be assessed, see pages 79-80.

GENERAL INFORMATION
The following general information -- and MORE -- may be found in the College catalog or the Student Handbook and Guide.

  Tuition--Fees—Refunds, Part-Time Jobs, Suspension—Dismissal,
IOWA CENTRAL COMMUNITY COLLEGE
Procedure for Post-Exposure/Incident Evaluation and Follow-up

Occurring at Iowa Central

Student

1. Incidents reported to Instructor.
2. Completes Student Incident/Exposure Report within 24 hours.
3. Contact ICCC Nurse within 24 hours (by phone or person)

Instructor

1. Requests student to complete Student Incident/Exposure Report Form.
2. Sends copy of Incident/Exposure Report to Department Chair & Health Services (School Nurse) within 24 hours.
3. Refers Student and Source Person, if known, to Health Services within 24 hours.

Health Services Nurse

1. Reviews Student Injury/Exposure Report within 48 hours.
2. Completes student consent form within 48 hours and arranges for testing at Corporate Health (Health Care Professional).
3. Obtains consent form signed by source individual if known within 48 hours and arranges for testing at Corporate Health (Health Care Professional).
4. Corporate Health will take care of results and the need for any further follow-up.
IOWA CENTRAL COMMUNITY COLLEGE
Procedure for Post-Exposure Evaluation and Follow-up

Occurring at Job/Clinical Site

Student

1. Reports incident to instructor.
3. Contacts Iowa Central School Nurse within 24 hours (by phone or in person).

Instructor

1. Requests student to complete Student Incident/Exposure Report Form.
2. Sends copy of Incident/Exposure Report to Department Chair within 24 hours.
3. Completes Workman Compensation (WC) Supervisor’s Investigation Report (online form available under Health Service).

Health Services Nurse

1. Reviews Student Incident/Exposure Report within 48 hours.
2. Files a First Report of Injury to WC carrier within 48 hours.
3. Counsels student.
4. Directs student to Corporate Health. Designated Health Care Professional (HCP) will do testing, follow-up, education, and counseling.
5. HCP will keep records and test results.
IOWA CENTRAL COMMUNITY COLLEGE
HEALTH SCIENCE
STUDENT INCIDENT/EXPOSURE REPORT

THIS REPORT NEEDS TO BE COMPLETED AS SOON AS THERE IS A KNOWN INCIDENT, EVEN WITH NO INJURY, AND RETURNED TO THE INSTRUCTOR.

1. Name of Student ________________________________

2. Class ____________________________________________________________________________________________

3. Date of injury, illness or exposure ___________ Time _____________

4. Date report filled out ______________________________________________________________________________
   Date Instructor knew of incident _____________________________________________________________________

5. Check appropriate category:
   ______ A. INJURY – Any incident which results in harm, wound or impairment.
   ______ B. EXPOSURE – Any undesirable exposure that causes injury or may cause harm or loss to you.

        1. Needlestick with contaminated needle to __________
        2. Piercing of skin with contaminated sharp to __________
        3. Splashing/spraying of blood or other potentially infectious material to ________
        4. Other (describe) ________________________________
   ______ C. OTHER

6. Description of the student’s duties relating to the exposure incident:
   ________________________________________________________________________________________________
   ________________________________________________________________________________________________
   ________________________________________________________________________________________________

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7. Describe circumstances of incident and be specific: (Name objects, substances, equipment, what were you doing when injured or exposed.)

____________________________________________________________________________________

____________________________________________________________________________________

8. Have you had the Hepatitis B vaccine? Yes __________ No __________

9. Names of Witnesses ________________________________________________________________

10. Student was advised to see: _____ 1. College Nurse
____ 2. Personal Physician
____ 3. Public Health
____ 4. Other _____________________

If you have any complications or problems from this incident, notify your physician.

11. Immunizations recommended:
    ISG ( )  HBIG ( )  Hepatitis ( )
    Diphtheria/Tetanus ( )  PPD ( )

12. Follow-up:
    Contact source known ( )  Contact source unknown ( )

13. The following remedial action may minimize the likelihood of future exposure.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

SAFETY

14. If equipment was involved, was it removed from service and/or sent for repair?
    Yes __________ No __________ Date ____________________

15. Identify equipment: _________________________________________________________________

16. Follow-up needed for:
    Training _____  Inservice ________  Equipment modification ________

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Policy change _____ Personal protection _____ Technique change _____

17. General comments: ________________________________________________
    ________________________________________________
    ________________________________________________

18. Student’s signature: ______________________________________________

19. Action was instituted (Date): ______________________________________

20. Report completed by: _____________________________________________

21. Reviewed with Instructor (Date): ___________________________________

22. Instructor’s signature: ____________________________________________
IOWA CENTRAL COMMUNITY COLLEGE
HEALTH SCIENCES DEPARTMENT
RADIOLOGIC TECHNOLOGY PROGRAM

TREATMENT WAIVER

I, ________________________________, have refused medical treatment recommended by __________________________(Person). I understand that by refusing this treatment, I may incur future medical problems.

I, also, will not hold Iowa Central Community College, or _________________________________ (clinical site) responsible for any future medical problems which result from my refusal of treatment.

If, by refusing medical treatment, my injury or illness endangers the safety of the patients, staff or other personnel, I understand I will be immediately removed from the clinical site as requested __________________________ (Clinical Site) or Iowa Central Community College and will not be able to return to the clinical site until I obtain a written release from an attending physician.

_________________________________________    ______________
Student                                      Date

_________________________________________    ______________
Clinical Site - Supervisor                    Date

_________________________________________
Clinical Coordinator                          Date
Exposure Incident Occurs

Student
Reports Incident to Instructor

- Directs student to ICCC Nurse
- Sends to ICCC nurse
  --Incident Report (route, circumstances, etc.)
  --Source Individual’s HBV/HIV status (if known)
  --Student’s Hepatitis B Vaccine Status and other relevant medical information

- Copy of Incident Report to Health Sciences Department Head
- Copy of Incident Report in student’s file
- Receives Student Health Nurse’s written report of student counseling and if any testing was done. Results go only to student.

- Receives copy of lab results from ICCC nurse

Instructor

ICCC Nurse

- Evaluates Exposure Incident
- Provides counseling
- Arranges for testing of student
  --Obtain consent
  --Collects $12.50 for HIV test. Turn money to Business Office.
  --Deliver blood sample and form to Trinity Regional
- Notifies students of results of all testing
- Evaluates reported illnesses
- Sends written opinion to Program Coordinator:
  --Documentation that student was informed of evaluation results and the need for any further follow-up
CONSENT FOR COLLECTION OF BLOOD

EXPOSED STUDENT

Due to my exposure to possible bloodborne pathogens on ____________________________,
I have been advised of the need for blood testing. By signing this statement, I am granting
permission to have my blood drawn.

________________________________________  ______________
Student’s Signature  Date

________________________________________  ______________
Witness’ Signature  Date

I am also granting permission to have my blood tested for the Human Immunodeficiency
Virus (HIV).

I understand that the results of this test will be handled in a confidential manner and I will
be informed of the results of this test.

________________________________________  ______________
Student’s Signature  Date

________________________________________  ______________
Witness’ Signature  Date
CONSENT FOR COLLECTION OF BLOOD

SOURCE INDIVIDUAL

Due to a blood exposure incident which occurred on _________________________, I have been advised of the need to have a sample of my blood tested for bloodborne pathogens. By signing this statement, I am granting permission to have my blood drawn and tested for the Human Immunodeficiency Virus (HIV).

I understand that the results of these tests will be handled in a confidential manner and these results will be made available to the exposed student.

I also understand that the exposed student has been informed of the applicable laws and regulations concerning the disclosure of my identity and my infectious status.

__________________________________________  ________________
Source Individual's Signature                     Date

__________________________________________  ________________
Witness' Signature                               Date
IOWA CENTRAL COMMUNITY COLLEGE
HEALTH SERVICES-COLLEGE NURSE

___  Review and complete Student Incident/Exposure Report
___  File a first report of injury
___  Direct student to health care professional (HCP)
___  Send to HCP:
  ____  Copy of standard
  ____  Incident report
  ____  Source individual’s HBV, HIV status (if known)
  ____  Student’s hepatitis B vaccine status and other relevant medical information
___  Receives HCP’s written opinion to student (within 15 days of completed evaluation
___  Written opinion (documentation that the student was informed of evaluation results and the need for any further follow-up)
___  Send written opinion to the department chair and the program coordinator to be placed in student file.

Completion Date: ____________________________
Signature of Student: ________________________
Signature of Instructor/Program Coordinator __________________
The increase in tuberculosis world-wide has resulted in Iowa Central Community College developing a tuberculin prevention and treatment program.

Tuberculin skin testing is required for all health science students as a pre-entrance and yearly requirement.

Continued registration at Iowa Central in a Health Science Program is contingent upon:

A. Yearly PPD skin test. Neither the Tine test nor the HEAF test is accepted.

B. After the PPD test is administered, it must be read within 48-72 hours. Any reading outside of this time frame is not accepted.

C. If the test is not done at Iowa Central Community College Student Health Service, the test and results must be signed by a health professional or physician.

D. If the PPD results are positive, the student will be referred to their private physician for a chest x-ray. If the student has a history of a positive PPD, he or she must have had an x-ray within the past 3 months. The exception is if the individual has a certificate of completion of INH preventive therapy.

E. If PPD results are positive and the chest x-ray is negative for tuberculosis, the student will be referred to their personal physician for evaluation and follow-up. The student may begin clinical at this time.

F. If the skin test is positive and the chest x-ray is abnormal, the student will be referred to their personal physician for evaluation and follow-up with appropriate prophylaxis or therapy.

The decision to allow the student to work in the clinical areas will be made by the student’s personal physician and will be determined by the type of activity to be undertaken and the susceptibility of those who work in close proximity to the employee, especially in poorly ventilated enclosures.

Documentation of this evaluation and initiation of prophylaxis or therapy must be reviewed by the college nurse before starting clinical.
G. If the chest x-ray is positive for active tuberculosis, the student is required to be treated for tuberculosis. Individuals receiving therapy for tuberculosis must show appropriate evidence of no infectivity before starting clinical. The AFB sputum smear must be negative. If there is no sputum, it will then be determined by the physician if the student can start clinical.

Individuals placed on prophylaxis or therapy for tuberculosis must return to the college nurse for evaluation every three months to document compliance with their assigned regimens until the regimen is completed. Individuals completing prophylactic regimens may be skin-tested to document possible revision to negative skin-test status.

Exemptions or 1-semester delay from the tuberculin testing will be permitted if the student:

A. Has previously tested positive
B. Has previously been treated for active tuberculosis
C. Has had a BCG vaccine in the past 18 months
D. Has had a live virus vaccine such as measles, mumps, rubella or yellow fever vaccine in the past 8 weeks.
E. At the physician’s discretion, is pregnant or suspects she is pregnant, and is not presently at high risk.
F. At the physician’s discretion, has an immune deficiency problem secondary to disease or treatment.
G. At the physician’s discretion, for other circumstances.

Tuberculosis Screening

A. The reading should be based on the measurement of the induration, not the erythema. The reading is measured transversely to the long axis of the forearm and measured in millimeters.

B. Classification of PPD reaction:

1. 5 or more mm is positive for the following groups:
   + Persons who have had close contact with an individual with infective tuberculosis
   + Persons with HIV infection
+ Persons who have chest x-rays with fibrotic lesions likely to represent old healed tuberculosis

2. 10 or more mm is positive for the following:
+ Foreign-born persons for high prevalence areas (e.g. Asia, Africa, Latin America)
+ Medically underserved, low income groups
+ Intravenous drug users
+ Persons with known medical risk factors
+ Health care workers

3. A converter is an individual with a positive PPD who has a previous negative PPD skin test within 3 months to several years.

C. Once a health science student has a positive PPD and a negative chest x-ray, yearly screening for tuberculosis is no longer required, even if the student does not choose to take INH preventive therapy. A chest x-ray is NOT required yearly. The student is expected to recognize tuberculosis symptoms and to report to a health provider if they identify possible symptoms in her/himself.

D. Regular follow-up for all students on Tuberculosis Preventive Therapy will be provided by the Health Services.

E. Tuberculin converters while a student.

1. Students who are on repeat tuberculin testing convert from negative to positive are referred for chest x-ray. These individuals must be referred to their personal physician for appropriate evaluation and follow-up for prophylaxis or treatment.

2. Documentation of evaluation and initiation of therapy must be reviewed by the College Nurse before these individuals can return to work. Appropriate evidence of no infectivity must be documented before individuals with tuberculosis may return to work in the clinical area.

3. Individuals on prophylaxis therapy will be followed by the College Nurse every three months to document compliance with and completion of their prophylaxis or therapy regimen.
COMMUNICABLE DISEASE

See Appendix page 95 for policy number 219.

WORKPLACE HAZARDS

Material Safety Data Sheets are available in the Program Directors office in the Master Binder for E-Z Store and Pour Fixer and Developer.

See Appendix page 94 for policy number 211.

Policy number 211 covers:
1. Maintenance Schedule
2. Maintenance Staff or Contract Service
3. Emergency Repairs
4. Disposition of Obsolete Equipment
COMPLIANCE WITH JRCERT STANDARDS
POLICY

The Radiologic Technology Program strives at all times to be in compliance with the JRCERT Standards for an Accredited Educational Program in Radiologic Sciences effective January 1997.

A copy of these Standards can be found in the Master Plan of Education in the Radiologic Technology Program Director’s Office.

A copy of the most recent completed Self-Study is also located in the program director’s office.

Individuals who have a concern that the program is not following the Standards or is not in compliance with the Standards, can register a concern in writing with the Radiologic Technology Program Director. The Program Director will review the concern and make a response in writing within 5 working days.

The concern and response will then be reviewed by the Director of Health Education.

The following form must be filled out to register a concern.
CONCERN OF NON-COMPLIANCE TO JRCERT STANDARDS FOR AN ACCREDITED EDUCATIONAL PROGRAM IN RADIOLOGIC SCIENCES

Date __________________________

Individual registering concern ________________________________

Standard # ____________________

Section/Sections ________________________________

Please state concern and attach any evidence supporting this concern.
(attach additional pages if needed)

OFFICE USE ONLY

___________ DATE RECEIVED

___________ DATE RESPONSE RETURNED

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Joint Review Committee on Education in Radiologic Technology
Process for Reporting Allegations

Important Notes
1. The JRCERT cannot advocate on behalf of any student(s). An investigation into allegations of non-compliance addresses only the program’s compliance with accreditation standards and will not affect the status of any individual student.

2. The investigation process may take several months.

3. The JRCERT will not divulge the identity of any complainant(s) unless required to do so through legal process.

Process
1. Before submitting allegations, the individual must first attempt to resolve the complaint directly with program/institution officials by following the due process or grievance procedures provided by the program/institution. Each program/institution is required to publish its internal complaint procedure in an informational document such as a catalog or student handbook. (Standard Two, Objective 2.4)

2. If the individual is unable to resolve the complaint with program/institution officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance to the JRCERT:
   Chief Executive Officer
   Joint Review Committee on Education in Radiologic Technology
   20 North Wacker Drive, Suite 2850
   Chicago, Illinois 60606-3182
   Ph: (312) 704-5300
   Fax: (312) 704-5304
   e-mail: mail@jrcert.org

3. The Allegations Reporting Form must be completed and sent to the above address with required supporting materials.

4. Forms submitted without a signature or the required supporting material will not be considered.

5. If a complainant fails to submit appropriate materials as requested, the complaint will be closed. The Federal Higher Education Act of 1965, as amended, provides that a student, graduate, faculty or any other individual who believes he or she has been aggrieved by an educational program or institution has the right to submit documented allegation(s) to the agency accrediting the institution or program. The JRCERT, recognized by the United States Department of Education for the accreditation of radiography, radiation therapy, magnetic resonance, and medical dosimetry educational programs investigates allegation(s) submitted, in writing, signed by any individual with reason to believe that an accredited program has acted contrary to the relevant
accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Joint Review Committee on Education in Radiologic Technology (JRCERT) Allocations Reporting Form

Please print or type all information.

Name of Complainant:__________________________________________________________

Address:____________________________________________________________________

City:_________________________ State: _______________ Zip Code:___________________

Signature:_________________________ Date: _____________________________

Institution sponsoring the program:
Name:____________________________________________________________________

City: _____________________________ State: _________________

Type of Program (Check one):
__Radiography __Radiation Therapy __Magnetic Resonance __Medical Dosimetry

The following materials must be submitted:
1. Attach a copy of the program’s publication that includes the due process or grievance procedure.

2. Provide a narrative that identifies what you did at each step of the due process or grievance procedure and copies of materials you submitted as part of your appeal and copies of correspondence you received in response to your appeal.

3. List the specific objective(s) from the accreditation standards (available at www.jrcert.org/acc_standards.html) and indicate what the program is alleged to have done that is not in compliance with the cited objective(s).

Example:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Allegation</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.4 direct supervision pre-competency</td>
<td>Students often do patient exams without supervision before they have completed a competency check-off.</td>
</tr>
</tbody>
</table>
Radiography Technology Handbook
Appendix
Disciplinary Incident: Refers to any actions taken by the student that is other than acceptable by the Clinical Instructor or Clinical Site.

Student: ____________________________________________

Date: ________________________________________________

Disciplinary Incident:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Clinical Instructor: ______________________________________

Student Signature: ______________________________________
IOWA CENTRAL COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
CLINICAL ORIENTATION CHECKLIST

_____ Introduce yourself/staff/Radiologist
_____ Tell about and give brief history about hospital/clinic
_____ Expectations of student
_____ Radiology Department policies
_____ Fire drill, Evacuation, Tornado, and Code procedures
_____ Accident reports
_____ Student working schedule
_____ Tardiness/makeup day policy
_____ Break and lunch schedule
_____ Parking
_____ Smoking area and policy
_____ Radiographic procedures routines
_____ Policy for radiographing children
_____ Repeat/re-ray procedure
_____ Discarding Radiographic films
_____ X-ray tube warm-up procedure
_____ Tour of hospital/clinic and radiology department
_____ Demonstration of each x-ray room
_____ Darkroom/film bin/film storage area
_____ Operation of wheelchair and cart
_____ Transporting patients (call button, TV controls, IV, O₂)
_____ Location of cleaning and stocking supplies
_____ Office procedures (requisition, filling jackets & reports)
_____ Other

Date: _______________ Student: __________________________

Clinical Staff: ___________________ Due by 1st Clinical Assessment

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ICCC Radiologic Technology Program Clinical Assessment

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/I</th>
<th>N/A</th>
<th>1. PROFESSIONALISM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>a. Did the student follow ICCC Radiologic Technology dress code?</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>b. Did the student wear their name tag and dosimeter?</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>c. Was the student well groomed with minimal makeup, minimal fragrance, tattoos covered, and minimal jewelry?</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>d. Was the student on time, stay in their assigned area and adhere to schedules?</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>e. Displays emotional control.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/I</th>
<th>N/A</th>
<th>2. MAINTENANCE OF WORK AREA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>a. Did the student keep their assigned area neat, clean and orderly?</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>b. Did the student stock the room with supplies and linen?</td>
</tr>
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<td></td>
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<td></td>
<td>c. Did the student disinfect the bucky, cassettes, and portable?</td>
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<td></td>
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<td></td>
<td>d. Was the student careful with the equipment?</td>
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<td></td>
<td>e. Did the student use a phone or cellular phone during appropriate times only?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/I</th>
<th>N/A</th>
<th>3. PATIENT CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td>a. Did the student exhibit patience and empathy in working with patients?</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>b. Does the student correlate patient identification with requisition/order?</td>
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<td></td>
<td>c. Did the student recognize and meet the patient’s needs?</td>
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<td></td>
<td>d. Did the student assist the patient on and off the table and into positions?</td>
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<td></td>
<td>e. Does the student obtain pertinent history to exam being performed?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/I</th>
<th>N/A</th>
<th>4. APPROPRIATENESS OF CONVERSATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>a. Did the student discuss appropriate topics with and in front of patients?</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>b. Did the student converse quietly in the work area if within hearing distance of the patients?</td>
</tr>
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<td></td>
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<td>c. Did the student maintain the patient’s confidentiality?</td>
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<tr>
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<td></td>
<td>d. Was the student comfortable explaining exams to patients?</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>e. Student is able to converse appropriately with Radiologist and/or other physician?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/I</th>
<th>N/A</th>
<th>5. TECHNICAL SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>a. Does the student know and competently perform routine procedures?</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>b. Did the student correctly position the patient and utilize their anatomical markers.</td>
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<tr>
<td></td>
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<td></td>
<td>c. Was the student able to manipulate tube, bucky, fluoro tower?</td>
</tr>
</tbody>
</table>
|   |   |   |   |   | d. Did the student select accurate exposure factors for film, CR, and DR?  
e. Did the student correctly hang, if film images, and correctly critique.  
<table>
<thead>
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</thead>
<tbody>
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<tr>
<td>Yes</td>
<td>No</td>
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</tr>
</tbody>
</table>

### 6. ORGANIZATION

- a. Did the student perform duties correctly in an organized manner?
- b. Did the student show confidence in work and decisions?
- c. Did the student perform comped exams with minimal supervision?
- d. Did the student properly access the requisitions and complete the required paper work?
- e. Did the student prepare the room prior to exams and anticipate the next steps?

### 7. RADIATION PROTECTION PRACTICES

- a. Did the student always shield patients and collimate without reminding?
- b. Did the student inquire about patient’s pregnancy status?
- c. Did the student protect themselves and staff from unnecessary exposure?
- d. Did the student have minimal repeats due to poor selection of techniques and or positions?
- e. Did the student utilize immobilization devices when necessary?

### 8. RESPONSE TO FACTULTY

- a. Did the student cooperate in a positive knowinging manner and try to use suggestions?
- b. Did the student accept constructive criticism without becoming defensive?
- c. Was the student flexible in accepting various viewpoints and have good working relations?
- d. Did the student use and retain suggestions?
- e. Did the student display critical thinking?

### 9. INITIATIVE

- a. Did the student show an interest and enthusiasm in learning?
- b. Did the student recognize work to be done and assume responsibility, example such as file jackets, correlate reports, etc...?
- c. Did the student perform exams without having to be asked or prodded?
- d. Did the student use free time constructively?
- e. Did the student ask to practice positioning?

### 10. ATTITUDE

- a. Does the student show an interest in the profession?
- b. Did the student show an interest in continuing to learn and improve?
- c. Did the student strive to follow rules and set a good example?
- d. Was the student positive and teach others when appropriate?
11. POSITIONING/IMAGE EVALUATION
   a. Assists Radiologists during fluoroscopy?
   b. Evidence of collimation on images when appropriate?
   c. Diagnostic image demonstrated?
   d. Knows appropriate action needed to correct unacceptable images, for example adjust mAs or kVp or reselect algorithm?
   e. Able to adapt to non-routine or trauma situation to acquire needed views.

12. WORK ETHIC
   a. Did student report to the clinical site at scheduled time?
   b. Assists technologist when appropriate.
   c. Was the NOT student absent?
   d. Did the student contact site prior to absence or tardy?
   e. Did student follow clinical sites rules and regulations?

Overall score at this time

(please circle one)
1  2  3  4  5  (a score of 5 indicates excellent)

Comments

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Student ________________________________  Date ____________

Clinical Instructor ___________________________  Date ____________

Updated 8/11

-77-
FINAL CLINICAL EVALUATION

Student scores will be compiled from the student Clinical Assessment Evaluations, ICCC Competency Evaluation Testing, Radiological Procedures Checklist and Clinical Competency Requirements. Scoring is based on the 1-5 grade scale. All numerical values are calculated according to the following formula:

5 = A  Exceeds Criteria
4 = B  Meets Criteria
3 = C  Need Minor Improvement
2 = D  Needs Major Improvement
1 = F  Unacceptable

*Also add extra credit: .25 pts. for 15 hrs.
  .50 pts. for 30 hrs.

Students must complete designated number of procedure competencies. Students not meeting this requirement will receive an incomplete for their semester grade and will not be permitted to continue in the Radiography Program.

50% of Final Grade
Evaluation 1  ___________________
Evaluation 2  ___________________
Evaluation 3  ___________________

Clinical Assessment Total  60% ___________ x .60 = ______________

ARRT Competency requirement  15% ___________ x .15 = ______________

ICCC Comp. Eval. Test.  25% ______ + ______ 2= ___ x .25 = ______________

Radiological Procedures Checklist  10% ___________ x .10 = ______________

Extra Credit Hours  = ______________

Final Grade  = ______________
IOWA CENTRAL COMMUNITY COLLEGE  
RADIOLOGIC TECHNOLOGY PROGRAM  

CLINICAL EDUCATION  
SPECIALIZED ROTATION  

STUDENT: ___________________________  
SEMESTER III, IV  

DATE: ___________________  
ROTATION: _________

I. General  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Arrives promptly to the specialized area and is ready to begin</td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>Did student attend all three days of special rotation</td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>Appearance is neat and professional</td>
<td></td>
</tr>
</tbody>
</table>

II. Conduct and Attitude:  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Becomes actively involved in learning the rotation and shows an interest to understand the specialized area</td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>Shows responsibility and reliable in performing various assigned tasks</td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>Demonstrates excellent patient communication techniques and has good patient rapport</td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td>Empathic and understanding of patients’ condition. (Patient safety and handling techniques)</td>
<td></td>
</tr>
</tbody>
</table>

III. Rotation Knowledge: Upon completion of the rotation, the student was able to:  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Assist during some of the procedures</td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>Discusses images produced by Technologist</td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>Gained an understanding of the role that this rotation plays in the field of medicine</td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td>Seemed to be able to apply his/her didactic knowledge to the specialized rotation</td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td>Understood the operation of various pieces of equipment used in this specialized rotation</td>
<td></td>
</tr>
<tr>
<td>F.</td>
<td>Adhered to safety precautions associated with the specialized rotation</td>
<td></td>
</tr>
</tbody>
</table>
G. Gain valuable knowledge that would enable him/her to better appreciate this specialized rotation

Areas in which the student excelled during rotation:

1.

2.

3.

Areas in which the student was weak in:

1.

2.

3.

(Signing indicates that this evaluation was reviewed by me)

Student _______________________________ Date ____________

Evaluator _______________________________ Date ____________

Clinical Coordinator _______________________________ Date ____________
## ARRT Competency Requirements

**Name ________________________________**

### Radiological Procedures

<table>
<thead>
<tr>
<th>Imaging Procedure</th>
<th>Mandatory or Elective</th>
<th>Date</th>
<th>Patient or Simulate</th>
<th>Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest and Thorax</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Chest Routine</td>
<td>5. Sternum</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Chest AP</td>
<td>6. Upper Airway</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>wheelchair or stretcher</td>
<td></td>
<td></td>
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<tr>
<td>3. Ribs</td>
<td></td>
<td></td>
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<tr>
<td>4. Chest Lateral Decubitus</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5. Sternum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Upper Airway</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper Extremity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Thumb or Finger</td>
<td>36. Trauma: Cervical Spine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Hand</td>
<td>37. Thoracic Spine</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9. Wrist</td>
<td>38. Lumbar Spine</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10. Forearm</td>
<td>39. Pelvis</td>
<td></td>
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<tr>
<td>11. Elbow</td>
<td></td>
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<td></td>
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<tr>
<td>12. Humerus</td>
<td>40. Hip</td>
<td></td>
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</tr>
<tr>
<td>13. Shoulder</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>14. Trauma: Shoulder</td>
<td>41. Cross Table Lateral Hip</td>
<td></td>
<td></td>
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<tr>
<td>15. Clavicle</td>
<td></td>
<td></td>
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<tr>
<td>16. Scapula</td>
<td></td>
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<tr>
<td>17. AC Joints</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>18. Trauma: Upper Extremity</td>
<td>42. Sacrum and/or Coccyx</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower Extremity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Toes</td>
<td>43. Scoliosis Series</td>
<td></td>
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</tr>
<tr>
<td>20. Foot</td>
<td>44. Sacroiliac Joints</td>
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</tr>
<tr>
<td>21. Ankle</td>
<td>45. Abdomen Supine (KUB)</td>
<td></td>
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<tr>
<td>22. Knee</td>
<td>46. Abdomen Upright</td>
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</tr>
<tr>
<td>23. Tibia-Fibula</td>
<td>47. Abdomen Decubitus</td>
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<tr>
<td>24. Femur</td>
<td>48. Intravenous Urography</td>
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<tr>
<td>25. Trauma: Lower Extremity</td>
<td>49. Upper GI Series</td>
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<tr>
<td>26. Patella</td>
<td>50. Barium Enema</td>
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<tr>
<td>27. Calcaneus</td>
<td>51. Small Bowel Series</td>
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<tr>
<td>28. Skull</td>
<td>52. Esophagus</td>
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<td>29. Paranasal Sinuses</td>
<td>53. Cystography</td>
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<td>30. Facial Bones</td>
<td>54. Cystourethrography</td>
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<tr>
<td>31. Orbits</td>
<td>55. ERCP</td>
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<td>32. Zygomatic Arches</td>
<td>56. Myelography</td>
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<tr>
<td>33. Nasal Bones</td>
<td>57. Arthrography</td>
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<tr>
<td>34. Mandible</td>
<td>Surgical</td>
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<tr>
<td>35. Cervical Spine</td>
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<tr>
<td>36. Trauma: Cervical Spine</td>
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<tr>
<td>37. Thoracic Spine</td>
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<tr>
<td>38. Lumbar Spine</td>
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<tr>
<td>39. Pelvis</td>
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<tr>
<td>40. Hip</td>
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<tr>
<td>41. Cross Table Lateral Hip</td>
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<tr>
<td>42. Sacrum and/or Coccyx</td>
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<tr>
<td>43. Scoliosis Series</td>
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<td></td>
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<tr>
<td>44. Sacroiliac Joints</td>
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<td></td>
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<tr>
<td>45. Abdomen Supine (KUB)</td>
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<tr>
<td>46. Abdomen Upright</td>
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<tr>
<td>47. Abdomen Decubitus</td>
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<tr>
<td>Mobile Studies</td>
<td>Surgical</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>60. Chest</td>
<td>58. C-Arm Procedure (orthopedic)</td>
<td></td>
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<tr>
<td>61. Abdomen</td>
<td>59. C-Arm Procedure (non-ortho)</td>
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<tr>
<td>62. Orthopedic</td>
<td>Pediatrics (6 &amp; younger)</td>
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</tr>
<tr>
<td>63. Chest routine</td>
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<td>64. Upper Extremity</td>
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<tr>
<td>65. Lower Extremity</td>
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<tr>
<td>66. Abdomen</td>
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<tr>
<td>67. Mobile Study</td>
<td></td>
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</tbody>
</table>

### General Patient Care

In addition to the Radiological Procedures above, students must complete the following mandatory General Patient Care simulations.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date</th>
<th>Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs (BP, pulse, respiration, temperature)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venipuncture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O2 Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterile and aseptic technique</td>
<td></td>
<td></td>
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<tr>
<td>Transfer of patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care of patient medical equipment (e.g., oxygen tank, IV tubing)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The applicant has met the competency requirements as identified in this document.

__________________________________________________  ____________________________
Program Director Signature                      Date
The instructor will use the competency-based Rad Tech workbook to determine the number of mistakes for each exam.

If a student performs an exam without any mistakes, he/she will receive a 5
One mistake = 4
Two mistakes = 3
Three mistakes = 2
Four mistakes = 1
Five or more mistakes = 0

* Automatic F if exam is unacceptable for diagnostic interpretation or if student does not know the outline for the procedure.

** Clinical Grade will be lowered by one letter grade if student refuses to be tested for competencies.

Exam #1
Procedure ____________________________  Numerical Grade ______

Exam #2
Procedure ____________________________  Numerical Grade ______

Exam #3
Procedure ____________________________  Numerical Grade ______

Competency Evaluation

Total of all exams: ________________

Letter Grade ___________

Total ÷ 3 = ___________

Student Signature

ICCC Instructor Signature
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IOWA CENTRAL COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
DECLARATION OF PREGNANCY

I, ________________________________, understand the risks to the
unborn fetus by participating in the Radiologic Technology Program. I agree to hold
Iowa Central Community College and its clinical sites harmless for any possible birth
defects or negligence on my part that may occur during my pregnancy. I have read and
understand the Regulatory Guide #8.13 regarding radiation exposure during pregnancy
and still wish to continue in the Radiologic Technology Program.

I also agree to follow the Pregnancy Policy as stated in the Iowa Central
Community College Policy Manual for the Radiography Program.

_________________________________________  ____________
Student Signature                                Date

_________________________________________  ____________
Program Coordinator                              Date

_________________________________________  ____________
Clinical Coordinator                             Date
IOWA CENTRAL COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
WITHDRAWAL OF DECLARATION OF PREGNANCY

I, ________________________________, understand that this form is a withdrawal of the declaration of pregnancy. Upon signing this form Iowa Central Community College and its affiliated clinical education sites are not liable for any possible birth defects or negligence on my part that may or may not occur.

________________________________________________________________________  ______________
Student Signature                      Date

________________________________________________________________________  ______________
Program Coordinator                     Date

________________________________________________________________________  ______________
Clinical Coordinator                     Date
SYNOPSIS:

1. Philosophy
2. Scope of Discipline
3. Disciplinary Process
4. Due Process Requirements for Probation or Suspension
5. Due Process Requirements for Expulsion or Indefinite Suspension

1. Philosophy: The College is committed to providing a safe, orderly, and healthy environment where all students can learn. Appropriate behavior and respect for property and all persons is expected from all students. Student behavior which interferes with an effective learning environment is considered a breach of discipline and will not be tolerated. The College will strive to inform students of the rules and regulations and uniformly implement discipline. However, circumstances may prohibit the application of uniform discipline.

2. Scope of Discipline:

A. The following are examples of, but are not limited to, behaviors which will result in disciplinary action:

1. Actions which show insensitivity, intolerance, or discrimination on the basis of race, creed, color, national origin, sex, religion, or disability;

2. Disorderly behavior which includes: harassment, intimidation, annoyance, assault to another person, unlawful or unapproved actions of protest, or usage of non-verbal or verbal communication;

3. Disobedience of College’s rules, regulations, policies, laws of State of Iowa, or federal laws;

4. Insubordination to College personnel requests;

5. Sexual harassment, defined as an unwelcome sexual advance, request for sexual favor or other verbal or physical conduct of a sexual nature which has the purpose or effect of unreasonably interfering with an individual’s College performance or which creates an intimidating, hostile, or offensive College environment;

6. Conspiracy, defined as an agreement or combination between two (2) or more persons to engage in a course of criminal conduct;

7. Possession or use of dangerous objects;

8. Trespassing;

9. Arson;

10. Possession, sale or attempted sale of a controlled substance or a look alike or imitation controlled substance; and

11. Criminal mischief, theft, destruction of property.
Scope of Discipline: - Continued

B. The College may discipline students for breaches of disciplinary rules where the breach occurs:

1. while on College property;

2. while on or in College-owned-and-operated vehicles or college-chartered vehicles;

3. while engaged in or attending a College related, sponsored, or approved activity;

4. where the breach occurs off campus and, in the discretion of College administration, the breach is of such a nature that suspension and/or expulsion from College is warranted to ensure a safe, orderly, and healthy College environment; and

5. where the student is a representative of the College and his/her behavior has a negative impact on the College.

3. Disciplinary Process: Each instructor is the administrator and implementor of rules to maintain appropriate classroom discipline. Where a breach of discipline occurs in the classroom, an instructor may enforce discipline, including the removal of a student from class. If necessary, the instructor may recommend probation and/or suspension or expulsion to the Vice President of Instruction or Vice President of Enrollment Management and Student Development. Either Vice President may place a student on probation and/or suspend or recommend expulsion based on information received from the faculty member. If an incident occurs outside the classroom, the Vice President of Enrollment Management and Student Development (or a person acting in his/her behalf) may place a student on probation and/or suspend or recommends expulsion the Vice President shall provide written notification to the President of the action or recommended action to be taken which shall include the reason for the disciplinary action. Upon notification of disciplinary action, the President shall provide written notification of the disciplinary action to the student as provided under the Due Process Requirements set out in this policy. If the incident warrants expulsion, the Vice President may recommend expulsion to the President.

A student who commits a subsequent infraction while on probation and/or suspension can be dismissed or expelled immediately based on the infraction even if the infraction was not the original reason for the suspension or probation.

4. Due Process Requirements for Probation or Suspension: The Vice Presidents of the College are empowered to summarily suspend any student for up to ten (10) working days or place a student on probation for a designated length of time for an alleged or suspected breach of a disciplinary rule where the breach warrants such action.

Upon suspension or probation, if possible, the President or his/her designated representative shall notify the student in writing that the student has been suspended for a period of time not to exceed ten (10) working days or has been placed on probation for a designated length of time. The notice will be mailed no later than two (2) working days from the effective date of suspension.

The notice shall state that the student will be afforded an opportunity to meet to discuss informally the basis for the disciplinary action with the President or his/her designated representative. The notice shall state that the student’s request may be oral or in writing and that the student will be afforded an opportunity to informally discuss the disciplinary action within forty-eight (48) hours after his/her request.
4. **Due Process Requirements for Probation or Suspension**: - Continued

The President may provide the student, as part of the informal discussion, the opportunity to bring witnesses on his/her behalf or present any other information that may be relevant to the alleged breach of discipline.

A suspension may not exceed ten (10) working days without a hearing with the President to consider an indefinite suspension [suspension in excess of ten (10) working days] or expulsion. Absent a hearing to consider an indefinite suspension or expulsion, a suspension will terminate following the tenth day of suspension.

5. **Due Process Requirements for Expulsion or Indefinite Suspension**: The President may suspend or expel a student. Notice for indefinite suspension or expulsion shall be mailed to the student at his/her last known address or delivered personally, if possible. The notice shall state whether the student be indefinitely suspended or expelled and the basis for the suspension or expulsion. The notice shall state that the student is afforded the opportunity to appeal the decision to the Board to present evidence, call witnesses and confront witnesses at a private hearing with the Board or a committee of the Board. The notice shall state that the student may be represented by counsel if he/she so desires. The student has five (5) working days to appeal to the Board the President’s decision to expel or suspend.

An appeal hearing may be conducted before the Board or a subgroup thereof consisting of at least three (3) members of the Board to be appointed by the Chairman. The hearing shall be informal to the extent that each side is afforded the maximum opportunity to present information to support or dispute the recommendation by the President without legal technicality. Hearsay is admissible. The President or his/her designated representative will present information in support of the recommendation to indefinitely suspend or expel. The student or his/her representative will present information to oppose the recommendation of the President. Either side may call witnesses and/or confront witnesses called in support or in opposition to the recommendation.

The hearing will be conducted in a session closed to the public except for those parties participating in the hearing. Witnesses may be sequestered.

The hearing will be recorded by tape or any other fashion as to provide an adequate record. The decision of the appeal to indefinitely suspend or expel a student will be based solely on evidence introduced at the hearing. The decision will be mailed in writing, or personally informed, within three (3) days from the date of the hearing. The decision of the appeal will state concisely the findings and conclusions of the decision makers.

The Board, or subgroup thereof, may be represented by counsel throughout the aforementioned procedures. No counsel hired by the Board may advocate or present evidence on behalf of either party in support of or in opposition to the recommendation.

Prior to the hearing, the student or his/her representative will be permitted to examine copies of documents to be used in the hearing and to discuss the matter with administrators, instructors, and/or other witnesses.

A student who is suspended indefinitely or expelled may be considered for readmission to the College at any time and upon any condition determined by the College. A student may be expelled for a semester, for a complete school year, or from ever returning as a student to the College.
1. **General Policy**: A student who believes a course grade is inaccurate may seek an appeal as follows:

   a. Within 60 calendar days following the end of a course, the student will inform the instructor or Department Chair in writing of questions concerning the course grade. The written correspondence will address questions concerning the criteria and procedures the instructor used in determining the grade, the process by which it was assigned, and to request error correction, if any, in the grade.

   b. Within 14 calendar days after the instructor’s receipt of the student’s written questions, the instructor will offer to meet with the student to attempt to resolve the questions concerning a grade.

   c. If after the discussion with the instructor, the student believes that the grade is still inaccurate, the student will meet with the department chair. This meeting must be scheduled within 10 calendar days after the instructor has offered to meet with the student. Before meeting with the department chair, the student will submit in writing his/her questions regarding the grade. The department chair shall meet with the instructor and student separately and/or together in an effort to resolve the question regarding the grade.

   d. If the steps above do not solve the question regarding the grade, the student may submit his/her written questions concerning the course grade to the Vice President of Instruction no later than 10 calendar days after meeting with the department chair. Within 14 calendar days after receipt of the written questions from the student, the Vice President of Instruction will submit to the student, the instructor, and the department chair a written decision concerning the appeal of the grade.
b. discussion shall occur within 14 calendar days after the concern causing the student to believe
discrimination has occurred or within 14 calendar days after he/she has discovered the concern,
provided the discovery is within six months of the occurrence. At this informal discussion, the
student and the Vice-President of Instruction may each request the presence of the College EEO
Officer.

c. Within three calendar days of receipt of the student's informal complaint, the Vice-President of
Instruction and/or his/her designate shall investigate the complaint in accordance with Iowa
Central policy and take corrective action as warranted.

3. Formal Complaint Procedures:

a. A formal (written) complaint regarding perceived discrimination, abuse, and/or harassment may
be presented by the student to the College's EEO Officer. The student’s written complaint must
be delivered to the EEO Officer’s office within 30 calendar days following the occurrence of the
concern which causes the student to believe discrimination, abuse, and/or harassment has
occurred, or within 30 calendar days after he/she discovered the concern. The written complaint
should contain the date of occurrence of the concern, location, party or parties involved, names of
witnesses, and the facts forming the basis of the complaint.

b. The student will have an interview with the EEO Officer to discuss the complaint. The EEO
Officer shall advise the student as appropriate of the following rights:

i. The student may, at any time within the complaint procedure, but within 90 days of the
occurrence of the concern, file a complaint with the Human Rights Commission in Fort
Dodge;

ii. The student may file a complaint with the Iowa Civil Rights Commission in Des Moines
within 180 days of the occurrence of the concern, and with the U.S. Equal Employment
Opportunity Commission in Kansas City within 360 days of said occurrence; and

iii. The student may file a complaint with any other appropriate agency(ies).

c. The EEO Officer, within 21 calendar days after the first meeting with the student and review of the
written complaint, shall conduct a complete investigation into the complaint. The EEO Officer
may conduct an investigation personally or through the use of a qualified fact-finder selected from
a list of College employees trained by the EEO Officer or an appropriate agency for this purpose.
This inquiry will include a thorough and documented review of the circumstances under which the
alleged complaint occurred. The inquirer shall be permitted access to relevant data and to all
individuals identified by the student as having knowledge of the alleged complaint and all
individuals who may be identified by the instructor to be interviewed.

d. The EEO Officer will contact the student within 10 calendar days after the completion of the
investigation and provide to the student a written finding of the investigation. The EEO officer will
thereafter recommend to the appropriate College official corrective action as warranted.

e. If the complaint is not resolved to the student’s satisfaction, the student may within 10 calendar
days of receipt of the EEO officer’s findings, request, in writing, that the College’s President
review the complaint. The President will review the complaint and take such action as he/she
deems appropriate including, but not limited to, the recommendation of action to the Board of
Directors.

4. Minimum Standards: These procedures will be regarded as minimum standards for furnishing any
person an opportunity to be heard on complaints regarding suspected acts of discrimination, abuse,
and/or harassment.
5. **Confidentiality**: At every level of the informal or formal complaint procedure, Iowa Central personnel involved in the investigation and attempted resolution of the complaint, recognize and respect the student’s need for confidentiality as to these type of concerns and will honor a student’s request for confidentiality to the extent permissible recognizing also the rights of the person whose conduct is the subject of the complaint. The student may withdraw his/her complaint at any time during the informal or formal complaint procedures.

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**CHAPTER: STUDENTS**

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**SYNOPSIS:**

1. **Process for Students to Express Academic Concerns and Complaints**

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1. **Process for Students to Express Academic Concerns and Complaints**: Student academic concerns and complaints should be raised by the student through the procedure described below:

   a. Ordinarily, the student should first attempt to resolve the concern with the instructor.

   b. If after meeting with the instructor, the student believes his/her concern is not resolved, or, if the student does not feel, for whatever reason, he/she can directly approach the instructor, the student should meet with the chair person of the department/program. This meeting shall be scheduled within 10 calendar days after meeting with the instructor. The department chair shall investigate the concern fully, including meeting with the instructor and the student and attempt to resolve the concern.

   c. If the concern is not resolved to the satisfaction of the student, the student may submit within five calendar days after the meeting with the department chair, a written summary of his/her concern to the Vice-President of Instruction. The Vice-President will confer with the department chair, the instructor, and the student in an attempt to resolve the concern.
SYNOPSIS:

1. Maintenance Schedule
2. Maintenance Staff or Contract Service
3. Emergency Repairs
4. Disposition of Obsolete Equipment

1. Maintenance Schedule: The President, in cooperation with administrative, faculty, and maintenance personnel, shall cause to be developed and administered a general policy of high quality maintenance of buildings and grounds through allocation of the necessary resources.

2. Maintenance Staff or Contract Service: The President shall use discretion as conditions dictate in the use of College maintenance personnel or contracting for a special service in the maintenance of the College's grounds, buildings, and equipment.

3. Emergency Repairs: When an emergency arises in the maintenance and operation of any College property that directly affects the learning environment and/or the safety and welfare of personnel and students, the following action shall supersede the official maintenance schedule:
   a. Staff members shall do all in their power to correct and/or control the emergency as need dictates, or
   b. Report the emergency situation to the maintenance staff as soon as possible for correction.

   When emergency repairs costing more than $25,000.00 are necessary in order to prevent closing all or part of the college, the provisions of the law with reference to advertising for bids shall not apply.

4. Disposition of Obsolete Equipment: Whenever any furnishings, equipment, and/or supplies have been declared obsolete by the administration, the President or designee shall be authorized to dispose of such furnishings, equipment, and/or supplies as deemed appropriate.
SYNOPSIS:

1. Policy Rationale
2. Life-Threatening Communicable Disease (e.g., AIDS/HIV)

1. Policy Rationale: The College Board recognizes the need to avoid all wrongful discrimination, including that based on the presence of a communicable disease. The College will follow procedures to protect the health and well-being of persons in the educational environment while rejecting such discrimination.

Both staff and students who are HIV-positive are protected against discrimination under Section 504 of the Rehabilitation Act of 1973. P.L. 101-336 (Americans with Disabilities Act, 1990) guarantees equal opportunities for individuals for employment and state and local governmental services.

The Board directs the Administrative Staff to develop, implement, and periodically review such procedures based on current medical technology and knowledge.

2. Life-Threatening Communicable Disease (e.g., AIDS/HIV): An employee or student with a life-threatening communicable disease may wish to continue to engage in as many of his/her normal pursuits as his/her condition allows, including work or school. As long as the employee or student is able to meet acceptable performance standards and medical evidence indicates that his/her condition is not a threat to himself/herself or others, College staff should ensure that he/she is treated consistently with other employees or students.
medical diagnosis or therapy, or to voluntary participation in medical research programs.

20.1003 Definitions.
As used in this part:
Absorbed dose means the energy imparted by ionizing radiation per unit mass of irradiated material. The units of absorbed dose are the rad and the gray (Gy).
Activity is the rate of disintegration (transformation) or decay of radioactive material. The units of activity are the curie (Ci) and the Becquerel (Bq).
Adult means an individual 18 or more years of age.
Airborne radioactive material means radioactive material dispersed in the air in the form of dust, fumes, particulates, mist, sprays, or gases.
Airborne radioactivity area means an enclosure, or area in which airborne radioactive materials are either wholly or partly of licensed material, exist in concentrations
1. In excess of the derived air concentrations (DACs) specified in Table 12 of this part, and
2. To such a degree that an individual is present in the area without respiratory protective equipment could exceed the allowable exposure limits during the hours an individual is present in a week, an intake of 0.6 percent of the annual limit on intake (ALI) or 12 DAC-hours.
ALARA (as low as is reasonably achievable) means making every reasonable effort to maintain exposures to radiation as low as is practical consistent with the purpose for which the licensed activity is undertaken.
Annual limit on intake (ALI) means the derived limit for the amount of radioactive material taken into the body of an adult worker by ingestion or inhalation in a year. ALI is the smaller of intake of a given radionuclide in a year by the reference man that would result in a committed effective dose equivalent of 5 rem (0.05 Sv) or a committed dose equivalent of 50 rem (0.5 Sv) for any individual organ or tissue. ALI values for intake by ingestion and by inhalation of selected radionuclides are given in Table 1.
Background radiation means radiation from cosmic sources, naturally occurring radioactive materials, including radon (except as a decay product of source or special nuclear material) and global fallout as it exists in the environment from the testing of nuclear explosive devices. "Background radiation" does not include radiation from source, byproduct, or special nuclear material regulated by the Commission.
Bioassay (radiobiology) means the determination of kinds, quantities or concentrations, and, in some cases, the locations of radioactive material in the human body, whether by direct measurement (in vivo counting) or by analysis and evaluation of materials excreted or removed from the human body.
Byproduct material means
1. Any radioactive material (except special nuclear material) yielded in, or made radioactive by, exposure to the radiation accident to the process of producing or utilizing special nuclear material; and
2. The fission products or daughters of uranium or thorium from one processed primarily for its source material content, including discrete surface waste resulting from uranium solution extraction processes. Underground ore bodies depleted by these solution extraction operations do not constitute "byproduct material" within this definition.
Class (or long class or inhalation class) means a classification scheme for labeled material according to its rate of clearance from the pulmonary region of the lung. Materials are classified as D, W, or Y, which applies to a range of clearance half-times: class D (Days) of less than 10 days, class W (Weeks) from 10 to 100 days, and for class Y (Years) of greater than 100 days.
Collective dose is the sum of the individual doses received in a given period of time by a specified population from exposure to a specified source of radiation.
Commission means the Nuclear Regulatory Commission or its duly authorized representative.
Committed effective dose equivalent (H_{eff}) means the dose equivalent to organs or tissues of reference (T) that will be received from an intake of radioactive material by an individual during the 50-year period following the intake.
Committed dose equivalent (H_{37,0}) is the sum of the products of the weighting factors applicable to each of the body organs or tissues that are irradiated and the committed dose equivalent to these organs or tissues (H_{37,0} = \sum H_{37,0}).
Controlled area means an area outside of a restricted area but inside the site boundary, access to which can be limited by the licensee for any reason.
Declared pregnant women means a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception.
Deep-dose equivalent (H_{15}) which applies to external whole-body exposure. Is the dose equivalent at a tissue depth of 1 cm (1000 mg/cm^2).
Department means the Department of Energy established by the Atomic Energy Act of 1946 (42 U.S.C. 2151 et seq.).
Derived air concentration (DAC) means the concentration of a given radionuclide in air which, if breathed by the reference man for a working year of 2,000 hours under conditions of light work (inhalation rate 1.2 cubic meters of air per hour), results in an intake of one ALL of 12 DAC-hours.
Derived air concentration (DAC) means the concentration of radioactive material in air (expressed as a fraction or multiple of the derived air concentration for each radionuclide) and the time of exposure to that radionuclide in hours. A licensee may take 2,000 DAC-hours to represent one ALL equivalent to a committed effective dose equivalent of 5 rem (0.5 Sv).
Dose or radiation dose is a generic term that means absorbed dose, dose equivalent, effective dose equivalent, committed dose equivalent, committed effective dose equivalent, or total effective dose equivalent, as defined in other paragraphs of this section.
Dose equivalent (H) means the product of the absorbed dose in micro
(3) Quantities of radionuclides excreted from the body; or
(4) Combinations of these measurements.
(b) Unless respiratory protective equipment is used, as provided in §20.1703, or the assessment of intake is based on bioassay, the licensee shall assume that an individual inhales radioactive material at the airborne concentration in which the individual is present.
(c) When specific information on the physical and biochemical properties of the radionuclides taken into the body or the behavior or the material in an individual is known, the licensee may:
(1) Use that information to calculate the committed effective dose equivalent and, if used, the licensee shall document that information in the individual's record.
(2) Upon prior approval of the Commission, adjust the DAC or ALI values to reflect the actual physical and chemical characteristics of airborne radioactive material (e.g., aerosol size distribution or density); and
(3) Separately assess the contribution of fractional intakes of Class I, W, or Y compounds of a given radionuclide (see appendix B to §§20.1003–20.2401) to the committed effective dose equivalent.
(d) If the licensee chooses to assess intakes of Class Y material using the measurements given in §§20.1204(a)(2) or (3), the licensee may delay the recording and reporting of the assessments for periods up to 7 months, unless otherwise required by §§20.2302 or 20.2303, in order to permit the licensee to make additional measurements basic to the assessments.
(e) If the identity and concentration of each radionuclide in a mixture are known, the fraction of each of DAC applicable to the mixture for use in calculating DAC-hours must be either:
(1) The ratio of the DAC for each radionuclide in the mixture, or
(2) The ratio of the total concentration for all radionuclides in the mixture to the most restrictive DAC value for any radionuclide in the mixture.
(f) If the identity of each radionuclide in a mixture is known, but the concentration of one or more of the radionuclides in the mixture is not known, the DAC for the mixture must be the most restrictive DAC of any radionuclide in the mixture.
(g) When a mixture of radionuclides is not exist, licensor may disregard certain radionuclides in the mixture if:
(1) The licensee uses the total activity of the mixture in demonstrating compliance with the dose limits in §20.1201 and in complying with the monitoring requirements in §20.1502(b), and
(2) The concentration of any radionuclide disregarded is less than 10 percent of its DAC, and
(3) The sum of these percentages for all of the radionuclides disregarded in the mixture does not exceed 30 percent.
(h)(1) In order to calculate the committed effective dose equivalent, the licensee may assume that the inhalation of one ALI, or an exposure of 2.000 DAC-hours, results in a committed effective dose equivalent of 5 rads (0.05 Sv) for radionuclides that have their ALIs or DACs based on the committed effective dose equivalent.
(2) When the ALI (and the associated DAC) is determined by the nonstochastic organ dose limit of 50 rads (0.5 Sv), the intake of radionuclides that would result in a committed effective dose equivalent of 5 rads (0.05 Sv) (the stochastic ALI) is listed in parentheses in table 3 of appendix B to §§20.1001–20.2401. In this case, the licensee may, as a simplifying assumption, use the stochastic ALIs to determine committed effective dose equivalent. However, if the licensee uses the stochastic ALIs, the licensee must also demonstrate that the limit in §20.1201(a)(1)(i) is met.
§20.1205 [Reserved]
§20.1206 Planned special exposure.
A licensee may authorize an adult worker to receive doses in addition to and accounted for separately from the doses received under the limits specified in §20.1201 provided that each of the following conditions is satisfied—
(a) The licensee authorizes a planned special exposure only in an exceptional situation when alternatives that meet the standards for exposure are unavailable or impractical.
(b) The licensee shall make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit in paragraph (e) of this section.
(c) The licensee shall ensure that the dose to an embryo/fetus is taken into account as the sum of—
(1) The dose to the embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, and
(2) The dose to the embryo/fetus from radionuclides in the embryo/fetus and radionuclides in the declared pregnant woman.
(d) Prior to permitting an individual to participate in a planned special exposure, the licensee certifies prior doses as required by §20.1204(b) during the lifetime of the individual for each individual involved.
(e) Subject to §20.1201(b), the licensor does not authorize a planned special exposure that would cause an individual to receive a dose from all planned special exposures and all doses in excess of the limits to exceed—
(1) The numerical values of any of the dose limits in §20.1201(a) in any year; and
(2) Five times the annual dose limits in §20.1201(a) during the individual's lifetime.
(f) The licensee maintains records of the conduct of a planned special exposure in accordance with §20.2105 and submits a written report in accordance with §20.2204.
(g) The licensee records the best estimates of the dose resulting from the planned special exposure in the individual's record and informs, in writing, the individual, in writing, of the date within 30 days from the date of the planned special exposure. The dose from planned special exposures is not to be considered in controlling future occupational dose of the individual under §20.1201(b) but is to be included in evaluations required by §20.1200(d) and (e).
§20.1207 Occupational dose limits for minors.
The annual occupational dose limits for minors are 10 percent of the annual dose limits specified for adult workers in §20.1201.
or is within 0.05 rem (0.5 mSv) of this dose, by the time the woman declares the pregnancy to the licensee, the
licensee shall be deemed to be in compliance with paragraph (a) of this section if the additional dose to the
embryonic/larval does not exceed 0.05 rem (0.5 mSv) during the remainder of the pregnancy.

Subpart D—Radiation Dose Limits for Individual Members of the Public

§ 20.1301 Dose limits for individual members of the public.

(a) Each licensee shall conduct operations so that—

(1) The total effective dose equivalent to individual members of the public from the licensed operation does not exceed 0.1 rem (1 mSv) in any year, exclusive of the dose contribution from the licensee’s disposal of radioactive material into sanitary sewerage in accordance with § 20.2003, and

(2) The dose in any unrestricted area from external sources does not exceed 0.002 rem (0.02 mSv) in any one hour.

(b) If the licensee permits members of the public to have access to controlled areas, the limits for members of the public continue to apply to those individuals.

(c) A licensee or license applicant may apply for prior ERC authorization to operate up to an annual dose limit for an individual member of the public of 0.5 rem (5 mSv)

The licensee or license applicant shall include the following information in this application:

(1) Demonstration of the need for and the expected duration of operations in excess of the limit in paragraph (a) of this section;

(2) The licensee’s program to assess and control dose within the 0.5 rem (5 mSv) annual limit; and

(3) The procedures to be followed to maintain the dose as low as is reasonably achievable.

(d) In addition to the requirements of this part, a licensee subject to the provisions of EPA’s generally applicable environmental radiation standards in 40 CFR Part 199 shall comply with those standards.

(e) The Commission may impose additional restrictions on radiation levels in unrestricted areas and on the total quantity of radionuclides that a licensee may release in effluents in order to restrict the collective dose.

§ 20.1302 Compliance with dose limits for individual members of the public.

(a) The licensee shall make or cause to be made, as appropriate, surveys of radiation levels in unrestricted and controlled areas and radioactive
collection in effluents released to unrestricted and controlled areas to demonstrate compliance with the dose limits for individual members of the public in § 20.1301.

(b) A licensee shall show compliance with the annual dose limit in § 20.1301 by—

(1) Demonstrating by measurement or calculation that the total effective dose equivalent to the individual likely to receive the highest dose from the licensed operation does not exceed the annual dose limit; or

(2) Demonstrating that—

(i) The annual average concentrations of radioactive material released to unrestricted and liquid effluents at the boundary of the unrestricted area do not exceed the values specified in table 2 of appendix B to §§ 20.1001–20.2401; and

(ii) If an individual was continually present in an unrestricted area, the dose from external sources would not exceed 0.002 rem (0.02 mSv) in an hour and 0.05 rem (0.5 mSv) in a year.

(c) Upon approval from the Commission, the licensee may adjust the effluent concentration values in appendix B to §§ 20.1001–20.2401, table 2, for members of the public, to take into account the actual physical and chemical characteristics of the effluents (e.g. aerosol size distribution, solubility, density, radioactive decay equilibrium, chemical form).

Subpart E—Reserved

Subpart F—Surveys and Monitoring

§ 20.1501 General.

(a) Each licensee shall make or cause to be made, surveys that—

(1) May be necessary for the licensee to comply with the regulations in this part; and

(2) Are reasonable under the circumstances to evaluate—

(i) The extent of radiation levels; and

(ii) Concentrations or quantities of radioactive material; and

(iii) The potential radiological hazards that could be present.

(b) The licensee shall ensure that instruments and equipment used for quantitative radiation measurements (e.g., dose rate and effluent monitors) are calibrated periodically for the radiation measured.

(c) All personnel dosimeters (except for direct and indirect reading pocket scanning devices) and those dosimeters used to measure the dose to the extremities that require processing to determine the radiation dose, and those used by licensees to comply with § 20.1201, with other applicable provisions of this chapter, or with conditions specified in a license must be processed and evaluated by a dosimetry processor.

(1) Holding current personnel dosimetry accreditation from the National Voluntary Laboratory Accreditation Program (NVLAP) of the National Institute of Standards and Technology; and

(2) Approved in the accreditation process for the type of radiation or radiation included in the NVLAP program that most closely approximates the type of radiation or radiation for which the individual wearing the dosimeter is monitored.

§ 20.1502 Conditions requiring individual monitoring of external and internal occupational dose limits.

Each licensee shall monitor exposures to radiation and radioactive material at levels sufficient to demonstrate compliance with the occupational dose limits of this part. As a minimum—

(a) Each licensee shall monitor occupational exposure to radiation and shall supply and require the use of individual monitoring devices by—

(1) Adults likely to receive, in 1 year from sources external to the body, a dose in excess of 10 percent of the limits in § 20.1201;

(2) Minors and declared pregnant women likely to receive, in 1 year from sources external to the body, a dose in excess of 10 percent of any of the applicable limits in §§ 20.1207 or § 20.1208;

(3) Individuals entering a high or very high radiation areas;

(b) Each licensee shall monitor (see § 20.1204) the occupational intake of radioactive material by and exceeds the committed effective dose equivalent to—

(1) Adults likely to receive, in 1 year, an intake in excess of 10 percent of the applicable ALI(s) in table 1, column(s) 1 and 2, of appendix B to §§ 20.1001–20.2401; and

(2) Minors and declared pregnant women likely to receive, in 1 year, a committed effective dose equivalent in excess of 0.05 rem (0.5 mSv).

Subpart G—Control of Exposure From External Sources in Restricted Areas

§ 20.1601 Control of access to high radiation areas.

(a) The licensee shall ensure that each entrance or access point to a high radiation area has one or more of the following features—

(1) A control device that, upon entry into the area, causes the level of radiation to be reduced below that level at which an individual might receive...