APPLICATION FOR CONTINUING ACCREDITATION OF AN EDUCATIONAL PROGRAM IN RADIOGRAPHY
FORM 100C-R

Sponsoring Institution: Hutchinson Community College
Program # 0168

This application must be completed by all programs applying for continuing accreditation and must be submitted with the self-study report.

■ The signatures of sponsoring institution/program officials constitute a request for initiation of the accreditation process.

■ Required Program Official Documents:
  o For all currently recognized program officials [program director, clinical coordinator(s), and clinical instructor(s)], the program must only submit documentation of current ARRT registration or equivalent.
  
  o For program officials not currently recognized, submit Form 102R with a current curriculum vitae and documentation of current ARRT registration or equivalent.
  
  o Degree documentation, not previously provided, of master’s degree or higher for the program director and/or baccalaureate degree or higher for a clinical coordinator(s) and full time didactic faculty must be provided. The degree must be from an academic institution accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation. (Although not required for clinical instructors, the JRCERT database will reflect baccalaureate degrees or higher only upon submission of appropriate documentation. If degree documentation is not received for a clinical instructor, it will be assumed that the program does not wish to have the degree noted.)

■ A current affiliation agreement with Affiliation Agreement Criteria sheet, see page 7 of the application (Standard Six - Objective 6.4), for each clinical setting.

■ Documentation of current The Joint Commission (TJC) accreditation or equivalent for each clinical setting. For non-hospital clinical settings that are not accredited, documentation of compliance with state and/or federal radiation safety regulations may be used as equivalent (Standard Six - Objective 6.5).

■ Complete this form and mail with required documentation to:

JRCERT
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182

■ Appropriate fee - an invoice for the application and partial site visit fees will be provided by the JRCERT upon receipt of the application and self-study report.
I. SPONSORING INSTITUTION:

Institution Type: (Check one)

☐ 4-year College or University  ☐ Hospital  ☐ Consortium
☐ Community College  ☐ Military/Government  ☐ Proprietary
☐ Technical College or Institute

The signatures of sponsoring institution/program officials constitute a request for initiation of the accreditation process.

NOTE: By signing this application form, you hereby affirm that you agree to comply with JRCERT policies and provide prompt payment of all fees and costs associated with the application and site visit process.

Chief Executive Officer of Sponsoring Institution:

Dr. Carter L. File
Name (Print)

Φsignature

Ph.D.  President
Degree  Credentials  Title

Has the contact information for the CEO changed?

X No  (If no changes, continue with Dean or Comparable Administrator Section.)
☐ Yes  (Provide updated information in the appropriate spaces below.)

Mailing Address

City  State  Zip Code

E-mail address

Dean or Comparable Administrator (Radiology Administrator for hospital-based programs):

Dr. Cynthia J. Hoss
Name (Print)

Φsignature

Ed.D.  Vice President of
Degree  Credentials  Academic Affairs
Title

Has the contact information for the Dean or Comparable Administrator changed?

X No  (If no changes, continue with Program Information Section.)
☐ Yes  (Provide updated information in the appropriate spaces below.)

Mailing Address

City  State  Zip Code

E-mail address
II. PROGRAM INFORMATION:

A. Resident tuition per academic year: $3,040

B. Award Granted: ☐ Certificate ☑ Degree(s) Specify type(s): Associate of Applied Science

C. Length of program: 24 Months

D. Number of students enrolled per class: 24

E. Number of class enrolled per year: 2

F. Program Total Capacity D x E x C (in years) = (To Be Completed By JRCERT)

G. Does the program have a Web page?
   ☐ No
   ☑ Yes Web address: www.hutchcc.edu/allied-health/radiology/program-info

H. Alternative learning options:

   a. Are more than four radiography courses in the program curriculum offered via distance or hybrid delivery? *
      (NOTE: This does not include general education or pre-requisite courses.)
      ☑ No
      ☐ Yes (If yes, please provide a narrative in Standard Three - Objective 3.2 that identifies the courses and describes the method of distance/hybrid delivery.)

   b. Does the program offer any of the following curricular tracks?*
      ☑ No
      ☐ Yes (Check all that apply) ☐ Evening ☐ Weekend ☐ Part-time

I. Does the program have an articulation agreement with a postsecondary institution?

   ☐ No
   ☑ Yes NOTE: These must be posted on the program’s Web page.

   Name of institution: Friends University
   Credit applied toward: ☐ Associate degree ☑ Baccalaureate degree

   Name of institution: (continued)
   Credit applied toward: ☐ Associate degree ☐ Baccalaureate degree
   Credit applied toward: ☐ Associate degree ☑ Baccalaureate degree

J. Hospital-based Programs ONLY:

   (NOTE: The JRCERT is responsible for oversight of Title IV funding for these programs only.)

   Are students of the program eligible for Title IV student financial aid such as Pell Grants, Work Study, Perkins Loans, Stafford Loans, Direct Loans, Plus Loans, and SEOG?

   ☐ No
   ☑ Yes

*Refer to Policy 10.800, Policy Statement 10.804

JRCERT Form 100C-R Cont Acc App Revised: 05-2014 Page 3 of 15
III. PROGRAM OFFICIALS:

For all currently recognized program officials (program director, clinical coordinator, full time didactic faculty and clinical instructors) provide a copy of current ARRT registration or equivalent.

Program Director:

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>M.S. Degree</th>
<th>R.T.(R) Credentials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renee’ Kautzer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has the contact information for the Program Director changed?

X no (If no changes, continue with Clinical Coordinator Section.)

☐ yes (Provide updated information in the appropriate spaces below.)

Mailing Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Area Code and Business Phone Number | Fax Number | E-mail Address

| Clinical Coordinator(s) (if applicable): Required if the program has more than five (5) clinical settings or more than 30 students enrolled in the clinical component. The clinical coordinator position must be considered equal to a full-time equivalent but may be shared by no more than four (4) appointees.

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>M.S. Degree</th>
<th>R.T. (R) Credentials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Todd Sazama</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name (Print)</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Name (Print)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Full-time Didactic Faculty (if applicable): (exempt from degree requirement until January 1, 2018)

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>B.S. Degree</th>
<th>R. T. (R)(M) Credentials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rebecca S. Griggs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name (Print)</td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td>Name (Print)</td>
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</tr>
</tbody>
</table>
IV. CLINICAL SETTINGS:

A minimum of one clinical instructor must be identified for each clinical setting. One full-time equivalent clinical instructor is required for every ten (10) students involved in the competency achievement process.

List the recognized clinical settings.

Concare
Name of Clinical Setting
617 East Elm Street, Salina, KS 67401
Address
Jerry Berg, R. T. (R)
Name of Clinical Instructor(s)

Maximum number of students program may assign to this site at any one time: 2

Hutchinson Clinic
Name of Clinical Setting
2101 N. Waldron, Hutchinson, KS 67502
Address
Michelle Mog, R. T. (R); LeAnn Tobias, R. T. (R)
Name of Clinical Instructor(s)

Maximum number of students program may assign to this site at any one time: 4

McPherson Hospital
Name of Clinical Setting
1000 Hospital Drive, McPherson, KS 67460
Address
Tom Scott, R. T. (R)
Name of Clinical Instructor(s)

Maximum number of students program may assign to this site at any one time: 2

Newman Regional Health
Name of Clinical Setting
1201 West 12th Avenue, Emporia, KS 66801
Address
Chelsea Ginn, R. T. (R)
Name of Clinical Instructor(s)

Maximum number of students program may assign to this site at any one time: 3

Newton Medical Center
Name of Clinical Setting
PO Box 308, Newton, KS 67114
Address
Jennifer Hamm, R. T. (R); Casandra Korir, R. T. (R), (CT)
Name of Clinical Instructor(s)

Maximum number of students program may assign to this site at any one time: 3
<table>
<thead>
<tr>
<th>Medical Center</th>
<th>Name of Clinical Setting</th>
<th>Address</th>
<th>Name of Clinical Instructor(s)</th>
<th>Maximum number of students program may assign to this site at any one time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pratt Regional Medical Center</td>
<td></td>
<td>200 Commodore, Pratt, KS 67124</td>
<td>Connie Adlehart, R.T. (R); Jan Goertz, R.T. (R)</td>
<td>3</td>
</tr>
<tr>
<td>Susan B. Allen Memorial Hospital</td>
<td></td>
<td>720 West Central, ElDorado, KS 67042</td>
<td>Richard Emrick, R. T. (R); Crystal Schlegal, R. T. (R)</td>
<td>3</td>
</tr>
<tr>
<td>Via Christi Clinic, Newton</td>
<td></td>
<td>720 Medical Center Drive, Newton, KS 67114</td>
<td>Barb Richmond, R. T. (R)(M)</td>
<td>2</td>
</tr>
<tr>
<td>Hutchinson Regional Medical Center</td>
<td></td>
<td>1701 East 23rd, Hutchinson, KS 67502</td>
<td>Tristina Herl, R. T. (R); Shalane Kruger, R. T. (R)</td>
<td>5</td>
</tr>
<tr>
<td>Via Christi Clinic, Founders’ Circle</td>
<td></td>
<td>1947 Founders Circle Dr., Wichita, KS 67206</td>
<td>Patty Warkentine, R. T. (R)</td>
<td>2</td>
</tr>
</tbody>
</table>

(Make additional copies of this page as needed.)

Program total capacity: 58
ARRT - VERIFY CREDENTIALS

NOTE: This directory is continuously updated throughout the day. The ARRT provides this information regarding technologist certification and registration status and considers it to be a primary source of Registered Technologist verification.

Name RENEE KAUTZER
City, State, Zip HUTCHINSON, KS 67501-9001
Credentials R.T.(R)(ARRT)
Valid Thru 11/2015
CE Biennium 11/1/2013 to 10/31/2015

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**ARRT -VERIFY CREDENTIALS**

NOTE: This directory is continuously updated throughout the day. The ARRT provides this information regarding technologist certification and registration status and considers it to be a primary source of Registered Technologist verification.

<table>
<thead>
<tr>
<th>Name</th>
<th>TODD J SAZAMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip</td>
<td>HUTCHINSON, KS 67502-1316</td>
</tr>
<tr>
<td>Credentials</td>
<td>R.T.(R)(ARRT)</td>
</tr>
<tr>
<td>Valid Thru</td>
<td>8/2015</td>
</tr>
<tr>
<td>CE Blennium</td>
<td>8/1/2014 to 7/31/2016</td>
</tr>
</tbody>
</table>

Credential Description

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ARRT - VERIFY CREDENTIALS

NOTE: This directory is continuously updated throughout the day. The ARRT provides this information regarding technologist certification and registration status and considers it to be a primary source of Registered Technologist verification.

Name: REBECCA S GRIGGS
City, State, Zip: HUTCHINSON, KS 67502
Credentials: R.T.(R)\(M\)(ARRT)
Valid Thru: 11/2015
CE Biennium: 11/1/2014 to 10/31/2016
KANSAS STATE BOARD of HEALING ARTS
Certificate of Renewal
This is to certify that the individual named below is authorized to practice as indicated.

REBECCA SUE GRIGGS
Profession: Radiologic Technologist (LRT)
Certificate #: 22-01605
Date Issued: 1/01/2005  Expiration: 09/01/2015
CE Due: 2015
Signature of Practitioner

KANSAS STATE BOARD of HEALING ARTS
Certificate of Renewal
This is to certify that the individual named below is authorized to practice as indicated.

TODD JSAZAMA
Profession: Radiologic Technologist (LRT)
Certificate #: 22-02188
Date Last Renewed: 10/10/2014  Expiration: 09/30/2015
Orig License Date: 12/12/2005  Date This Status: 10/10/2014
CE Due: 2015
Signature of Practitioner

KANSAS STATE BOARD of HEALING ARTS
Certificate of Renewal
This is to certify that the individual named below is authorized to practice as indicated.

RENEE IONE KAUTZER
Profession: Radiologic Technologist (LRT)
Certificate #: 22-01556
Date Last Renewed: 09/30/2014  Expiration: 09/30/2015
Orig License Date: 10/30/2005  Date This Status: 10/03/2013
CE Due: 2015
Signature of Practitioner

Signature of Practitioner
ARRT - VERIFY CREDENTIALS

NOTE: This directory is continuously updated throughout the day. The ARRT provides this information regarding technologist certification and registration status and considers it to be a primary source of Registered Technologist verification.

Name JERROLD W BERG
City, State, Zip SALINA, KS 67401-3716
Credentials R.T.(R)(ARRT)
Valid Thru 12/2015
CE Biennium 12/1/2014 to 11/30/2016

Credential Description

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ARRT - VERIFY CREDENTIALS

NOTE: This directory is continuously updated throughout the day. The ARRT provides this information regarding technologist certification and registration status and considers it to be a primary source of Registered Technologist verification.

Name: MICHELLE D MOG
City, State, Zip: HUTCHINSON, KS 67502-3854
Credentials: R.T.(R)(M)(ARRT)
Valid Thru: 1/2016
CE Biennium: 1/1/2015 to 12/31/2016

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**ARRT - VERIFY CREDENTIALS**

NOTE: This directory is continuously updated throughout the day. The ARRT provides this information regarding technologist certification and registration status and considers it to be a primary source of Registered Technologist verification.

<table>
<thead>
<tr>
<th>Name</th>
<th>LEE ANN K. TOBIAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip</td>
<td>HUTCHINSON, KS 67502</td>
</tr>
<tr>
<td>Credentials</td>
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<td>Valid Thru</td>
<td>3/2015</td>
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**Credential Description**

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Copyright 2015 The American Registry of Radiologic Technologists®
<table>
<thead>
<tr>
<th>Name</th>
<th>THOMAS G SCOTT</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip</td>
<td>MC PHERSON, KS 67460-9761</td>
</tr>
<tr>
<td>Credentials</td>
<td>R.T.(R)(CT)(BD)(ARRT)</td>
</tr>
<tr>
<td>Valid Thru</td>
<td>10/2015</td>
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<tr>
<td>CE Biennium</td>
<td>10/1/2013 to 9/30/2015</td>
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**Credential Description**

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THE AMERICAN REGISTRY OF
RADIOLOGIC TECHNOLOGISTS®
USE ORIGINAL CARD FOR VERIFICATION

I.D. Number: 439458

Valid Thru End Of: JUN-2015

CHELSEA BLU FELTS, R.T.(R)(CT)(ARRT)
1220 CASA LOMA DR
EMPORIA, KS 66801-9682

Status: In CE Compliance
CE Expiration: 06/01/2012
05/31/2016
### ARRT - VERIFY CREDENTIALS

NOTE: This directory is continuously updated throughout the day. The ARRT provides this information regarding technologist certification and registration status and considers it to be a primary source of Registered Technologist verification.

<table>
<thead>
<tr>
<th>Name</th>
<th>JENNIFER A HAMM</th>
</tr>
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<tbody>
<tr>
<td>City, State, Zip</td>
<td>NEWTON, KS 67114-3759</td>
</tr>
<tr>
<td>Credentials</td>
<td>R.T.(R)(ARRT)</td>
</tr>
<tr>
<td>Valid Thru</td>
<td>5/2015</td>
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<tr>
<td>CE Biennium</td>
<td>5/1/2014 to 4/30/2016</td>
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</table>

**Credential Description**

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ARRT - VERIFY CREDENTIALS

NOTE: This directory is continuously updated throughout the day. The ARRT provides this information regarding technologist certification and registration status and considers it to be a primary source of Registered Technologist verification.

Name: CASSANDRA L KORIR
City, State, Zip: KECHI, KS 67067-8620
Credentials: R.T.(R)(CT)(ARRT)
Valid Thru: 1/2016
CE Biennium: 1/1/2014 to 12/31/2016

Credential Description

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ARRT - VERIFY CREDENTIALS

NOTE: This directory is continuously updated throughout the day. The ARRT provides this information regarding technologist certification and registration status and considers it to be a primary source of Registered Technologist verification.

Name: JAN M GOERTZ
City, State, Zip: PRATT, KS 67124-3228
Credentials: R.T.(R)/ARRT
Valid Thru: 1/2016
CE Biennium: 1/1/2015 to 12/31/2016

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**ARRT - VERIFY CREDENTIALS**

NOTE: This directory is continuously updated throughout the day. The ARRT provides this information regarding technologist certification and registration status and considers it to be a primary source of Registered Technologist verification.

<table>
<thead>
<tr>
<th>Name</th>
<th>RICHARD L EMRICK</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip</td>
<td>EL DORADO, KS 67042</td>
</tr>
<tr>
<td>Credentials</td>
<td>R.T.(R)(ARRT)</td>
</tr>
<tr>
<td>Valid Thru</td>
<td>1/2016</td>
</tr>
<tr>
<td>CE Biennium</td>
<td>1/1/2014 to 12/31/2015</td>
</tr>
</tbody>
</table>

**Copyright 2015 The American Registry of Radiologic Technologists®**
<table>
<thead>
<tr>
<th>Name</th>
<th>BARBARA L RICHMOND</th>
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<tbody>
<tr>
<td>City, State, Zip</td>
<td>NEWTON, KS 67114</td>
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<tr>
<td>Credentials</td>
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</tr>
<tr>
<td>Valid Thru</td>
<td>10/2015</td>
</tr>
<tr>
<td>CE Biennium</td>
<td>10/1/2013 to 9/30/2015</td>
</tr>
</tbody>
</table>
ARRT - VERIFY CREDENTIALS

NOTE: This directory is continuously updated throughout the day. The ARRT provides this information regarding technologist certification and registration status and considers it to be a primary source of Registered Technologist verification.

Name: TRISTINA M HERL
City, State, Zip: HUTCHINSON, KS 67502-1712
Credentials: R.T.(R)(CT)(ARRT)
Valid Thru: 4/2015
CE Biennium: 4/1/2013 to 3/31/2015

Credential Description

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THE AMERICAN REGISTRY OF
RADIOLOGIC TECHNOLOGISTS®
ID. Number: 446455
AUG-2015

SHALANE MARIE KRUEGER, R.T.(R)(ARRT)
612 E 14TH AVE
HUTCHINSON, KS 67501-5938

<Status> In CE Compliance

CE Blennium
06/01/2013
07/31/2015

KANSAS STATE BOARD of HEALING ARTS
Certificate of Renewal
This is to certify that the individual named below is authorized to
practice as indicated.

SHALANE MARIE KRUEGER
Profession: Radiologic Technologist (LRT)
Certificate #: 22-03410 Status: Active
Date Issued: 03/04/2009 Expiration: 03/03/2015
CE Disc: 2015

Signature of Practitioner
<table>
<thead>
<tr>
<th>Name</th>
<th>PATRICIA S WARKENTINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip</td>
<td>NEWTON, KS 67114</td>
</tr>
<tr>
<td>Credentials</td>
<td>R.T.(R)(ARRT)</td>
</tr>
<tr>
<td>Valid Thru</td>
<td>10/2015</td>
</tr>
<tr>
<td>CE Biennium</td>
<td>10/1/2014 to 9/30/2016</td>
</tr>
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</table>

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APPLICATION FOR RECOGNITION OF PROGRAM OFFICIALS
IN RADIOGRAPHY
FORM 102R

Sponsoring Institution: Hutchinson Community College

Program # 0168

Program Officials (Check one)
Consistent with JRCERT Policy 11.500, Procedure 11.501Biii, the sponsor is responsible for notifying the JRCERT of changes in program officials within thirty (30) days of the change.

☐ Program Director
☐ Clinical Coordinator
☐ Full-time Didactic Faculty
☒ Clinical Instructor

e-mail address
telephone number

e-mail address
telephone number

e-mail address
telephone number

Name of Appointee: Jane Fitch, R.T.(R)(M)

Clinical Education Setting(s) (if applicable): Via Christi Clinic, Newton

JRCERT #

Business Address: 720 Medical Center Drive

Newton, KS 67114

Copies of the following must be attached:

- Current curriculum vitae/resume documenting compliance with Standard Six - Objective 6.3. Documentation of professional experience must, at a minimum, contain the following:
  1. Locations of employment in the professional discipline.
  2. Month and year for start and end of employment at the identified location(s).
  3. Titles of positions held during professional employment.

- Current ARRT registration documentation or unrestricted state license in the appropriate discipline. The program may obtain this information from www.arrt.org. Print the “ARRT Identification” page.

- Documentation of the appropriate degree attainment from an academic institution accredited by an agency recognized by the United States Department of Education (USDE) or the Council for Higher Education Accreditation (CHEA), must be proved for program director, clinical coordinator and full-time didactic faculty.

(Although not required for clinical instructors, the JRCERT database will reflect degrees only upon submission of appropriate documentation. If degree documentation is not received for a clinical instructor, it will be assumed that the program does not wish to have the degree noted.)

<table>
<thead>
<tr>
<th>JRCERT Staff Review</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Currently identified on JRCERT database</td>
<td>☐ Identified as Acting until</td>
</tr>
<tr>
<td>☐ Curriculum vitae and other materials document compliance with Standard Six - Objective 6.3</td>
<td></td>
</tr>
<tr>
<td>☐ Designate as acting (request a progress report for program directors and clinical coordinators only)</td>
<td></td>
</tr>
</tbody>
</table>
CURRICULUM VITA

Jane Fitch R.T.(R)(M)
1020 Douglas Drive
Sedgwick, KS 67135
Jane.Fitch@via-christi.org

Professional Experience

Via Christi Clinic- Newton
Staff Technologist 2002-present

Hartzler Clinic/Halstead Hospital
Staff Technologist 1999-2002

Family Medicine Specialists
Receptionist 1996-1999

Education and Training

Hutchinson Community College – Hutchinson, KS
Associates in Applied Science 1999

Mammogram Training- Wisconsin 1998

Professional Memberships

American Registry of Radiologic Technologists
Kansas State Board of Healing Arts
THE AMERICAN REGISTRY OF
RADIOLOGIC TECHNOLOGISTS*
USE ORIGINAL CARD FOR VERIFICATION
Valid Thru End Of

I.D. Number
31549

JANE R. FITCH, R.T. (R) (M)(ARRT)
1020 DOUGLAS DR.
SEDGWICK, KS 67135-3312

GE Biennium
01/01/2014
10/31/2016

Status: In CE Compliance
This is your certificate indicating that you are authorized to practice in the State of Kansas. Your wallet card to the right should be signed and removed. Kansas Law requires you to notify the board office if you have a change of address.

Jane Rene Fitch
1020 douglas drive
sedgwick KS 67135
(The maximum number of students the program may have enrolled at any one time.)

V. AFFILIATION AGREEMENT CRITERIA:

Attach a copy of this page to the front of each signed affiliation agreement submitted.

Sponsoring Institution: Hutchinson Community College

Program # 0168

Clinical Setting Name: Hutchinson Clinic, P.A.

The affiliation agreement must identify the following three (3) criteria as outlined below. Please identify where they are located by highlighting, circling, or otherwise indicating the verbiage in the body of the agreement AND identifying the page and paragraph number in the space provided below.

☐ RESPONSIBILITY FOR STUDENT SUPERVISION:

Page and Paragraph Number Page 2 Paragraph 14

☐ ADEQUATE NOTICE OF TERMINATION OF THE AGREEMENT:

Page and Paragraph Number Page 3 Last Paragraph

The JRCERT considers three (3) months notice of termination or assurance that students currently enrolled and assigned to the facility will be able to complete their clinical assignment at the facility.

☐ RESPONSIBILITY FOR LIABILITY:

Page and Paragraph Number Page 3 Paragraph 20

NOTE: An affiliation agreement is not required for clinical settings owned by the sponsoring institution. In these instances; however, a memorandum of understanding is encouraged.
Agreement Between
Hutchinson Community College
and Hutchinson Clinic, P.A.

Agreement made and dated this 1st day of January 2011 between Hutchinson Community College, hereinafter referred to as the "College" and Hutchinson Clinic, P.A. - hereinafter referred to as the "Clinical Education Center". This agreement shall automatically renew for successive one-year terms unless terminated by one of the parties.

It being the intent of the College and the Clinical Education Center to cooperate in education of Radiologic Technologists, it is therefore agreed:

1. That the College will assume full responsibility for the planning and implementation of the education program in Radiologic Technology, including administration, programming, curriculum content, faculty appointment, and requirements for matriculation, promotion, and graduation.

2. That the College will provide for instruction and supervision of students assigned to hospitals for clinical laboratory experiences.

3. That the College will plan a schedule of student assignments. The plan schedule shall include dates, number of students, and clinical facilities to be utilized. The schedule shall be submitted by the College to the Clinical Education Center for its approval and shall be subject to such approval.

4. The Clinical Education Center will retain full and final responsibility for the supervision of patient care.

And be it further agreed

5. That the Clinical Education Center will provide adequate space for class, instructional material and equipment from the College.

6. That the Clinical Education Center will make available designated clinical areas for student experience.

7. That the Clinical Education Center will exercise reasonable surveillance to protect instructional materials and equipment placed in the Clinical Education Center by the College.

And be it further agreed

8. That the Clinical Education Center not pay stipends or other remuneration to students in training.
9. That the Clinical Education Center will not put students on call, except as approved by the College faculty.

10. That a student injured pursuant to his/her duties in the Clinical Education Center will be given emergency care at no expense to the Clinical Education Center.

11. That if this agreement is terminated by either party, students in training in the Clinical Education Center will have use of facilities until such time as their training is completed.

12. That a student who believes that he or she has been treated unfairly, may appeal in writing to the Dean of Instruction of the College in accordance with procedure in the College Catalog.

13. That affiliate personnel agree to participate in periodic program review to insure continued effectiveness of program structure, curricular content, and student performance requirements.

14. That registered staff technologist agree to direct supervision of students until such time as students have demonstrated competence in the particular examination being performed, and thereafter provide indirect supervision of students, and that unsatisfactory radiographs be "repeated" by the student only if directly supervised by a qualified radiographer.

15. That prior to entering Clinical Education Centers all students will submit proof of a physical and TB skin test within the year, CPR certification, awareness of communicable disease policy, up to date records of immunizations and that all students will have had the Hepatitis B vaccine series, or have signed a release of responsibility waiver.

16. That the College will provide documentation that students agree to comply with all applicable Federal and State regulations including, but not limited to Joint Commission on Accreditation for Hospital Organizations (JCAHO), Medicare, Center for Medicare and Medicaid Services (CMS), Health Insurance Portability and Accountability Act (HIPAA), State of Kansas Regulations, and other Accrediting Organizations, etc.

17. That the College and student shall maintain the confidentiality of data and information in accordance with the Clinical Education Center policies. The College shall hold in strict confidence all data and information obtained with respect to Clinical Education Center and Clinical Education Center activities or business, shall not use such information or data or disclose the same.

18. The Clinical Education Center reserves the right to withdraw student privileges if the Clinical Education Center determines that a student has violated the policies of either the Clinical Education Center or the College subject to any applicable due process proceedings.
19. The student will complete all required in-services/orientation held within scheduled clinical hours as defined by the Clinical Education Center's orientation program.

20. That the College will provide professional liability insurance with respect to all students enrolled in the Radiology Program insuring against claims arising from negligent acts, errors, or omissions in the rendering or failing to render professional services or advice.

This agreement shall become effective immediately and will continue in effect until terminated as hereinafter provided. The agreement may be modified upon request of either party and with the agreement of the other at any time, or it may be terminated by either party upon one year's written notice to the other.

FOR THE COLLEGE

Edward E. Berger, EdD, President
Hutchinson Community College

FOR THE COOPERATING AGENCY

Mike Heck
CEO
Hutchinson Clinic, P.A.
2101 North Waldron
Hutchinson, KS 67502
V. AFFILIATION AGREEMENT CRITERIA:

Attach a copy of this page to the front of each signed affiliation agreement submitted.

Sponsoring Institution: Hutchinson Community College
Clinical Setting Name: McPherson Hospital
Program # 0168

The affiliation agreement must identify the following three (3) criteria as outlined below. Please identify where they are located by highlighting, circling, or otherwise indicating the verbiage in the body of the agreement AND identifying the page and paragraph number in the space provided below.

☐ RESPONSIBILITY FOR STUDENT SUPERVISION:

Page and Paragraph Number Page 2 Paragraph 14

☐ ADEQUATE NOTICE OF TERMINATION OF THE AGREEMENT:

Page and Paragraph Number Page 3 Last Paragraph

The JRCERT considers three (3) months notice of termination or assurance that students currently enrolled and assigned to the facility will be able to complete their clinical assignment at the facility.

☐ RESPONSIBILITY FOR LIABILITY:

Page and Paragraph Number Page 3 Paragraph 20

NOTE: An affiliation agreement is not required for clinical settings owned by the sponsoring institution. In these instances; however, a memorandum of understanding is encouraged.
Agreement Between
Hutchinson Community College
and McPherson Hospital, Inc.

Agreement made and dated this 14th day of March 2012 between Hutchinson Community
College, hereinafter referred to as the "College" and McPherson Hospital, Inc. hereinafter
referred to as the "Clinical Education Center". This agreement shall automatically renew for
successive one-year terms unless terminated by one of the parties.

It being the intent of the College and the Clinical Education Center to cooperate in education of
Radiologic Technologists, it is therefore agreed:

1. That the College will assume full responsibility for the planning and implementation of the
education program in Radiologic Technology, including administration, programming,
curriculum content, faculty appointment, and requirements for matriculation, promotion, and
graduation.

2. That the College will provide for instruction and supervision of students assigned to hospitals
for clinical laboratory experiences.

3. That the College will plan a schedule of student assignments: The plan schedule shall
include dates, number of students, and clinical facilities to be utilized. The schedule shall be
submitted by the College to the Clinical Education Center for its approval and shall be
subject to such approval.

4. The Clinical Education Center will retain full and final responsibility for the supervision of
patient care.

And be it further agreed

5. That the Clinical Education Center will provide adequate space for class, instructional
material and equipment from the College.

6. That the Clinical Education Center will make available designated clinical areas for student
experience.

7. That the Clinical Education Center will exercise reasonable surveillance to protect
instructional materials and equipment placed in the Clinical Education Center by the College.

And be it further agreed

8. That the Clinical Education Center not pay stipends or other remuneration to students in
training.
9. That the Clinical Education Center will not put students on call, except as approved by the College faculty.

10. That a student injured pursuant to his/her duties in the Clinical Education Center will be given emergency care at no expense to the Clinical Education Center.

11. That if this agreement is terminated by either party, students in training in the Clinical Education Center will have use of facilities until such time as their training is completed.

12. That a student who believes that he or she has been treated unfairly, may appeal in writing to the Dean of Instruction of the College in accordance with procedure in the College Catalog.

13. That affiliate personnel agree to participate in periodic program review to insure continued effectiveness of program structure, curricular content, and student performance requirements.

14. That registered staff technologist agree to direct supervision of students until such time as students have demonstrated competence in the particular examination being performed, and thereafter provide indirect supervision of students, and that unsatisfactory radiographs be "repeated" by the student only if directly supervised by a qualified radiographer.

15. That prior to entering Clinical Education Centers all students will submit proof of a physical and TB skin test within the year, CPR certification, awareness of communicable disease policy, up to date records of immunizations and that all students will have had the Hepatitis B vaccine series, or have signed a release of responsibility waiver.

16. That the College will provide documentation that students agree to comply with all applicable Federal and State regulations including, but not limited to Joint Commission on Accreditation for Hospital Organizations (JCAHO), Medicare, Center for Medicare and Medicaid Services (CMS), Health Insurance Portability and Accountability Act (HIPAA), State of Kansas Regulations, and other Accrediting Organizations, etc.

17. That the College and student shall maintain the confidentiality of data and information in accordance with the Clinical Education Center policies. The College shall hold in strict confidence all data and information obtained with respect to Clinical Education Center and Clinical Education Center activities or business, shall not use such information or data or disclose the same.

18. The Clinical Education Center reserves the right to withdraw student privileges if the Clinical Education Center determines that a student has violated the policies of either the Clinical Education Center or the College subject to any applicable due process proceedings.
19. The student will complete all required in-services/orientation held within scheduled clinical hours as defined by the Clinical Education Center’s orientation program.

20. That the College will provide professional liability insurance with respect to all students enrolled in the Radiology Program insuring against claims arising from negligent acts, errors, or omissions in the rendering or failing to render professional services or advice.

This agreement shall become effective immediately and will continue in effect until terminated as hereinafter provided. The agreement may be modified upon request of either party and with the agreement of the other at any time, or it may be terminated by either party upon one year's written notice to the other.

FOR THE COLLEGE

Edward E. Berger, EdD, President
Hutchinson Community College

FOR THE COOPERATING AGENCY

Rob Monical
McPherson Hospital, Inc.
1000 Hospital Drive
McPherson, KS 67460
V. AFFILIATION AGREEMENT CRITERIA:

Attach a copy of this page to the front of each signed affiliation agreement submitted.

Sponsoring Institution: Hutchinson Community College
Program # 0168
Clinical Setting Name: Newman Regional Health

The affiliation agreement must identify the following three (3) criteria as outlined below. Please identify where they are located by highlighting, circling, or otherwise indicating the verbiage in the body of the agreement AND identifying the page and paragraph number in the space provided below.

☐ RESPONSIBILITY FOR STUDENT SUPERVISION:
   Page and Paragraph Number Page 2 Paragraph 14

☐ ADEQUATE NOTICE OF TERMINATION OF THE AGREEMENT:
   Page and Paragraph Number Page 3 Last Paragraph

The JRCERT considers three (3) months notice of termination or assurance that students currently enrolled and assigned to the facility will be able to complete their clinical assignment at the facility.

☐ RESPONSIBILITY FOR LIABILITY:
   Page and Paragraph Number Page 3 Paragraph 20

NOTE: An affiliation agreement is not required for clinical settings owned by the sponsoring institution. In these instances; however, a memorandum of understanding is encouraged.
Agreement Between
Hutchinson Community College
and Newman Regional Health

Agreement made and dated this 1st day of January 2011 between Hutchinson Community College, hereinafter referred to as the "College" and Newman Regional Health - hereinafter referred to as the "Clinical Education Center". This agreement shall automatically renew for successive one-year terms unless terminated by one of the parties.

It being the intent of the College and the Clinical Education Center to cooperate in education of Radiologic Technologists, it is therefore agreed:

1. That the College will assume full responsibility for the planning and implementation of the education program in Radiologic Technology, including administration, programming, curriculum content, faculty appointment, and requirements for matriculation, promotion, and graduation.

2. That the College will provide for instruction and supervision of students assigned to hospitals for clinical laboratory experiences.

3. That the College will plan a schedule of student assignments. The plan schedule shall include dates, number of students, and clinical facilities to be utilized. The schedule shall be submitted by the College to the Clinical Education Center for its approval and shall be subject to such approval.

4. The Clinical Education Center will retain full and final responsibility for the supervision of patient care.

And be it further agreed

5. That the Clinical Education Center will provide adequate space for class, instructional material and equipment from the College.

6. That the Clinical Education Center will make available designated clinical areas for student experience.

7. That the Clinical Education Center will exercise reasonable surveillance to protect instructional materials and equipment placed in the Clinical Education Center by the College.

And be it further agreed

8. That the Clinical Education Center not pay stipends or other remuneration to students in training.
9. That the Clinical Education Center will not put students on call, except as approved by the College faculty.

10. That a student injured pursuant to his/her duties in the Clinical Education Center will be given emergency care at no expense to the Clinical Education Center.

11. That if this agreement is terminated by either party, students in training in the Clinical Education Center will have use of facilities until such time as their training is completed.

12. That a student who believes that he or she has been treated unfairly, may appeal in writing to the Dean of Instruction of the College in accordance with procedure in the College Catalog.

13. That affiliate personnel agree to participate in periodic program review to insure continued effectiveness of program structure, curricular content, and student performance requirements.

14. That registered staff technologist agree to direct supervision of students until such time as students have demonstrated competence in the particular examination being performed, and thereafter provide indirect supervision of students, and that unsatisfactory radiographs be "repeated" by the student only if directly supervised by a qualified radiographer.

15. That prior to entering Clinical Education Centers all students will submit proof of a physical and TB skin test within the year, CPR certification, awareness of communicable disease policy, up to date records of immunizations and that all students will have had the Hepatitis B vaccine series, or have signed a release of responsibility waiver.

16. That the College will provide documentation that students agree to comply with all applicable Federal and State regulations including, but not limited to Joint Commission on Accreditation for Hospital Organizations (JCAHO), Medicare, Center for Medicare and Medicaid Services (CMS), Health Insurance Portability and Accountability Act (HIPAA), State of Kansas Regulations, and other Accrediting Organizations, etc.

17. That the College and student shall maintain the confidentiality of data and information in accordance with the Clinical Education Center policies. The College shall hold in strict confidence all data and information obtained with respect to Clinical Education Center and Clinical Education Center activities or business, shall not use such information or data or disclose the same.
18. The Clinical Education Center reserves the right to withdraw student privileges if the Clinical Education Center determines that a student has violated the policies of either the Clinical Education Center or the College subject to any applicable due process proceedings.

19. The student will complete all required in-services/orientation held within scheduled clinical hours as defined by the Clinical Education Center's orientation program.

20. That the College will provide professional liability insurance with respect to all students enrolled in the Radiology Program insuring against claims arising from negligent acts, errors, or omissions in the rendering or failing to render professional services or advice.

This agreement shall become effective immediately and will continue in effect until terminated as hereinafter provided. The agreement may be modified upon request of either party and with the agreement of the other at any time, or it may be terminated by either party upon one year's written notice to the other.

FOR THE COLLEGE

Edward E. Bergey, EdD, President
Hutchinson Community College

FOR THE COOPERATING AGENCY

Robert L. Drewer
CEO
Newman Regional Health
1201 West 12th Avenue
Emporia, KS 66801

Kathy O'Neal
Director
Human Resources
V. AFFILIATION AGREEMENT CRITERIA:

Attach a copy of this page to the front of each signed affiliation agreement submitted.

Sponsoring Institution: Hutchinson Community College  Program # 0168
Clinical Setting Name: Susan B. Allen Memorial Hospital

The affiliation agreement must identify the following three (3) criteria as outlined below. Please identify where they are located by highlighting, circling, or otherwise indicating the verbiage in the body of the agreement AND identifying the page and paragraph number in the space provided below.

☐ RESPONSIBILITY FOR STUDENT SUPERVISION:
   Page and Paragraph Number  Page 2 Paragraph 14

☐ ADEQUATE NOTICE OF TERMINATION OF THE AGREEMENT:
   Page and Paragraph Number  Page 3 Last Paragraph

The JRCERT considers three (3) months notice of termination or assurance that students currently enrolled and assigned to the facility will be able to complete their clinical assignment at the facility.

☐ RESPONSIBILITY FOR LIABILITY:
   Page and Paragraph Number  Page 3 Paragraph 20

NOTE: An affiliation agreement is not required for clinical settings owned by the sponsoring institution. In these instances, however, a memorandum of understanding is encouraged.
Agreement Between
Hutchinson Community College
and Susan B. Allen Memorial Hospital

Agreement made and dated this 1st day of January 2011 between Hutchinson Community College, hereinafter referred to as the "College" and Susan B. Allen Memorial Hospital - hereinafter referred to as the "Clinical Education Center". This agreement shall automatically renew for successive one-year terms unless terminated by one of the parties.

It being the intent of the College and the Clinical Education Center to cooperate in education of Radiologic Technologists, it is therefore agreed:

1. That the College will assume full responsibility for the planning and implementation of the education program in Radiologic Technology, including administration, programming, curriculum content, faculty appointment, and requirements for matriculation, promotion, and graduation.

2. That the College will provide for instruction and supervision of students assigned to hospitals for clinical laboratory experiences.

3. That the College will plan a schedule of student assignments. The plan schedule shall include dates, number of students, and clinical facilities to be utilized. The schedule shall be submitted by the College to the Clinical Education Center for its approval and shall be subject to such approval.

4. The Clinical Education Center will retain full and final responsibility for the supervision of patient care.

And be it further agreed

5. That the Clinical Education Center will provide adequate space for class, instructional material and equipment from the College.

6. That the Clinical Education Center will make available designated clinical areas for student experience.

7. That the Clinical Education Center will exercise reasonable surveillance to protect instructional materials and equipment placed in the Clinical Education Center by the College.

And be it further agreed

8. That the Clinical Education Center not pay stipends or other remuneration to students in training.

9. That the Clinical Education Center will not put students on call, except as approved by the College faculty.
10. That a student injured pursuant to his/her duties in the Clinical Education Center will be given emergency care at no expense to the Clinical Education Center.

11. That if this agreement is terminated by either party, students in training in the Clinical Education Center will have use of facilities until such time as their training is completed.

12. That a student who believes that he or she has been treated unfairly, may appeal in writing to the Dean of Instruction of the College in accordance with procedure in the College Catalog.

13. That affiliate personnel agree to participate in periodic program review to insure continued effectiveness of program structure, curricular content, and student performance requirements.

14. That registered staff technologist agree to direct supervision of students until such time as students have demonstrated competence in the particular examination being performed, and thereafter provide indirect supervision of students, and that unsatisfactory radiographs be "repeated" by the student only if directly supervised by a qualified radiographer.

15. That prior to entering Clinical Education Centers all students will submit proof of a physical and TB skin test within the year, CPR certification, awareness of communicable disease policy, up to date records of immunizations and that all students will have had the Hepatitis B vaccine series, or have signed a release of responsibility waiver. Students will meet all Health and Safety Requirements as detailed in Exhibit A.

16. That the College will provide documentation that students agree to comply with all applicable Federal and State regulations including, but not limited to Joint Commission on Accreditation for Hospital Organizations (JCAHO), Medicare, Center for Medicare and Medicaid Services (CMS), Health Insurance Portability and Accountability Act (HIPAA), State of Kansas Regulations, and other Accrediting Organizations, etc..

17. That the College and student shall maintain the confidentiality of data and information in accordance with the Clinical Education Center policies. The College shall hold in strict confidence all data and information obtained with respect to Clinical Education Center and Clinical Education Center activities or business, shall not use such information or data or disclose the same.

18. The Clinical Education Center reserves the right to withdraw student privileges if the Clinical Education Center determines that a student has violated the policies of either the Clinical Education Center or the College subject to applicable due process proceedings.

19. The student will complete all required in-services/orientation held within scheduled clinical hours as defined by the Clinical Education Center's orientation program.
20. That the College will provide professional liability insurance with respect to all students enrolled in the Radiology Program insuring against claims arising from negligent acts, errors, or omissions in the rendering or failing to render professional services or advice.

This agreement shall become effective immediately and will continue in effect until terminated as hereinafter provided. The agreement may be modified upon request of either party and with the agreement of the other at any time, or it may be terminated by either party upon one year's written notice to the other.

FOR THE COLLEGE

[Signature]
Edward E. Berger, EdD, President
Hutchinson Community College

FOR THE COOPERATING AGENCY

[Signature]
Gayle Arnett
CEO and President
Susan B. Allen Memorial Hospital
720 West Central
El Dorado, KS 67042
HEALTH AND SAFETY REQUIREMENTS FOR CLINICAL STUDENTS AT
SUSAN B. ALLEN MEMORIAL HOSPITAL

This policy applies to any type of student working in a clinical setting or who will have patient contact at Susan B. Allen Memorial Hospital.

I. **Immunizations Required**
- **MMR** – two doses if born after January 1st, 1956. If born before 1957, proof of diseases, immunity, or one dose of MMR.
- **Hepatitis B** vaccination series – this is optional but strongly encouraged
- **Tetanus** – a dose within the last 10 years
- **Chicken Pox** – Knowledge of having the disease. If unsure, a chicken pox titer with proof of immunity or vaccination is needed.

II. **Testing Required**
- **TB** – two step testing initially by the PPD Mantoux method. Yearly testing done thereafter. The reading must be documented in terms of “mm”, not just the word “negative”.
- **Positive TB** – baseline CXR

III. **Blood and Body Fluid Knowledge**
- **Orientation/class** – letter or proof of orientation/class covering blood and body fluid pathogens.
- **Knowledge of Susan B. Allen Memorial Hospital Policy** for students in the event of a blood/body fluid exposure.

Steps to take if a blood or body exposure event occurs while at Susan B. Allen Memorial Hospital.

1. First aid should be done to reduce the risk of transmission for bloodborne pathogens (such as HIV) following exposure
   a. For percutaneous (needlestick/sharp object) injury:
      1. Briefly induce bleeding from the wound.
      2. Wash wound for 10 minutes with soap and water or disinfectant.
      3. Remove any foreign materials embedded in the wound
   b. Non-intact skin exposure:
      1. Wash with soap and running water or antiseptic if water is not available
   c. Mucous membrane exposure:
1. Irrigate copiously with tap water, sterile saline, or sterile water for 10-15 minutes.

2. Go to the ER for treatment.
   - The student and/or the student's health insurance will be responsible for payment.
3. If the student decides not to go to the ER.
   - The student must call EXT. 205 to report the exposure event.
4. Inform the person responsible from your school of the event.

IV. If a student is injured while at Susan B. Allen Memorial Hospital
1. Report to the ER
   - The student and/or their health insurance are responsible for payment.
2. Report the event to the person responsible from your school.

V. Students should not have patient contact if they have
1. Draining abscesses or boils (until drainage stops)
2. Impetigo (until crusted areas are gone)
3. Herpes zoster (shingles)*
4. Elevated temperature > 100° orally
5. Sore throat with fever
6. Cough with purulent production
7. Diarrhea/vomiting*
8. Conjunctivitis
9. Influenza*
10. Upper respiratory infection*
11. Herpes Simplex*
   *Student should be elevated on an individual basis for restriction based upon history of illness and according to work area.

(Rev. 3/14/00)
V. AFFILIATION AGREEMENT CRITERIA:

Attach a copy of this page to the front of each signed affiliation agreement submitted.

Sponsoring Institution: Hutchinson Community College            Program # 0168
Clinical Setting Name: Pratt Regional Medical Center

The affiliation agreement must identify the following three (3) criteria as outlined below. Please identify where they are located by highlighting, circling, or otherwise indicating the verbiage in the body of the agreement AND identifying the page and paragraph number in the space provided below.

☐ RESPONSIBILITY FOR STUDENT SUPERVISION:
   Page and Paragraph Number  Page 2 Paragraph 14

☐ ADEQUATE NOTICE OF TERMINATION OF THE AGREEMENT:
   Page and Paragraph Number  Page 3 Last Paragraph

The JRCERT considers three (3) months notice of termination or assurance that students currently enrolled and assigned to the facility will be able to complete their clinical assignment at the facility.

☐ RESPONSIBILITY FOR LIABILITY:
   Page and Paragraph Number  Page 3 Paragraph 20

NOTE: An affiliation agreement is not required for clinical settings owned by the sponsoring institution. In these instances; however, a memorandum of understanding is encouraged.
Agreement Between
Hutchinson Community College
and Pratt Regional Medical Center

Agreement made and dated this 1st day of January 2011 between Hutchinson Community College, hereinafter referred to as the "College" and Pratt Regional Medical Center - hereinafter referred to as the "Clinical Education Center". This agreement shall automatically renew for successive one-year terms unless terminated by one of the parties.

It being the intent of the College and the Clinical Education Center to cooperate in education of Radiologic Technologists, it is therefore agreed:

1. That the College will assume full responsibility for the planning and implementation of the education program in Radiologic Technology, including administration, programming, curriculum content, faculty appointment, and requirements for matriculation, promotion, and graduation.

2. That the College will provide for instruction and supervision of students assigned to hospitals for clinical laboratory experiences.

3. That the College will plan a schedule of student assignments. The plan schedule shall include dates, number of students, and clinical facilities to be utilized. The schedule shall be submitted by the College to the Clinical Education Center for its approval and shall be subject to such approval.

4. The Clinical Education Center will retain full and final responsibility for the supervision of patient care.

And be it further agreed

5. That the Clinical Education Center will provide adequate space for class, instructional material and equipment from the College.

6. That the Clinical Education Center will make available designated clinical areas for student experience.

7. That the Clinical Education Center will exercise reasonable surveillance to protect instructional materials and equipment placed in the Clinical Education Center by the College.

And be it further agreed

8. That the Clinical Education Center not pay stipends or other remuneration to students in training.
9. That the Clinical Education Center will not put students on call, except as approved by the College faculty.

10. That a student injured pursuant to his/her duties in the Clinical Education Center will be given emergency care at no expense to the Clinical Education Center.

11. That if this agreement is terminated by either party, students in training in the Clinical Education Center will have use of facilities until such time as their training is completed.

12. That a student who believes that he or she has been treated unfairly, may appeal in writing to the Dean of Instruction of the College in accordance with procedure in the College Catalog.

13. That affiliate personnel agree to participate in periodic program review to insure continued effectiveness of program structure, curricular content, and student performance requirements.

14. That registered staff technologist agree to direct supervision of students until such time as students have demonstrated competence in the particular examination being performed, and thereafter provide indirect supervision of students, and that unsatisfactory radiographs be "repeated" by the student only if directly supervised by a qualified radiographer.

15. That prior to entering Clinical Education Centers all students will submit proof of a physical and TB skin test within the year, CPR certification, awareness of communicable disease policy, up to date records of immunizations and that all students will have had the Hepatitis B vaccine series, or have signed a release of responsibility waiver.

16. That the College will provide documentation that students agree to comply with all applicable Federal and State regulations including, but not limited to Joint Commission on Accreditation for Hospital Organizations (JCAHO), Medicare, Center for Medicare and Medicaid Services (CMS), Health Insurance Portability and Accountability Act (HIPAA), State of Kansas Regulations, and other Accrediting Organizations, etc..

17. That the College and student shall maintain the confidentiality of data and information in accordance with the Clinical Education Center policies. The College shall hold in strict confidence all data and information obtained with respect to Clinical Education Center and Clinical Education Center activities or business, shall not use such information or data or disclose the same.

18. The Clinical Education Center reserves the right to withdraw student privileges if the Clinical Education Center determines that a student has violated the policies of either the Clinical Education Center or the College subject to any applicable due process proceedings.
19. The student will complete all required in-services/orientation held within scheduled clinical hours as defined by the Clinical Education Center's orientation program.

20. That the College will provide professional liability insurance with respect to all students enrolled in the Radiology Program insuring against claims arising from negligent acts, errors, or omissions in the rendering or failing to render professional services or advice.

This agreement shall become effective immediately and will continue in effect until terminated as hereinafter provided. The agreement may be modified upon request of either party and with the agreement of the other at any time, or it may be terminated by either party upon one year's written notice to the other.

FOR THE COLLEGE

[Signature]
Edward E. Berger, EdD, President
Hutchinson Community College

FOR THE COOPERATING AGENCY

[Signature]
Susan Page
CEO and President
Pratt Regional Medical Center
200 Commodore
Pratt, KS 67124
V. AFFILIATION AGREEMENT CRITERIA:

Attach a copy of this page to the front of each signed affiliation agreement submitted.

Sponsoring Institution: Hutchinson Community College

Clinical Setting Name: Newton Medical Center

Program #: 0168

The affiliation agreement must identify the following three (3) criteria as outlined below. Please identify where they are located by highlighting, circling, or otherwise indicating the verbiage in the body of the agreement AND identifying the page and paragraph number in the space provided below.

- [ ] RESPONSIBILITY FOR STUDENT SUPERVISION:
  Page and Paragraph Number: Page 2 Paragraph 14

- [ ] ADEQUATE NOTICE OF TERMINATION OF THE AGREEMENT:
  Page and Paragraph Number: Page 3 Last Paragraph

The JRCERT considers three (3) months notice of termination or assurance that students currently enrolled and assigned to the facility will be able to complete their clinical assignment at the facility.

- [ ] RESPONSIBILITY FOR LIABILITY:
  Page and Paragraph Number: Page 3 Paragraph 20

NOTE: An affiliation agreement is not required for clinical settings owned by the sponsoring institution. In these instances; however, a memorandum of understanding is encouraged.
Agreement Between
Hutchinson Community College
and Newton Medical Center

Agreement made and dated this 1st day of January 2011 between Hutchinson Community College, hereinafter referred to as the "College" and Newton Medical Center - hereinafter referred to as the "Clinical Education Center". This agreement shall automatically renew for successive one-year terms unless terminated by one of the parties.

It being the intent of the College and the Clinical Education Center to cooperate in education of Radiologic Technologists, it is therefore agreed:

1. That the College will assume full responsibility for the planning and implementation of the education program in Radiologic Technology, including administration, programming, curriculum content, faculty appointment, and requirements for matriculation, promotion, and graduation.

2. That the College will provide for instruction and supervision of students assigned to hospitals for clinical laboratory experiences.

3. That the College will plan a schedule of student assignments. The plan schedule shall include dates, number of students, and clinical facilities to be utilized. The schedule shall be submitted by the College to the Clinical Education Center for its approval and shall be subject to such approval.

4. The Clinical Education Center will retain full and final responsibility for the supervision of patient care.

And be it further agreed

5. That the Clinical Education Center will provide adequate space for class, instructional material and equipment from the College.

6. That the Clinical Education Center will make available designated clinical areas for student experience.

7. That the Clinical Education Center will exercise reasonable surveillance to protect instructional materials and equipment placed in the Clinical Education Center by the College.

And be it further agreed

8. That the Clinical Education Center not pay stipends or other remuneration to students in training.
9. That the Clinical Education Center will not put students on call, except as approved by the College faculty.

10. That a student injured pursuant to his/her duties in the Clinical Education Center will be given emergency care at no expense to the Clinical Education Center.

11. That if this agreement is terminated by either party, students in training in the Clinical Education Center will have use of facilities until such time as their training is completed.

12. That a student who believes that he or she has been treated unfairly, may appeal in writing to the Dean of Instruction of the College in accordance with procedure in the College Catalog.

13. That affiliate personnel agree to participate in periodic program review to insure continued effectiveness of program structure, curricular content, and student performance requirements.

14. That registered staff technologist agree to direct supervision of students until such time as students have demonstrated competence in the particular examination being performed, and thereafter provide indirect supervision of students, and that unsatisfactory radiographs be "repeated" by the student only if directly supervised by a qualified radiographer.

15. That prior to entering Clinical Education Centers all students will submit proof of a physical and TB skin test within the year, CPR certification, awareness of communicable disease policy, up to date records of immunizations and that all students will have had the Hepatitis B vaccine series, or have signed a release of responsibility waiver.

16. That the College will provide documentation that students agree to comply with all applicable Federal and State regulations including, but not limited to Joint Commission on Accreditation for Hospital Organizations (JCAHO), Medicare, Center for Medicare and Medicaid Services (CMS), Health Insurance Portability and Accountability Act (HIPAA), State of Kansas Regulations, and other Accrediting Organizations, etc.

17. That the College and student shall maintain the confidentiality of data and information in accordance with the Clinical Education Center policies. The College shall hold in strict confidence all data and information obtained with respect to Clinical Education Center and Clinical Education Center activities or business, shall not use such information or data or disclose the same.

18. The Clinical Education Center reserves the right to withdraw student privileges if the Clinical Education Center determines that a student has violated the policies of either the Clinical Education Center or the College subject to any applicable due process proceedings.
19. The student will complete all required in-services/orientation held within scheduled clinical hours as defined by the Clinical Education Center's orientation program.

20. That the College will provide professional liability insurance with respect to all students enrolled in the Radiology Program insuring against claims arising from negligent acts, errors, or omissions in the rendering or failing to render professional services or advice.

This agreement shall become effective immediately and will continue in effect until terminated as hereinafter provided. The agreement may be modified upon request of either party and with the agreement of the other at any time, or it may be terminated by either party upon one year's written notice to the other.

FOR THE COLLEGE

Edward E. Berger, Ed.D., President
Hutchinson Community College

FOR THE COOPERATING AGENCY

Steve Kelly
CEO
Newton Medical Center
600 Medical Center Drive
Newton, KS 67114
V. AFFILIATION AGREEMENT CRITERIA:

Attach a copy of this page to the front of each signed affiliation agreement submitted.

Sponsoring Institution: Hutchinson Community College
Program # 0168
Clinical Setting Name: Via Christi Clinic, Newton and Founders Circle

The affiliation agreement must identify the following three (3) criteria as outlined below. Please identify where they are located by highlighting, circling, or otherwise indicating the verbiage in the body of the agreement AND identifying the page and paragraph number in the space provided below.

☐ RESPONSIBILITY FOR STUDENT SUPERVISION:
  Page and Paragraph Number Page 2 Paragraph 14

☐ ADEQUATE NOTICE OF TERMINATION OF THE AGREEMENT:
  Page and Paragraph Number Page 3 Last Paragraph

The JRCERT considers three (3) months notice of termination or assurance that students currently enrolled and assigned to the facility will be able to complete their clinical assignment at the facility.

☐ RESPONSIBILITY FOR LIABILITY:
  Page and Paragraph Number Page 3 Paragraph 20

NOTE: An affiliation agreement is not required for clinical settings owned by the sponsoring institution. In these instances; however, a memorandum of understanding is encouraged.
Agreement Between
Hutchinson Community College
and Via Christi Clinic.

Agreement made and dated this 15th day of March 2012 between Hutchinson Community College, hereinafter referred to as the "College" and Via Christi Clinic - hereinafter referred to as the "Clinical Education Center". This agreement shall automatically renew for successive one-year terms unless terminated by one of the parties.

It being the intent of the College and the Clinical Education Center to cooperate in education of Radiologic Technologists, it is therefore agreed:

1. That the College will assume full responsibility for the planning and implementation of the education program in Radiologic Technology, including administration, programming, curriculum content, faculty appointment, and requirements for matriculation, promotion, and graduation.

2. That the College will provide for instruction and supervision of students assigned to hospitals for clinical laboratory experiences.

3. That the College will plan a schedule of student assignments. The plan schedule shall include dates, number of students, and clinical facilities to be utilized. The schedule shall be submitted by the College to the Clinical Education Center for its approval and shall be subject to such approval.

4. The Clinical Education Center will retain full and final responsibility for the supervision of patient care.

And be it further agreed

5. That the Clinical Education Center will provide adequate space for class, instructional material and equipment from the College.

6. That the Clinical Education Center will make available designated clinical areas for student experience.

7. That the Clinical Education Center will exercise reasonable surveillance to protect instructional materials and equipment placed in the Clinical Education Center by the College.

And be it further agreed

8. That the Clinical Education Center not pay stipends or other remuneration to students in training.
9. That the Clinical Education Center will not put students on call, except as approved by the College faculty.

10. That a student injured pursuant to his/her duties in the Clinical Education Center will be given emergency care at no expense to the Clinical Education Center.

11. That if this agreement is terminated by either party, students in training in the Clinical Education Center will have use of facilities until such time as their training is completed.

12. That a student who believes that he or she has been treated unfairly, may appeal in writing to the Dean of Instruction of the College in accordance with procedure in the College Catalog.

13. That affiliate personnel agree to participate in periodic program review to insure continued effectiveness of program structure, curricular content, and student performance requirements.

14. That registered staff technologist agree to direct supervision of students until such time as students have demonstrated competence in the particular examination being performed, and thereafter provide indirect supervision of students, and that unsatisfactory radiographs be "repeated" by the student only if directly supervised by a qualified radiographer.

15. That prior to entering Clinical Education Centers all students will submit proof of a physical and TB skin test within the year, CPR certification, awareness of communicable disease policy, up to date records of immunizations and that all students will have had the Hepatitis B vaccine series, or have signed a release of responsibility waiver.

16. That the College will provide documentation that students agree to comply with all applicable Federal and State regulations including, but not limited to Joint Commission on Accreditation for Hospital Organizations (JCAHO), Medicare, Center for Medicare and Medicaid Services (CMS), Health Insurance Portability and Accountability Act (HIPAA), State of Kansas Regulations, and other Accrediting Organizations, etc.

17. That the College and student shall maintain the confidentiality of data and information in accordance with the Clinical Education Center policies. The College shall hold in strict confidence all data and information obtained with respect to Clinical Education Center and Clinical Education Center activities or business, shall not use such information or data or disclose the same.

18. The Clinical Education Center reserves the right to withdraw student privileges if the Clinical Education Center determines that a student has violated the policies of either the Clinical Education Center or the College subject to any applicable due process proceedings.
19. The student will complete all required in-services/orientation held within scheduled clinical hours as defined by the Clinical Education Center's orientation program.

20. That the College will provide professional liability insurance with respect to all students enrolled in the Radiology Program insuring against claims arising from negligent acts, errors, or omissions in the rendering or failing to render professional services or advice.

This agreement shall become effective immediately and will continue in effect until terminated as hereinafter provided. The agreement may be modified upon request of either party and with the agreement of the other at any time, or it may be terminated by either party upon one year's written notice to the other.

FOR THE COLLEGE

Edward E. Berger, EdD, President
Hutchinson Community College

FOR THE COOPERATING AGENCY

Kevin Chiles
Director of Human Resources
Via Christi Clinic
3311 East Murdock
Wichita, KS 67208

Terri Isham
Manager

V. AFFILIATION AGREEMENT CRITERIA:

Attach a copy of this page to the front of each signed affiliation agreement submitted.

Sponsoring Institution: Hutchinson Community College  Program # 0168
Clinical Setting Name: Hutchinson Regional Medical Center

The affiliation agreement must identify the following three (3) criteria as outlined below. Please identify where they are located by highlighting, circling, or otherwise indicating the verbiage in the body of the agreement AND identifying the page and paragraph number in the space provided below.

☐ RESPONSIBILITY FOR STUDENT SUPERVISION:
   Page and Paragraph Number  Page 4 Paragraph 11

☐ ADEQUATE NOTICE OF TERMINATION OF THE AGREEMENT:
   Page and Paragraph Number  Page 11 Paragraph 10

The JRCERT considers three (3) months notice of termination or assurance that students currently enrolled and assigned to the facility will be able to complete their clinical assignment at the facility.

☐ RESPONSIBILITY FOR LIABILITY:
   Page and Paragraph Number  Page 4 Paragraph 12, Page 11 Paragraph 13

NOTE: An affiliation agreement is not required for clinical settings owned by the sponsoring institution. In these instances, however, a memorandum of understanding is encouraged.
EDUCATIONAL AFFILIATION AGREEMENT

between

HUTCHINSON REGIONAL MEDICAL CENTER, INC.

and

HUTCHINSON COMMUNITY COLLEGE

THIS AGREEMENT is made and entered into as of the date of the latest signature below, by and between Hutchinson Regional Medical Center, Inc. (hereinafter "Medical Center") and Hutchinson Community College, an Educational Institution, contracting on behalf of its College of Radiologic Technology Program, (hereinafter "Educational Institution").

WHEREAS, the Educational Institution is an educational institution of Kansas;

WHEREAS, the Educational Institution is authorized by K.S.A. 76-721, to enter into contracts with other parties for purposes related to the operation and function of the Educational Institution;

WHEREAS, the Educational Institution has programs designed to provide education for various healthcare professionals;

WHEREAS, Medical Center is a healthcare facility in the State of Kansas and desires to make its facility available to the Educational Institution for the purpose of experiential learning for the students of the Educational Institution;

WHEREAS, Educational Institution desires to provide to its students clinical educational experiences through the application of knowledge and skills in clinical situations in a hospital facility; and

WHEREAS, Medical Center has agreed to make its facility available to Educational Institution for such clinical, educational, and training experiences of its students;

NOW THEREFORE, in consideration of the above and the individual and mutual promises of the parties contained herein, and for other good and valuable consideration, the parties hereby agree as follows:
I. Joint Rights and Responsibilities of Educational Institution and Medical Center:

1. This Agreement is intended to be effective for a term of two (2) years beginning as of the date of the latest signature below. It shall be reviewed on an annual basis and may be renewed for additional terms with the consent of the Medical Center and the Educational Institution.

2. The Medical Center and the Educational Institution will jointly develop an Educational Plan ("Plan") which outlines the dual and individual roles, responsibilities and authorities of each institution to be completed thirty (30) days in advance of the clinical experience. This Plan will be developed according to the needs specified in Section II, Paragraph 10 of this Agreement. However, Educational Institution understands and agrees the content of the Educational Plan is ultimately in the sole discretion of Medical Center.

3. The Medical Center and the Educational Institution will cooperate in the continuing evaluation of the clinical affiliation.

4. The Medical Center and the Educational Institution will jointly arrange meetings between them to evaluate and improve teaching methods, resolve specific problems, and propose changes in curriculum design.

5. The Medical Center and the Educational Institution will jointly stipulate the appropriate uniform in which the students will be required to appear while in the Medical Center facility.

6. The Medical Center and the Educational Institution will provide each other with timely notice of changes in the curriculum, in the availability of learning opportunities, and in staff/faculty affecting clinical teaching.

7. The Medical Center and the Educational Institution will jointly determine, prior to each semester, the number of students to be assigned to the Medical Center, the time and length of the clinical experience.

II. Educational Institution Rights and Responsibilities:

1. The Educational Institution shall provide the Medical Center with the following information no less than ten (10) days before the clinical experience begins:

   a. Name of student(s)
b. Dates and hours of assignment(s)

c. Each student's academic class designation

d. Philosophy, purpose and learning objectives

e. Results of the background checks and medical documentation for students and faculty, as discussed in paragraphs 7 and 13 below.

2. The Educational Institution shall permit visits of the Medical Center staff for the purpose of observing, auditing and participating in the teaching process, and attending planning meetings.

3. The Educational Institution must ensure all faculty and students complete the Medical Center's on-line training to include a review of the Compliance Program, Key-Safety packet, and completion of the orientation form. Said form must be executed and turned into the appropriate location before commencing the educational experience at Medical Center. Students and faculty will be required to complete additional training as deemed appropriate by Medical Center from time to time.

4. The Educational Institution shall assign to the Medical Center only qualified faculty and only students who have fulfilled all prerequisites for the clinical experience (as mutually agreed upon by the Educational Institution and Medical Center). The Educational Institution shall provide Medical Center with information about said qualifications of any student(s) or faculty upon request.

5. The Educational Institution shall designate a faculty member who shall act as a liaison to the Medical Center on clinical experience matters.

6. Upon request of Medical Center and in Medical Center's sole discretion, the Educational Institution shall immediately withdraw any student or faculty from the Medical Center when his/her work, conduct or health may be deemed detrimental to patients, clients, or the Medical Center and its employees.

7. Prior to clinical assignment of students to Medical Center, Educational Institution shall conduct (or have conducted) a criminal background check, including but not limited to a sex offender registration check, on each and every student assigned to Medical Center and every member of the faculty responsible for supervision and/or instruction of said students at Medical Center. Said background check shall be at either the Educational Institution or Student's expense. Educational Institution shall furnish the results of the background checks to Medical Center. Should the background check disclose adverse information as to any student or
member of the faculty, Educational Institution shall not assign the student or faculty member to Medical Center.

8. The Educational Institution assumes full and final responsibility for offering an educational program approved by the Joint Review Committee on Education in Radiologic Technology. The Educational Institution shall retain final responsibility and financial responsibility for the instructional materials and supplies and for curriculum design, delivery, quality and modification.

9. The Educational Institution will provide the necessary faculty who are both competent teachers and who hold all necessary, unrestricted and valid licenses, permits, registrations and certifications as appropriate. Documentation of current license, certification, permit or registration will be filed with the Educational Institution and shall be furnished to the Medical Center upon request.

10. The Educational Institution will present a proposal for utilization of the facilities of the Medical Center forty-five (45) days prior to the commencement of the clinical experience. Outlined in this proposal will be clinical experiences desired, Medical Center resources required, time frames for clinical experiences, and an estimated number of students. This will provide the proposed framework for the Educational Plan, however, Medical Center retains all rights to reject or propose, a revision to a proposal if it deems the proposal inappropriate or unreasonable in any regard.

11. The Educational Institution will retain direct responsibility for the control, supervision and evaluation of its students.

12. The Educational Institution will purchase or will require each faculty member and each student receiving training pursuant to this Agreement to purchase professional liability coverage for a minimum amount of $1,000,000 per occurrence and $3,000,000 aggregate. Educational Institution shall require that the insurance be carried and maintained throughout the term of the student/faculty's clinical experience. Educational Institution will also be required, upon request, to provide documentation of insurance to Medical Center. The insurance coverage evidenced by the policy, with endorsements, shall be satisfactory to and approved by Medical Center. Medical Center's approval shall not be unreasonably withheld. The Educational Institution shall require that the student/faculty give Medical Center written notice of any other change in the identity of the insurer or of insurance coverage immediately upon the making of or application for such change. In the event that the student/faculty fails to, or is unable to, procure the above insurance in amounts, form or content satisfactory to
Medical Center, then Medical Center shall have the right to immediately remove the student/faculty from the clinical experience at Medical Center.

13. The Educational Institution shall certify and provide documentation to prove that students and faculty assigned to the clinical experience meet the Medical Center's health standards. *All students in this country on a student visa must have the same documentation for health standards as any other student. The student visa is not sufficient to validate health standards.* The health standards to be met by the Educational Institution for each student and faculty, at no expense to the Medical Center, are as follows:

A. A physical examination as required by the Educational Institution.
B. Tuberculosis (TB) test within the last 12 months is required. If positive, documentation of a negative chest x-ray will be required.
C. The following vaccinations are required:
   1. **Pertussis:** All students will have immunity to Pertussis as evidenced by receipt of a single dose of Tdap (ADECENTM).
   2. **Measles, Mumps, and Rubella (MMR) vaccine:** All students will have immunity to MMR diseases as evidence by any of the following:
      a. No verification required if born before January 1, 1957, or
      b. Those born after 1957 must have two (2) documented doses of MMR vaccine with dates, or
      c. Positive titer documentation dates, or
      d. Physician diagnosed diseases
   3. **Varicella vaccination:** All students will have immunity to varicella as evidenced by any of the following:
      a. History of chickenpox infection,
      b. Documentation of two (2) Varicella vaccines, or
      c. Positive Varicellatiter.
   4. **Hepatitis B Vaccine:** Students and faculty who have occupational exposure to patients' blood and body fluids should receive the Hepatitis B vaccine series. Students and faculty should be advised about the risk of Hepatitis B and the availability of a vaccination for Hepatitis B. The Medical Center will require a waiver from the student or faculty in the event that he/she refuses vaccination.
   5. **Influenza Vaccine:** Students and faculty who have clinical experiences during the months of November through March should receive one (1) dose of influenza vaccine annually or sign a letter of declination.
   6. **Meningococcal Vaccine:** Microbiology students and faculty who handle isolates of Neisseria Meningitidis should receive one (1) dose of Meningococcal Vaccine.
D. Students and faculty with a potentially transmissible infection or disease may be restricted from participating in the clinical experience. Students and/or faculty presenting with a potentially transmissible infection or disease will be evaluated by Medical Center's Employee Health Department to determine whether participation in the clinical experience is advisable. All medical information, treatments and counseling performed is confidential, and any unauthorized disclosure is prohibited.

Students and faculty experiencing any of the following may not participate in the clinical experience:

1. Fever greater than 101°;
2. Acute febrile upper respiratory infection, including Group A Streptococcal Infection;
3. Influenza;
4. Acute diarrhea;
5. Herpes simplex*;
6. Chickenpox, Pertussis, Measles, Mumps, Rubella;
7. Draining abscesses, boils, impetigo;
8. Acute viral hepatitis;
9. Pulmonary tuberculosis;
10. Scabies.

*Restricted from caring for high risk patients until on treatment for 48 hours.

Any student or faculty restricted from participation in the clinical experience for any of the above-stated infections or diseases must obtain a statement of release from the student/faculty's personal physician and the Employee Health Department before returning to a clinical setting.

E. Clinical experiences for students and faculty with chronic and potentially transmissible infection(s) such as Hepatitis B, Hepatitis C or HIV infection, must be approved by Medical Center's Infection Control or Employee Health Department.

14. The Educational Institution shall ensure all student(s) and faculty member(s) understand they are responsible for any and all costs incurred for illness and injury while participating in the clinical experience and all Educational
Institution-related activities at the Medical Center, if not covered by the Educational Institution itself.

15. The Educational Institution agrees that each of the faculty, students, and other agents of the Educational institution, while participating in clinical activities, shall be governed by and shall adhere to Medical Center rules, policies, and procedures, including, but not limited to, the Medical Center's Compliance Program and related policies and the Privacy and Security Policies.

16. The Educational Institution shall instruct the students to wear proper identification according to the specifications of the Medical Center.

17. The Educational Institution will provide reasonable opportunity for Medical Center staff to participate in curriculum activities related to the clinical experience.

18. The Educational Institution shall certify that students and faculty assigned to the clinical experience are certified in Basic Life Support. Certification should include adult, child and infant CPR and Foreign Body Airway Obstruction; i.e. American Heart Association - Healthcare Provider or American Red Cross - Professional Rescuer.

19. No less than four (4) weeks in advance of the affiliation date, the Educational Institution, in cooperation with the student(s), shall notify the Medical Center of any reasonable accommodation(s) required by any affiliating student(s) to perform the clinical tasks, duties and/or functions required during the clinical experience. The Educational Institution shall bear the cost of such reasonable accommodation(s).

20. The Educational Institution and each student and faculty member shall agree to comply with the requirements of the Compliance Program and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as it applies to the activities of students and faculty participating in the clinical experience at Medical Center. The Educational Institution agrees to instruct students on the confidentiality of information relevant to patient care, client care and institutional matters. The Educational Institution's responsibility is further outlined in Agreement § III, ¶ 8.

21. Educational Institution, its instructors, students, will not copy or utilize any documents or computer program in violation of applicable copyright laws or licensing agreements and they will not release or disclose confidential business
information obtained from Medical Center including customer lists, trade practices, price lists, contracts or other information.

III. Medical Center Rights and Responsibilities:

1. The Medical Center shall designate a liaison person to be the primary contact for the Educational Institution with respect to the development and implementation of the Educational Plan.

2. Within its capacity and capability, the Medical Center will provide emergency care to the student(s) in case of accident or illness occurring in the Medical Center at the student's expense.

3. The Medical Center will make available the clinical facilities specified in the Educational Plan along with necessary supplies and equipment for normal direct patient care in that specific area, and maintain any other agreed upon standards jointly developed in the Educational Plan.

4. The Medical Center will provide reasonable opportunity to faculty of the Educational Institution to serve as resource persons to the Medical Center in matters contributing to the quality of patient care.

5. The Medical Center will regard students of the Educational Institution, when assigned for clinical experience, as having the status of learners. This will not impact Medical Center's staffing patterns.

6. The Medical Center is responsible for overall supervision and delivery of patient care. Staff registered technologists agree to direct supervision of students until such time as students have demonstrated competence in the particular examination being performed, and thereafter provide indirect supervision of students, and that unsatisfactory radiographs be “repeated” by the student only if directly supervised by a qualified radiographer.

7. The Medical Center will provide a conference room for educational purposes, when available, for the faculty and students of the Educational Institution in accordance with standard Medical Center policy and procedures. The Medical Center will make available cafeteria services and reasonable parking space as available.

8. The Medical Center complies with the Health Insurance Portability and Accountability Act ("HIPAA") of 1996 and shall direct all students and faculty to comply with the policies and procedures of the Medical Center, including those outlined in the Medical Center's Compliance Program and those governing the use and disclosure of individually identifiable health information under federal
law, specifically 45 CFR parts 160 and 164. Educational Institution acknowledges that it and its faculty and students may have access to confidential PHI including, but not limited to patient identifying information. Educational Institution, its faculty, employees and students will not use or disclose PHI other than as permitted by this Agreement and will protect and safeguard from any oral and written disclosure all confidential information with which they or their faculty, students or employees may come in contact. Educational Institution and its students and faculty will comply with all applicable laws and regulations, specifically including those set forth in the Compliance Program, and the privacy and security standards of the HIPAA, as amended from time to time. Educational Institution recognizes that any breach of confidentiality or misuse of information found in and/or obtained from records may result in the termination of this Agreement and/or legal action. Each student or faculty member participating in the Clinical experience covered by this Agreement must agree to comply with Medical Center's Compliance Program and keep all patient information strictly confidential at all times. Students and faculty are responsible for complying with the laws and for respecting the privacy of patients and for maintaining the confidentiality of all strictly confidential information at all times. This includes information involving patients, staff members, students, Medical Center, or Educational Institution business. Any information seen or heard concerning a patient's diagnosis, condition, treatment, financial or personal status must be held in absolute confidence. The Medical Center shall provide a statement of confidentiality and security or business associate agreement to be signed by students, faculty, and other agents of the Educational Institution who have access to PHI.

9. The Medical Center will provide the opportunity for the faculty to be apprised of current policies, procedures and safety rules and regulations through orientation, meetings and/or printed materials.

10. The Medical Center retains the right to restrict or prohibit a student, faculty member, or other agent of the Educational Institution from participating in the clinical experience or from the Medical Center grounds for good cause shown in the sole discretion of the Medical Center. The basis for such a restriction shall be presented in writing to the individual responsible for the clinical experience from the Educational Institution and shall be deemed effective upon presentation to the Educational Institution. The Medical Center does not discriminate on the basis of race, color, national origin, sex, age or disability. Medical Center shall retain the right to demand immediate removal of any student or faculty from its premises.
11. The Medical Center reserves the right to terminate or prohibit clinical experiences in specific areas.

12. The Medical Center reserves the right to object to any proposed activity or plan involving students and/or faculty and any other matter or obligation imposing a burden on Medical Center or its staff.

IV. Miscellaneous:

1. The terms of each and every provision in this Agreement shall prevail and control the terms of any other provision in any other document relating to this affiliation.

2. The terms of this Agreement shall be subject to the laws of the State of Kansas.

3. The Agreement may not be assigned or duties delegated by either party without the other party's prior written consent.

4. There shall be no amendments to the Agreement unless made in writing and agreed upon by both parties.

5. Neither party shall be permitted to use logos or other trade/service marks of the other without prior approval of the other party.

6. The Medical Center and Educational Institution represent and agree that their representatives executing this contract, and any attachment hereto, are fully authorized to agree to all provisions herein.

7. The Educational Institution and the Medical Center mutually agree to make no distinction among students covered by the Agreement on the basis of race, religion, color, national origin, gender, age, sexual orientation, marital status, political affiliation, status as a Veteran, genetic information or disability.

8. This Agreement does not and shall not be construed to create any principal/agent, master/servant, employer/employee or partnership relationship of any kind between Medical Center and Educational Institution nor between Medical Center and any Educational Institution student or faculty participating in the clinical experience. No student or faculty shall have any rights by reason of participation in the clinical experience against Medical Center for any salary, remuneration or compensation, nor any employee benefits, Social Security, Workers' Compensation coverage, disability or unemployment insurance benefits, vacation pay, sick leave, nor any other remuneration of any kind whatsoever. Any services
rendered to Medical Center by student or faculty shall be considered incidental to the educational content of the clinical experience.

9. Any and all provisions and appendices attached to this document and signed or initialed by the parties of this Agreement will be considered part of the Agreement between the Medical Center and the Educational Institution.

10. Notwithstanding any other provision in this Agreement, the Agreement may be terminated, without cause, by written notice delivered by either party to the other with not less than ninety (90) days' notice. If this agreement is terminated by either party, students in training in the Medical Center will have use of facilities until their training is completed. The Medical Center reserves the right to terminate this Agreement for cause at any time after providing the Educational Institution with ten (10) days' notice. The ten-day period allows Educational Institution the opportunity to correct the alleged problem or stated cause for termination in a manner satisfactory to the Medical Center.

11. The parties shall not incur any financial obligation one to the other.

12. Medical Center will indemnify and hold harmless Educational Institution, its officers, employees and agents from and against any and all claims, damages, judgments, actions, and causes of action, including but limited to the cost, expenses and legal fees incurred in defending any and all such claims, actions and lawsuits arising by reason of the act or omissions of the employees or agents of Medical Center pursuant to this Agreement. Educational Institution agrees to give Medical Center written notice of all such claims, damages, judgments, actions, costs, expenses and legal fees within ten (10) days after Educational Institution has notice thereof.

13. Educational Institution will provide general liability, professional liability and worker's compensation insurance that will insure Educational Institution, its faculty and students against any claims for liability that may arise against it, its faculty or students while participating in the clinical experience at Medical Center. To the extent permitted by law and in a manner consistent with its policies of insurance and so as to provide applicable coverage and not defeat it, Educational institution will indemnify and hold harmless Medical Center from any and all claims, damages, judgments, actions, and causes of action, including but not limited to the cost, expenses and legal fees incurred in defending any and all such claims, actions and lawsuits arising by reason of the act or omissions of the faculty, students and/or agents of Educational Institution pursuant to Agreement. Medical Center agrees to give Educational Institution written notice of all such claims, damages, judgments, actions, costs, expenses and legal fees within ten (10) days.
after Medical Center has notice thereof. Educational Institution also indemnifies
and holds Medical Center harmless from any claims by students concerning the
quality or adequacy of training received at Medical Center.

14. The parties shall comply with all applicable statutes, ordinances, rules, orders,
regulations and requirements of the federal, state and local governments and of
any and all of the department and bureaus applicable to Agreement. Parties shall
comply with all standards and amendments thereto, of all entities, which govern,
regulate and/or accredit the parties, included but not limited to federal, state, and
local government agencies and the standards of the Joint Commission.

15. This Agreement is not exclusive. The Medical Center may enter into educational
affiliation agreements with other entities.

IN WITNESS WHEREOF, the parties have executed this Agreement the day and year
as of the date of the latest signature below.

HUTCHINSON REGIONAL MEDICAL CENTER, INC.
"MEDICAL CENTER"

Kevin J. Miller, F.A.C.H.E.
President and CEO
Hutchinson Regional Medical Center, Inc.

Hutchinson Community College
"EDUCATIONAL INSTITUTION"

Print Name: Edward E. Berger
On behalf of Educational Institution
V. AFFILIATION AGREEMENT CRITERIA:

Attach a copy of this page to the front of each signed affiliation agreement submitted.

Sponsoring Institution: Hutchinson Community College

Program # 0168

Clinical Setting Name: Salina Regional Health Center- Comcare

The affiliation agreement must identify the following three (3) criteria as outlined below. Please identify where they are located by highlighting, circling, or otherwise indicating the verbiage in the body of the agreement AND identifying the page and paragraph number in the space provided below.

☐ RESPONSIBILITY FOR STUDENT SUPERVISION:
   Page and Paragraph Number Page 3 Paragraph 3.4 and 3.5

☐ ADEQUATE NOTICE OF TERMINATION OF THE AGREEMENT:
   Page and Paragraph Number Page 6 Section 5

The JRCERT considers three (3) months notice of termination or assurance that students currently enrolled and assigned to the facility will be able to complete their clinical assignment at the facility.

☐ RESPONSIBILITY FOR LIABILITY:
   Page and Paragraph Number Page 3 Paragraph 3.6

NOTE: An affiliation agreement is not required for clinical settings owned by the sponsoring institution. In these instances; however, a memorandum of understanding is encouraged.
SALINA REGIONAL HEALTH CENTER
EDUCATION AGREEMENT
(Regent’s Institution)

This Agreement (hereinafter “Agreement”) is made as of this 30th day of October, 2014, between Salina Regional Health Center, Inc., a non-profit Kansas corporation, with principal offices located at 400 S. Santa Fe, City of Salina, County of Saline, State of Kansas (hereinafter “SRHC”) and

Name of School or Institution: Hutchinson Community College
Address: 1300 N. Plum
City, State, Zip: Hutchinson, KS 67501

Such entity shall hereinafter be referred to as “Educational Institution.”

Recitals

1. SRHC is a non-profit corporation that owns and operates a private general hospital as defined in K.S.A. 65-425(a).

2. Educational Institution trains students to enter professional fields that require that such students obtain clinical educational training in health care facilities such as SRHC.

3. It is the objective of this Agreement to set forth the terms and conditions upon which students of Educational Institution will be permitted to obtain such clinical training at SRHC.

NOW, THEREFORE, in consideration of the mutual and reciprocal promises contained herein, the parties agree as follows:

Section 1
Educational Training

SRHC hereby agrees to allow students of Educational Institution to receive clinical training at SRHC in the following field of discipline:

Radiologic Technology

(Attach Supplement Information on Exhibit A)
Section 2
Term and Automatic Renewal

This Agreement will commence on Oct. 30, 2014 ("the Commencement Date"), and shall continue for a period of one year unless terminated sooner as provided herein. It shall automatically renew for successive one-year terms unless otherwise terminated hereunder.

Section 3
Responsibilities of Educational Institution

During the term of this Agreement, Educational Institution shall have the following responsibilities:

3.1 Identity of Students and Instructors. Educational Institution will provide SRHC with the names, addresses, and other identifying information of all students and instructors that will participate in educational programs at SRHC. Such students and instructors shall be issued an identification badge that will conspicuously identify them as a student, the field of study, and the name of the institution. Students and instructors will be required to wear such identification at all times while on SRHC premises.

3.2 Orientation in and Compliance with SRHC Policies and Procedures. Educational Institution will require all students to go through an orientation session at SRHC prior to such student being allowed to participate in training programs on the premises of SRHC. Educational Institution shall have the exclusive responsibility for requiring and monitoring its students to assure that such students comply with applicable SRHC policies and procedures and any accrediting standards of the Joint Commission on the Accreditation of Healthcare Organization or the Health Facilities Accreditation Program. Students and instructors will read, understand and commit to practice, the behaviors set forth in the Standards of Performance for World Class Service at SRHC while participating in programs at SRHC facilities. Educational Institution will be responsible for querying the OIG Exclusions Database to verify that no student has been precluded from participation in federal health programs.

3.3 Educational Institution Designated Representative. The designated representative of Educational Institution having overall responsibility for the coordination of student programs at SRHC will be:

Name: Renee Kaurzer
Address: 815 N. Walnut
          Hutchinson, KS 67501
Phone Number: 1630 165-4954
Fax Number: 1630 165-4968
E-mail Address: Kaurzer@hutchcc.edu
Such person shall hereinafter be designated as the "EI Designated Representative." The EI Designated Representative has the authority to make decisions for the Educational Institution with respect to the clinical education and training programs that it will conduct at SRHC.

3.4 Scheduling of Students. The EI Representative will have responsibility for scheduling of student participation in programs at SRHC at mutually satisfactory times. This will be coordinated through the SRHC Designated Representative.

3.5 Curriculum and Instructors; Academic Records. Educational Institution will be exclusively responsible for providing qualified instructors for its students and for designing and providing a curriculum that will meet the educational objectives of the program. Grading and evaluating students for accomplishment of educational objectives will be the exclusive responsibility of Educational Institution. Academic records shall be maintained by and be the exclusive responsibility of Educational Institution and instructors.

3.6 Health, Safety, Insurance, and Indemnity. Educational Institution shall require that all instructors and students participating in programs at SRHC receive health screenings and examinations, at their expense, required by SRHC or state, federal or local law and it shall be responsible for requiring all students and instructors to adhere to all SRHC health and safety policies. Educational Institution is an Agency of the State of Kansas, and can provide only the bond and insurance coverage permitted by Kansas statutes and regulations. Workman's compensation insurance is provided in accordance with Kansas statutes 44-501 et seq. All other personal injury, property damage, or other claims from Educational Institution employees or others arising out of or in connection with this Agreement shall be determined in accordance with the terms of the Kansas Tort Claims Act, K.S.A. 75-6101 et seq. Under the Tort Claims Act, the State of Kansas has assumed liability for the negligent or wrongful acts and omissions of its employees and agents acting within their scope of responsibilities. Kansas state law prohibits Educational Institution from purchasing general liability insurance. Educational Institution will require each student that does not have employee status with Educational Institution to purchase appropriate insurance as required by applicable law to insure that student is insured against claims that may arise against them while receiving clinical training at SRHC. Educational Institution agrees to be responsible and assume liability only for its own wrongful or negligent acts or omissions, or for those of its officers, agents, or employees to the full extent allowed by the State of Kansas and agrees to hold SRHC harmless from such liability.

3.7 Termination of Instructors or Students. Educational Institution agrees to immediately terminate from participation in the program covered by this Agreement, any student or instructor upon the request of SRHC. It is understood that such request may be made upon the occurrence of any one or more of the following events: (1) violation of SRHC policies and procedures; (2) breach of confidentiality of any kind including the release or disclosure of individually identifiable protected health information; (3)
insubordinate or unruly conduct; (4) violation of any law, regulation or ordinance; (5) failure to wear name tags and identifying information; (6) the harassment of any person while on SRHC premises; (7) a violation of this Agreement in any respect; (8) violation of SRHC's Code of Ethical Conduct or Corporate Compliance Plan; or (9) such other reason as SRHC, in its sole discretion, believes compromises its operations. Educational Institution will immediately return to SRHC any terminated student's identification badge.

3.8 Educational Laws and Privacy. Educational Institution shall be exclusively responsible for monitoring and assuring the compliance of the programs covered by this Agreement with all education and educational privacy laws. To the extent necessary, it will provide SRHC with any information that SRHC needs for compliance purposes. Educational Institution shall at all times covered by this Agreement maintain required licensure, accreditation and compliance programs required for it to provide educational services to students.

3.9 Confidentiality of Protected Health Information. Educational Institution acknowledges that it and its instructors and students may have access to confidential protected health information ("PHI") including, but not limited to patient identifying information. Educational Institution, its instructors, employees and students will not use or disclose PHI other than as permitted by this Agreement and will protect and safeguard from any oral and written disclosure all confidential information with which they or their instructors, students or employees may come in contact. Educational Institution will comply with all applicable laws and regulations, specifically including the privacy and security standards of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended from time to time. Educational Institution recognizes that any breach of confidentiality or misuse of information found in and/or obtained from records may result in the termination of this Agreement and/or legal action. Each student or instructor participating in the clinical training programs covered by this Agreement must agree to keep all patient information strictly confidential at all times. Students and instructors are responsible for respecting the privacy of patients and for maintaining the confidentiality of all information to which they are exposed. This includes information involving patients, staff members, students, or SRHC business. Any information seen or heard concerning a patient's diagnosis, condition, treatment, financial, or personal status must be held in absolute confidence.

3.10 Confidentiality of SRHC Business Practices or Procedures. Educational Institution, its instructors, students, will not copy or utilize any documents or computer programs in violation of applicable copyright laws or licensing agreements and they will not release or disclose confidential business information obtained from SRHC including customer lists, trade practices, price lists, contracts or other information.

3.11 Compliance with Laws and Regulations. Educational Institution will comply with applicable state, federal, and local laws and regulations in providing the education and training covered by this Agreement.
3.12 **SRHC Code of Ethical Conduct.** Educational Institution acknowledges that it has received a copy of the SRHC Code of Ethical Conduct and agrees that it will comply with it.

### Section 4

#### Responsibilities of SRHC

4.1 **Orientation Program.** SRHC will provide an orientation program for students and instructors that will be participating in the clinical education program covered by this Agreement. Such orientation shall include SRHC privacy programs, the World Class Service Program, the Code of Ethical Conduct, and guidelines that instructors and students must follow while on SRHC premises.

4.2 **SRHC Designated Representative.** The designated representative of SRHC having overall responsibility for the coordination of student programs at SRHC will be:

- **Name:** Darlene Fritz, MBA/HCM
- **Address:** Salina Regional Health Center
  400 S. Santa Fe
  Salina, Kansas 67401
- **Phone Number:** 785-452-7868
- **Fax Number:** 785-452-7700
- **E-mail Address:** dfritz@srhc.com

Such person shall hereinafter be designated as the "SRHC Designated Representative". The SRHC Designated Representative has the authority to make decisions for SRHC with respect to the clinical education and training programs of Educational Institution that are conducted at SRHC.

4.3 **Access to Facilities and Staff.** Subject to patient privacy requirements and in such a manner as to not compromise patient care, SRHC will make available to Educational Institution sufficient facilities and staff to help Educational Institution meet its educational objectives with its students.

4.4 **Insurance and Indemnity.** SRHC will provide professional and general liability insurance coverages for its staff and facilities at all times. In a manner consistent with its policies of insurance and so as to provide applicable coverage and not defeat it, SRHC indemnifies and holds Educational Institution harmless from any and all claims arising by reason of its negligence, strict liability or intentional act that occurs during or by reason of participation in programs at SRHC by instructors or students of Educational Program. SRHC assumes no responsibility for any claims by students concerning the
quality or adequacy of training received at SRHC, since that is solely the responsibility of Educational Institution.

4.5 Scheduling and Notice of Restricted Availability. SRHC will cooperate with Educational Institution in scheduling appropriate times for programs for students. SRHC reserves the right, however, to cancel or terminate any such scheduled programs due to staff shortages, quarantines, or other circumstances that in its discretion make it impractical or inappropriate to provide educational sessions for students. SRHC will give Educational Institution as much advance notice of such cancellations as practical under the circumstances.

4.6 Compliance with Laws and Regulations. SRHC will comply with applicable state, federal, and local laws and regulations in the delivery of health care services that are the subject of education and training programs covered by this Agreement.

Section 5
Termination

5.1 Termination Without Cause. This Agreement may be terminated without cause by either party by giving the other at least ninety (90) days notice, in writing, in advance of the effective date of the termination. In the event this agreement is terminated hereunder, students that are otherwise in good standing with EI and SRHC at the time of termination will be allowed to complete any practicum or program in which they are enrolled at that time provided such students continue in good standing and EI otherwise meets its obligation during the duration of such practicum or program.

5.2 Termination for Cause. If either party fails to perform its obligations hereunder in any other respect, it shall be given immediate written notice of such failure by the performing party, specifying the nature and specifics of the nonperformance. The nonperforming party shall thereafter have a period of thirty (30) days within which to correct such nonperformance. If at the expiration of such thirty (30) day period the nonperforming party has not corrected the specified acts of nonperformance, the performing party may terminate this Agreement and such termination shall be deemed to be for cause.

Section 6
Supervening Law

The parties expressly acknowledge that this Agreement has been negotiated and entered into to effect compliance with the tax-exempt provisions of the Internal Revenue Code of 1986 (the "Code"), the Medicare and Medicaid anti-kickback statute, 42 U.S.C. 1320a-7b(b) (the "Fraud and Abuse Law") and the Stark Law, 42 U.S.C. §1395nn. In the event that any law is adopted or amended (including, without limitation, the Code, the Fraud and Abuse Law or the Stark Law) or any rule or regulation is promulgated or modified, or any administrative ruling or judicial interpretation is issued or modified relating to the provision of goods or services to beneficiaries of the Medicare and
Medicaid programs, the Code or otherwise that prohibit structural and/or operational arrangements similar or analogous to those specified in this Agreement or that approve of structural and/or operational arrangement with which the parties reasonably determine they should comply, or that jeopardizes the exempt status under Section 501(c)(3) of the Code, the parties shall do any one or more of the following: (i) renegotiate and restructure this Agreement in a manner intended to comply with such law, rule, ruling, regulation or interpretation; or (ii) upon the affirmative decision of the parties to this Agreement, terminate this Agreement. In the event SRHC or Educational Institution reasonably believe that the continuation of this Agreement would violate any of such laws, rules or regulations, such party may immediately advise the other party of such belief and suspend the operation of that portion of this Agreement until such violation or potential violation is resolved to the satisfaction of all parties.

Section 7

HIPAA Compliance and Disclosure of Patient Information

The parties agree to comply with federal standards for the privacy of individually identifiable health information, pursuant to 45 C.F.R. Parts 160 and 164 (the "Privacy Regulations"). To the extent any of the services provided under this Agreement creates a "business associate" relationship as said term is defined in 45 C.F.R. §160.103, the Educational Institution makes the assurances that follow as required by the Privacy Regulations. Educational Institution agrees that it (1) will not use or further disclose PHI other than as permitted by this Agreement or required by law; (2) will protect and safeguard from any oral and written disclosure all confidential information regardless of the type of media on which it is stored (e.g., paper, fiche, etc.) with which it may come in contact; (3) use appropriate safeguards to prevent use or disclosure of PHI other than as permitted by this Agreement or required by law; (4) will ensure that all of its subcontractors, students and agents to which it provides PHI pursuant to the terms of this Agreement shall agree to all of the same restrictions and conditions to which Educational Institution is bound; (5) will report to SRHC any unauthorized use or disclosure immediately upon becoming aware of it; (6) will, to the extent not prohibited by applicable State of Kansas law, indemnify and hold SRHC harmless from all liabilities, costs and damages arising out of or in any manner connected with the disclosure by Educational Institution of any PHI; (7) will make available PHI in accordance with 45 C.F.R. §164.526; (8) make available the information required to provide an accounting of disclosures in accordance with 45 C.F.R. §528; (9) make its internal practices, books and records relating to the use and disclosure of PHI received from, or created or received by one party on behalf of the other available to the Secretary of Health and Human Services, governmental officers and agencies and SRHC for purposes of determining compliance with 45 C.F.R. §§164.500-534; (10) upon termination of the Agreement, for whatever reason, it will return or destroy all PHI, if feasible, received from, or created or received by it on behalf of SRHC which Educational Institution maintains in any form, and retain no copies of such information, or if such return or destruction is not feasible, to extend the precautions of this Agreement to the information and limit further uses and disclosure to those purposes that make the return or destruction of the information infeasible; and (11) will comply with all applicable laws and regulations, specifically including the
privacy and security standards of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended from time to time. Educational Institution recognizes that any breach of confidentiality or misuse of information found in and/or obtained from records may result in the termination of this Agreement and/or legal action. Unauthorized disclosure may give rise to irreparable injury to the patient or to the owner of such information and accordingly the patient or owner of such information may seek legal remedies against Educational Institution.

Section 8
Miscellaneous Provisions

8.1 Paragraph Headings. The paragraph headings in this agreement are for convenience only and are not intended to govern, limit, or affect the meanings of the paragraphs.

8.2 Complete Agreement. This constitutes the entire understanding between SRHC and Educational Institution with respect to the subject matter hereof and supersedes any and all prior understandings, written or oral. The parties stipulate and agree that there are no implied covenants to this agreement including but not limited to implied of covenants of good faith and fair dealing.

8.3 Notice. Any notice required or permitted by this agreement shall be in writing and shall be deemed given at the time it is deposited in the United States Mail, postage prepaid, certified mail, return receipt requested, addressed to such party’s representative identified herein.

8.4 Amendments. No amendments or additions to this agreement shall be binding unless in writing and signed by the party to be charged, except as may herein otherwise be provided.

8.5 Waiver. Failure to insist upon strict compliance with any of the terms, covenants, or conditions hereof shall not be deemed a waiver of such term, covenant, or condition, nor shall any waiver or relinquishment of any right or power hereunder at any one time or more times be deemed a waiver or relinquishment of such right or power at any other time or times.

8.6 Severability. If for any reason any provision of this agreement shall be determined by a court of competent jurisdiction to be legally invalid or unenforceable, the validity and unenforceability of the remainder of the agreement shall not be affected, and such provision shall be deemed modified to the minimum extent necessary to make such provision consistent with applicable law and, in its modified form, such provision shall then be enforceable and enforced.

8.7 Benefit and Assignability. This agreement is personal in its nature and shall inure to the benefit of and be binding upon the respective parties, their successor, personal
representatives, employees, students and assigns. Neither of the parties hereto shall, without
the consent of the other, assign or transfer this agreement or any right or obligations
hereunder, except that SRHC may assign or transfer this agreement to a successor
corporation in the event of a merger, consolidation, transfer, or sale of all or substantially all
of the assets of SRHC, or to a subsidiary corporation, provided that in the case of any such
assignment or transfer, this agreement shall, subject to the provisions hereof, be binding
upon and inure to the benefit of such successor corporation, and such successor corporation
shall discharge and perform all of the obligations of SRHC hereunder.

8.8 Governing Law; Jurisdiction; Mediation. The parties agree that the laws
of the State of Kansas shall govern this transaction. The parties further agree that any
legal disputes between them shall, prior to the filing of such disputes in court, be first
mediated utilizing a neutral mediator jointly selected by the parties with the presence and
participation of both parties at a mutually acceptable location.

IN WITNESS WHEREOF, the parties have executed this agreement as of the day
and year first above written.

Salina Regional Health Center, Inc.

By: ___________________________        Dated: 1/3/14
   Micheal Terry
   President and Chief Executive Officer

Educational Institution

By: ___________________________        Dated: 10/30/14

SADM01NMGTFEDUSchool to Career/Contracts/Regents and Non Regents Contract Templates/Regents Institution Education Agreement.doc
Modified on 6/08/06 11:42 am
May 19, 2014

McPherson Hospital, Inc
1000 Hospital Drive
McPherson, Kansas 67460

Medical Care Facility License Approval for June 2014
Kansas State ID No.: H-059-002

Dear Mr. Monical,

Health Facilities Program received the renewal application for the general hospital license. The application has been reviewed and approved for 2014. The new effective dates will be from June 1, 2014 until June 1, 2015. I would suggest you maintain a copy of this letter for individuals requesting the effective dates of the hospital license.

As a medical care facility you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law. A new license will be issued upon a change in the name on the face of the license or change in the address.

Your compliance with this licensing agency is appreciated. If my staff can be of any assistance to you, do not hesitate to contact our office.

Thank you,

Joyce Smith, Director
Health Facilities Program
State of Kansas
Medical Care Facility License

Facility: McPherson Hospital Inc
1000 Hospital Drive
McPherson KS 67460

County: McPherson

State ID: H-059-002

Is hereby granted a license by the Secretary of Health and Environment to conduct a medical care facility designated a

General Hospital

This license is subject to the provisions of KSA 65-425 through 65-441 and unless sooner revoked or suspended for failure to comply with the requirements of said law, this license shall remain in effect upon filing by the agency of an annual report as prescribed.

[Signature]
Secretary of Health and Environment

[Signature]
State Fire Marshal
Approved for Fire Safety

Kansas Department of Health and Environment
Bureau of Child Care and Health Facilities
1000 SW Jackson, Suite 200
Topeka, Kansas 66612-1365
Telephone: (785) 296-1240
Susan B. Allen
Memorial Hospital
El Dorado, KS

has been Accredited by

The Joint Commission
Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

June 7, 2013
Accreditation is customarily valid for up to 36 months.

Rebecca Patilin, MD
Chair, Board of Commissioners

Organization ID #: 8544
Print/Reprint Date: 08/28/13

Mark Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization’s locations of care.
September 26, 2014

Pratt Regional Medical Center
200 Commodore
Pratt, Kansas 67124

Medical Care Facility License Approval Letter for October 2014
Kansas State ID No.: H-076-001

Dear Ms. Page,

Health Facilities Program received the renewal application for the general hospital license. The application has been reviewed and approved for 2014. The new effective dates will be from October 1, 2014 until October 1, 2015. I would suggest you maintain a copy of this letter for individuals requesting the effective dates of the hospital license.

As a medical care facility you will continue to be required to complete an annual report each year.

Your license includes a statement that indicates the provisions of KSA 65-425 through 65-441 applies, unless sooner revoked or suspended for failure to comply with the requirements of said law. Your license shall remain in effect upon filing the next annual report as prescribed by law. A new license will be issued upon a change in the name on the face of the license or change in the address.

Your compliance with this licensing agency is appreciated. If my staff can be of any assistance to you, do not hesitate to contact our office.

Thank you,

Joyce Smith, Director
Health Facilities Program
State of Kansas
Medical Care Facility License

Facility
PRATT REGIONAL MEDICAL CENTER
HUMAN RESOURCES
PRATT, KS 67124-3099

County
PRATT

Is hereby granted a license by the Secretary of Health and Environment to conduct a medical care facility designated a

Hospital

This license is subject to the provisions of KSA 65-425 through 65-441 and unless sooner revoked or suspended for failure to comply with the requirements of said law, this license shall remain in effect upon filing by the agency of an annual report as prescribed.

[Signature]
Secretary of Health and Environment

[Signature]
State Fire Marshal
Approved for Fire Safety

Kansas Department of Health and Environment
Bureau of Health Facilities
1000 SW Jackson, Suite 330
Topeka, Kansas 66612-1365
Telephone: (785) 296-1240
August 26, 2013

Steven G. Kelly
Chief Executive Officer
Newton Medical Center
600 Medical Center Dr
Newton, KS 67114

Dear Mr. Kelly:

The American Osteopathic Association’s Bureau of Healthcare Facilities Accreditation (BHAFA) reviewed the triennial survey Deficiency Assessment Report and granted Full Accreditation with Interim Progress Report, with resurvey within 3 years and does recommend that the Centers for Medicare and Medicaid Services Regional Office (CMS, RO) approve deemed status for:

Newton Medical Center
600 Medical Center Dr
Newton, KS 67114

Medical Plaza of Valley Center
641 N Stuarts
Valley Center, KS 67147

Advanced Neurology Consultants
700 Medical Center Dr.; STE 240
Newton, KS 67114

Medical Plaza of Park City
1755 E. 61st Street North
Park City, KS 67114

Area Psychiatric Services
700 Medical Center Dr.; STE 101
Newton, KS 67114

Allen Eye Associates
700 Medical Center Dr; STE 110
Newton, KS 67114

Lovelace Plastic Surgery
700 Medical Center Dr; STE 101
Newton, KS 67114

Newton Surgical Group
700 Medical Center Dr; STE 101
Newton, KS 67114

Newton Orthopedic & Sports Medicine
800 Medical Center Dr; STE 240
Newton, KS 67114

Program: Acute Care Hospital
CCN# 170103
HFAP ID: 158123
Triennial Survey Dates: 06/26/2013 – 06/28/2013
Focused Re-Survey Date(s): 08/02/2013 - 08/02/2013
Effective Date of Accreditation: 08/29/2013 - 08/29/2016
Condition Level Deficiencies: None
(Use crosswalk and CFR citations, if applicable):

Any Condition Level Deficiency that was cited during the triennial survey was found to be in compliance at the focused resurvey.

This accreditation decision was reached on August 21, 2013 by the BHFA’s Executive Committee.

In reviewing your report, the Bureau of Healthcare Facilities Accreditation (BHFA) made the observations that are contained on the enclosed Bureau Progress Report and requires that an Interim Progress Report be received in the AOA Division of Healthcare Facilities Accreditation prior to January 15, 2014.

Sincerely,

Joseph L. Cappiello, BSN, MA
Chief Operating Officer
Healthcare Facilities Accreditation Program (HFAP)

JLC/gkm

c: Sherri Morgan-Johnson, RN, BSN, MHSA, Nurse Consultant
    Region VII, CMS
May 20, 2013

Kevin J. Miller, FACHE
President/CEO
Hutchinson Regional Medical Center, Inc.
1701 East 23rd Ave
Hutchinson, KS 67502

Joint Commission ID #: 10723
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed: 05/15/2013

Dear Mr. Miller:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning February 16, 2013. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit Quality Check® on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization’s appropriate staff, Leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization’s accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission’s information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations
Healthcare Facilities Accreditation Program

grants this

CERTIFICATE OF ACCREDITATION

to

Newman Regional Health
Emporia, KS

This Facility has met the applicable HFAP accreditation requirements and is therefore fully accredited by the Healthcare Facilities Accreditation Program

2014-2017

Executive Director
American Osteopathic Association

President
American Osteopathic Association

Chairman
Bureau Healthcare Facilities Accreditation
February 7, 2014

Robert Wright
Chief Executive Officer
Newman Regional Health
1201 W. 12th Ave
Emporia, KS 66801

Dear Mr. Wright:

The American Osteopathic Association’s Bureau of Healthcare Facilities Accreditation (BHFA) reviewed the initial Deficiency Assessment Report for your Critical Access Hospital and granted Full Accreditation with resurvey within 3 years and does recommend that the Centers for Medicare and Medicaid Services Regional Office (CMS, RO) approve deemed status for:

Newman Regional Health
1201 W. 12th Ave
Emporia, KS 66801
Program: Critical Access Hospital
CCN # PENDING
HFAP ID: 155756
Plan(s) of Correction Received: 12/16/2013
Effective Date of Accreditation: 12/16/2013 – 12/16/2016

Condition Level Deficiencies:  None
(Use crosswalk and CPR citations, if applicable):

This accreditation decision was reached on February 5, 2014 by the BHFA’s Executive Committee.

Since you are seeking initial accreditation, the CMS Regional Office will be reviewing the survey findings as part of the Medicare certification process. Once all CMS requirements have been met, the CCN (CMS Certification Number) will be issued by the Regional Office.

Sincerely,

Beverly Robins, RN, BSN, MBA
Director of Accreditation Services, HFAP
Healthcare Facilities Accreditation Program (HFAP)

BR/gkm
  c: Sherri Morgan-Johnson, RN, BSN, MHSA, Nurse Consultant
     Region VII, CMS
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**Total Number of Units Registered:** 0
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
Bureau of Environmental Health  
Radiation and Asbestos Control Section  
1000 SW Jackson, Ste. 350  
Topeka, KS 66612-1385  
Phone - 785-296-1580  Fax - 785-296-0964  
Website: www.k dheks.gov/radiation

2015 CERTIFICATE OF REGISTRATION

This certificate is hereby issued to the registrant listed below to possess and use the radiation machine(s) at the location listed below. The registrant is subject to all applicable rules, regulations and orders of the Kansas Department of Health and Environment, now or hereinafter in effect. The registrant shall notify the above office of any changes which affect this Certificate of Registration. Please refer to the registration number shown on this Certificate in any correspondence to this office.

ISSUED TO:

VIA CHRISTI CLINIC PA  
720 MEDICAL CENTER DR  
NEWTON  KS 67114

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TOTAL # OF X-RAY TUBES REGISTERED AT THE ABOVE LOCATION 5

FOR THE STATE DEPARTMENT OF HEALTH AND ENVIRONMENT  
By: 

THIS CERTIFICATE IS VALID UNTIL MARCH 1, 2016

Thomas A. Conley, CHP  
Radiation and Asbestos Control Section
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Bureau of Environmental Health
Radiation and Asbestos Control Section
1000 SW Jackson, Ste. 330
Topeka, KS 66612-1385
Phone – 785-296-1560  Fax – 785-296-0984
Website: www.ksdeks.gov/radiation

2015 CERTIFICATE OF REGISTRATION

This certificate is hereby issued to the registrant listed below to possess and use the radiation machine(s) at the location listed below. The registrant is subject to all applicable rules, regulations and orders of the Kansas Department of Health and Environment, now or hereinafter in effect. The registrant shall notify the above office of any changes which affect this Certificate of Registration. Please refer to the registration number shown on this Certificate in any correspondence to this office.

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WICHITA KS 67206-

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TOTAL # OF X-RAY TUBES REGISTERED AT THE ABOVE LOCATION 10

FOR THE STATE DEPARTMENT OF HEALTH AND ENVIRONMENT

By: ____________________________

Thomas A. Conley, CHP
Radiation and Asbestos Control Section

THIS CERTIFICATE IS VALID UNTIL MARCH 1, 2016
Standard One

*Integrity*

**Standard One:** The program demonstrates integrity in the following:
- Representations to communities of interest and the public,
- Pursuit of fair and equitable academic practices, and
- Treatment of, and respect for, students, faculty, and staff.

**Objectives:**

In support of Standard One, the program:

1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

1.2 Provides equitable learning opportunities for all students.

1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the STANDARDS.

1.8 Has publications that accurately reflect the program’s policies, procedures, and offerings.

1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

1.10 Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.

1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.
1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.15 Has procedures for maintaining the integrity of distance education courses.
1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

Explanation:
High ethical standards help assure that the rights of students, faculty, and staff are protected. Policies and procedures must be fair, equitably applied, and promote professionalism.

Required Program Response:
- Describe the procedure for making related policies and procedures known.
- Provide copies of policies and procedures that assure equitable treatment of students, faculty, and staff.

Possible Site Visitor Evaluation Methods:
- Review of student handbook
- Review of employee/faculty handbook
- Review of course catalog
- Review of student records
- Interviews with faculty
- Interviews with students
- Interviews with staff

All enrolled students receive a Student Handbook during orientation at the beginning of their first year. The Program Director reads a majority of the policies and procedures to students during orientation prior to classes beginning. The Clinical Coordinator and Clinical Instructor review content of the Student Handbook during their orientation with second year students. Students are made aware if any updates of policies/procedures have occurred, and initial knowledge of the change. First and second year students sign a statement that the contents have been explained to them and they have had an opportunity to ask questions.

Exhibit 1.1-1 Student Handbook

Exhibit 1.1-2 Pregnancy Policy Change

Exhibit 1.1-3 Evidence of Understanding Freshman and Sophomores

College policies, tuition information, refund policies, etc. are found in the online college catalog at [www.hutchcc.edu](http://www.hutchcc.edu). Students are notified of refund and withdrawal dates on their course schedule and class calendars.

Exhibit 1.1-4 Student Calendars

The Clinical Coordinator provides all clinical supervisors a Supervisor Handbook. Various program policies and procedures are provided in the Handbook.

Exhibit 1.1-5 Supervisor Handbook

The faculty and staff Handbook for all employees of Hutchinson Community College is found on our Web Services which is accessed through our username and password. The college’s Notice of Nondiscrimination is found at the bottom of its main web page at [www.hutchcc.edu](http://www.hutchcc.edu).
1.2 Provides equitable learning opportunities for all students.

Explanation:
The provision of equitable learning activities promotes a fair and impartial education and reduces institutional and/or program liability. The program must provide equitable learning opportunities for all students regarding learning activities and clinical assignments. For example, if an opportunity exists for students to observe or perform breast imaging, then all students must be provided the same opportunity. If evening and/or weekend rotations are utilized, this opportunity must be equitably provided for all students.

Required Program Response:
Describe how the program assures equitable learning opportunities for all students.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of master plan of education
- Review of course objectives
- Review of student clinical assignment schedules
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with clinical staff
- Interviews with students

All students are provided with the same learning opportunities. Students are assigned to a room rotation schedule which includes portables, trauma, fluoroscopy, surgery and ER. Some students rotate to other clinical education centers if opportunities are not available or if volume is lower than other clinical education centers. Modalities rotations are required for all students and the process for requesting an additional rotation is explained in the Student Handbook on page 46. Rotation schedules are given to students and supervisors and posted at each clinical education center. The Clinical Coordinator and Clinical Instructor keep a copy in student files at the college.

Beginning in the Spring and continuing through the Summer semester, students may request an optional evening and weekend rotation. Parameters and evaluations are explained on pages 47-51 in the Student Handbook and in Clinical Training II and Clinical Training III syllabi. Written requests for extra rotations are submitted for approval to the clinical supervisor and clinical coordinator.

Exhibit 1.2-1 Clinical I, II, III Syllabi

Exhibit 1.2-2 Elective Rotation Request Form

Students are not allowed to participate in mammography or hysterosalpingography procedures. Program policy concerning those exams is found on page 23 in the Student Handbook.

Student Handbook
1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

Explanation:
Programs must have a process in place to provide timely, appropriate, and educationally valid clinical experiences to all students admitted to the program. Students must have sufficient access to clinical settings that provide a wide range of procedures for competency achievement including mobile, surgical, and trauma examinations. Clinical settings may include hospitals, clinics, specialty/imaging centers, orthopedic centers, and other facilities. With the exception of observation site assignments, students must be provided the opportunity to complete required program competencies during clinical assignments. Clinical placement must be non-discriminatory in nature and solely determined by the program.

A meaningful clinical education plan assures that activities are educationally valid and prevents the use of students as replacements for employees. The maximum number of students assigned to a clinical setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical setting must not exceed the number of clinical staff assigned to the radiography department. The student to radiography clinical staff ratio must be 1:1. However, it is acceptable that more than one student may be temporarily assigned to one technologist during uncommonly performed procedures.

Students assigned to advanced imaging modalities, such as computed tomography, magnetic resonance, angiography, and sonography, are not included in the calculation of the authorized clinical capacity (unless the clinical setting is recognized exclusively for advanced imaging modality rotations). Once the students have completed the advanced imaging assignments, the program must assure that there are sufficient clinical staff to support the students upon reassignment to the radiography department.

The utilization of clinical assignments such as file room, reception area, and patient transportation should be limited.

Additionally, traditional programs that require students to participate in clinical education during evenings and/or weekends must assure that:
- students’ clinical clock hours spent in evening and/or weekend assignments must not exceed 25% of the total clinical clock hours.
- program total capacity is not increased through the use of evening and/or weekend assignments.

The JRCERT defines the operational hours of traditional programs as Monday - Friday, 5:00 a.m. - 7:00 p.m.

Programs may permit students to make up clinical time during term or scheduled breaks; however, they may not be assigned to clinical settings on holidays that are observed by the sponsoring institution. Program faculty need not be physically present; however, students must be able to contact program faculty during makeup assignments. Also, the program must assure that its liability insurance covers students during these makeup assignments.

Required Program Response:
- Describe the process for student clinical placement.
- Provide current student assignment schedules in relation to student enrollment.
- Describe how the program assures a 1:1 student to radiography clinical staff ratio at all clinical settings.
- Describe how the program assures that all students have access to a sufficient variety and volume of procedures to achieve program competencies.
- Submit evening and/or weekend rotation(s) calculations, if applicable.
Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review listing of enrolled students in relation to clinical assignments, including evening and/or weekend, if applicable
- Review of clinical placement process
- Review of student clinical records
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with students

The process for clinical site placement is found on page 25 of the Student Handbook. In addition, program faculty with the aid of department managers assess the number of registered technologists at each facility to assure the 1:1 ratio is not exceeded when determining the number of students assigned to each site.

The Clinical Coordinator works directly with department managers and clinical supervisors to develop rotation schedules that do not exceed a 1:1 ratio. Students are not assigned to the file room, reception area or patient transportation. The program only allows one first year student to observe at a clinical education center at one time. The program secretary contacts each clinical setting prior to the observation to assure sufficient volume and staff is available for the observation.

Exhibit 1.3-1 Observation Calendar

The program has students keep a log of procedures which is then entered into a computer document. The Clinical Coordinator uses the data to determine if rotation schedules are adequate or if they should be modified by additional rotations or having students rotate to another clinical education center. All required competencies have been achieved by all students. Copies of all students’ competencies are kept in student files and then scanned for long term archival.

Evening and weekend rotations are optional and described on page 47 in the Student Handbook.

Student Handbook
1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

Explanation:
This limitation helps assure that students are treated ethically. For the safety of students and patients, not more than ten (10) clinical hours shall be scheduled in any one day. Scheduled didactic and clinical hours combined cannot exceed forty (40) hours per week. Hours exceeding these limitations must be voluntary on the student’s part.

Required Program Response:
- Describe the process for assuring that time limitations are not exceeded.
- Provide documentation that required student clinical assignments do not exceed ten (10) hours in any one day and the total didactic and clinical involvement does not exceed forty (40) hours per week.

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Review of published program materials
- Review of student schedules
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

Students are not assigned to more than 40 hours per week. If a student is in the middle of an exam and happens to stay more than their 8 hour day, they are compensated for that time. The process and overtime verification form is found in the Student Handbook on pages 33 and 34.

Exhibit 1.4-1 Overtime Verification Form

The program utilizes an online time clock for students to document their clinical time and for the Clinical Coordinator and Clinical Instructor to monitor students’ time and attendance. The process and policies regarding the online time clock are found on page 32 of the Student Handbook.

Exhibit 1.4-2 Student Time Documentation

Additional learning experiences can be requested by students for make-up time, if approved by the Clinical Supervisor and Clinical Coordinator. The make-up time would be for any excused absence in excess of 56 hours.

Exhibit 1.4-3 Request for Additional Clinical Training

Student Handbook
1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

Explanation:
 Appropriately maintaining the security and confidentiality of student records and other program materials protects the student’s right to privacy. Student records must be maintained in accordance with the Family Education Rights and Privacy Act (Buckley Amendment). If radiation monitoring reports contain students’ dates of birth and/or social security numbers, this information must be maintained in a secure and confidential manner.

Required Program Response:
Describe how the program maintains the security and confidentiality of student records and other program materials.

Possible Site Visitor Evaluation Methods:

- Review of institution’s/program’s published policies/procedures
- Review of student academic and clinical records
- Tour of program offices
- Tour of clinical setting(s)
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

Student files are secured in locked file cabinets in each program faculty office.

Graded evaluation and competency forms of second year students are placed in locked boxes by the evaluating technologist(s). The students then bring the locked boxes to their weekly class. The Clinical Coordinator, Clinical Instructor, and Clinical Supervisors are the only individuals with a code for the boxes.

The Program Director maintains radiation monitoring reports with confidential information of first year students in her office in a locked file cabinet. Reports without confidential information are posted in the classroom. If clinical facilities post reports for staff and second year students, they are without confidential information. Radiation monitoring reports with confidential information are maintained in a secure place either by the department manager or RSO.
1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

Explanation:
A grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. The program must have procedures to provide students an avenue to pursue grievances. The procedure must outline the steps for formal resolution of any grievance. The final step in the process must not include any individual(s) directly associated with the program (e.g., program director, clinical coordinator, clinical instructors, diagnostic imaging department director). The procedure must assure timely resolution. The program must maintain a record of all formal grievances and their resolution. Records must be retained in accordance with the institution’s/program’s retention policies/procedures. The records must include information on how the grievance was resolved and assurance that there are no trends that could negatively affect the quality of the educational program.

Additionally, the program must have a procedure to address any complaints apart from those that require invoking the grievance procedure. The program must determine if a pattern of complaint exists that could negatively affect the quality of the educational program (e.g., cleanliness of the classroom).

Required Program Response:
Describe the nature of any formal grievance(s) that would jeopardize the program’s ability to meet its mission.
Describe the nature of any complaint(s) that would jeopardize the program’s ability to meet its mission.
Provide a copy of the grievance procedure.
Provide a copy of any formal grievance(s) resolution.

Possible Site Visitor Evaluation Methods:
- Review of institutional catalog
- Review of student handbook
- Review of formal grievance(s) record(s), if applicable
- Review of complaint(s) record(s), if applicable
- Interviews with faculty
- Interviews with students

The program has had two grievances filed in the last eight years. The reasons were not related and therefore the program did not recognize a trend. The outcome of the both grievances supported the quality of the program.

Students are informed on page 21 of the student handbook to report complaints about program policies/procedures either to the Program Director or to the Allied Health Department Co-Chairperson. Students can also voice complaints on course evaluations which are performed at the beginning of each semester on the previous semester courses.

**Exhibit 1.6-1 Course Evaluation**

The program adopted the college’s grievance policy and is found on page 21 of the Student Handbook and in the college catalog accessed through the HCC Web site.

Copies of formal grievance resolutions are provided.

**Exhibit 1.6-2 Resolution of Grievances**

**Student Handbook**
1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the STANDARDS.

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

Students have the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

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

Required Program Response:
- Describe the procedure for making students aware of the STANDARDS.
- Describe how students are provided contact information for the JRCERT.

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

The STANDARDS are found in the Student Handbook on pages 9-15 which is reviewed with students during orientation.

Students are informed in the Student Handbook to report any allegations of non-compliance of the STANDARDS to the JRCERT with their contact information on page 8 of the Student Handbook.

JRCERT contact information is also given on page 50 the Supervisor’s Handbook.

Student Handbook

Supervisor Handbook
1.8 Has publications that accurately reflect the program’s policies, procedures, and offerings.

Explanation:
Maintaining published information regarding the program’s current policies, procedures, and offerings provides interested parties with an accurate overview of program requirements and expectations.

Required Program Response:
Provide program publications that reflect program policies, procedures and offerings.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student handbook
- Interviews with faculty
- Interviews with students

Exhibit 1.8-1 Brochure

Exhibit 1.8-2 Marketing Brochure

Exhibit 1.8-3 Program Web site
1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

Explanation:
The institutional and/or program policies must be published and made readily available to students, faculty, and the general public on the institution’s/program’s Web site to assure transparency and accountability of the educational program. For example, requiring the general public to contact the institution/program to request program information is not adequate. Policy changes must be made known to students, faculty, and the general public in timely fashion. It is recommended that revision dates be identified on program publications.

The institution and/or program must establish and publicly disclose the criteria used when determining the transfer of credit earned from other institutions and/or programs. Also, programs must publicly disclose a list of institutions with which the program has established an articulation agreement.

The program’s academic calendar must be published and, at a minimum, identify specific start and end dates for each term, holidays recognized by the sponsoring institution, and breaks.

Student clinical obligations (e.g., drug screening, background checks, and associated fees) must be clearly identified in appropriate program publications. Additionally, if evening and/or weekend clinical assignments are required or if students must travel to geographically-dispersed clinical settings, this information must also be included.

Required Program Response:
- Describe how institutional and/or program policies are made known to students, faculty, and the general public.
- Provide publications that include these policies.

Possible Site Visitor Evaluation Methods:
- Review of institutional materials
- Review of published program materials
- Review of institutional and/or program Web site
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with Registrar
- Interviews with students

Institutional policies are available to students, faculty, and the general public on the college Web site http://www.hutchcc.edu/catalog/policy/. Interested individuals can find information concerning admission policies, transfer credit, tuition and fees, refund policies, academic calendars and policies, graduation requirements, and student services. The program’s 2 + 2 articulation with Friends University is also published on the college Web site and the program brochure.

Program information is made available to students, faculty, and staff on the program Web site at www.hutchcc.edu/academics/allied-health/radiology/ and program brochure. The Clinical Coordinator and Program Director review and update the Web site on a yearly basis or as necessary. The Program Director updates the program brochure yearly. All enrolled students are given a program academic calendar at the beginning of each semester.

Exhibit 1.9-1 Clinical Calendars

Exhibit 1.9-2 Program Brochure
During an information session, all qualified prospective students view a Power Point presentation which includes admission and selection criteria, academic policies, clinical placement criteria and the possibility of driving to other clinical sites on a limited basis. Other program information is also presented on the Power Point program which is updated yearly by the Program Director.

If a policy or form change occurs during an academic year, students must initial the changed policy or form to document knowledge of the change.

Exhibit 1.9-2 Handbook Change
1.10 Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

Explanation:
Program accountability is enhanced by making its mission statement, goals, and student learning outcomes available to the program’s communities of interest on the institution’s/program’s Web site to assure transparency and of the educational program. Requiring the general public to contact the institution/program to request program information is not adequate.

Example:

Mission:
The mission of the radiography program is to prepare competent, entry-level radiographers able to function within the healthcare community.

Goal: Students will be clinically competent.
Student Learning Outcomes: Students will apply positioning skills.
Students will select technical factors.
Students will utilize radiation protection.

Goal: Students will demonstrate communication skills.
Student Learning Outcomes: Students will demonstrate written communication skills.
Students will demonstrate oral communication skills.

Goal: Students will develop critical thinking skills.
Student Learning Outcomes: Students will adapt standard procedures for non-routine patients.
Students will critique images to determine diagnostic quality.

Goal: Students will model professionalism.
Student Learning Outcomes: Students will demonstrate work ethics.
Students will summarize the value of life-long learning.

Required Program Response:
- Describe how the program makes its mission statement, goals, and student learning outcomes available to students, faculty, administrators, and the general public.
- Provide copies of publications that contain the program’s mission statement, goals, and student learning outcomes.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of institutional and/or program Web site
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students
The program’s mission statement, goals, and student learning outcomes are found on the program Web site, program brochure, Student Handbook pages 16 &17 and in Clinical Supervisor’s Handbook pages 3, 34-35.

Exhibit 1.10-1 Program Web site

Exhibit 1.10-2 Program Brochure

Student Handbook

Clinical Supervisor Handbook
1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.

*Explanation:* Communities of interest are defined as institutions, organizations, groups, and/or individuals interested in educational activities in radiography. Obtaining formal feedback on program operations, student progress, employer needs, etc. from communities of interest allows the program to determine if it is meeting expectations and assures continuous program improvement. The program can use a variety of tools to obtain this feedback.

*Required Program Response:*  
- Describe the process of obtaining feedback.  
- Provide representative samples of appropriate meeting minutes, evaluations (e.g., course and faculty), and surveys (e.g., graduate and employer).

*Possible Site Visitor Evaluation Methods:*  
- Review of meeting minutes  
- Review of evaluations  
- Review of surveys  
- Interviews with members of various communities of interest

The program utilizes a variety of methods to meet the Standard. The program’s Advisory Committee meets twice a year to obtain feedback on a variety of items to assure program improvement. Students evaluate each program course at the end of a semester. Students also evaluate faculty once a year. The program sends out yearly graduate and employer surveys to solicit their input.

**Exhibit 1.11-1 List of Advisory Committee Members**

**Exhibit 1.11-2 Copies of Advisory Minutes**

**Exhibit 1.11-3 Course Evaluations**

**Exhibit 1.11-4 Faculty Evaluations**

**Exhibit 1.11-5 Graduate Survey**

**Exhibit 1.11-6 Employer Survey**
1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

Explanation:
Non-discriminatory practices assure applicants have equal opportunity for admission. Statistical information such as race, color, religion, gender, age, disability, national origin, and any other protected class may be collected; however, this information must be voluntarily provided by the student. Use of this information in the student selection process is discriminatory.

Required Program Response:
- Describe how admission practices are non-discriminatory.
- Provide institutional and/or program admission policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with students

The program’s admission criteria is based strictly on a non-discriminatory point system which is described under the admission and selection criteria on the program Web site and brochure.

Exhibit 1.12-1 Web site Admission Criteria

Exhibit 1.12-2 Brochure

A copy of the spread sheet from the 2014 class is provided.

Exhibit 1.12-3 2014 Applicant List
1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

Explanation:
Defined admission practices facilitate objective student selection. In considering applicants for admission, the program must follow published policies and procedures.

Required Program Response:
- Describe the implementation of institutional and program admission policies.
- Provide institutional and program admission policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with students

Applicants who receive a passing score on either their first or second attempt on the program assessment test view a PowerPoint presentation. This assures uniformity of information about the program is provided to all applicants. The Program Director then conducts an information session with the same topics covered to assure uniformity. All qualified applicants are given a check list to make sure they have accomplished all admission criteria.

Exhibit 1.13-1 Applicant Checklist

Part of the program admission criteria includes the same admission criteria as the college.
1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

**Explanation:**
Recruitment and employment practices that are non-discriminatory assure fairness and integrity. Equal opportunity for employment must be offered to each applicant. Employment practices must be applied equitably to all faculty.

**Required Program Response:**
- Describe how non-discriminatory employment practices are assured.
- Provide copies of employment policies and procedures that assure non-discriminatory practices.

**Possible Site Visitor Evaluation Methods:**
- Review of employee/faculty handbook
- Review of employee/faculty application form
- Review of institutional catalog
- Interviews with faculty

Recruitment and employment of faculty is performed by the Human Resource office to assure non-discriminatory employment practices. Faculty are notified to contact the Coordinator of Equity and Compliance with any questions in the notice of non-discrimination which is found on the college’s Web site.

Faculty contracts fall under the Master Agreement which is negotiated yearly by the faculty association to ensure equality to all faculty members.
1.15  Has procedures for maintaining the integrity of distance education courses.

**Explanation:**
Programs that offer distance education must have processes in place that assure that the students who register in the distance education courses are the same students that participate in, complete, and receive the credit. Programs must verify the identity of students by using methods such as, but not limited to: secure log-ins, pass codes, and/or proctored exams. These processes must protect the student’s privacy. Student costs associated with distance education must be disclosed.

**Required Program Response:**
- Describe the process for assuring the integrity of distance education courses.
- Provide published program materials that outline procedures for maintaining integrity of distance education courses.
- Provide published program materials that identify associated fees for students enrolled in distance education courses.

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

Students can take pre-requisite and general courses online, but core courses in the Radiologic Technology Program are not offered online.
Summary for Standard One

1. List the major strengths of Standard One, in order of importance.
   1. Strong Advisory Committee.
   2. Equable training experiences for students.
   3. Program and college policies are non-discriminatory.

2. List the major concerns of Standard One, in order of importance.
   None

3. Provide the program’s plan for addressing each concern identified.
   N/A

4. Describe any progress already achieved in addressing each concern.
   N/A

5. Describe any constraints in implementing improvements.
   N/A
Standard Two: Resources

Standard Two: The program has sufficient resources to support the quality and effectiveness of the educational process.

Objectives:
In support of Standard Two, the program:

Administrative Structure

2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program’s mission.

2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

2.3 Provides faculty with opportunities for continued professional development.

2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

Learning Resources/Services

2.5 Assures JRCERT recognition of all clinical settings.

2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program’s mission.

2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

2.8 Provides access to student services in support of student learning.

Fiscal Support

2.9 Has sufficient ongoing financial resources to support the program’s mission.

2.10 For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.
2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program’s mission.

Explanation:
The program’s relative position in the organizational structure helps facilitate appropriate resources and assures focus on the program. To operate effectively, the program must have sufficient institutional administrative support. Both organizational structure and administrative support enable the program to meet its mission and promote student learning.

Required Program Response:
- Describe the program’s relationship to the organizational and administrative structures of the sponsoring institution and how this supports the program’s mission.
- Provide institutional and program organizational charts.

Possible Site Visitor Evaluation Methods:
- Review of organizational charts of institution and program
- Review of meeting minutes
- Review of published program materials
- Review of master plan of education
- Interviews with faculty and institutional officials
- Interviews with clinical instructor(s)

The Radiologic Technology Program is in Department 1, Allied Health, which has two Department Chairpersons. The institution and department missions are supportive of the program’s mission.

Exhibit 2.1-1 Hutchinson Community College Organizational Chart

The department conducts an allied health coordinator’s meeting on a monthly basis. Input is shared among programs and is then directed to the Vice President of Academic Affairs if necessary. This is a two way conduit since the Department Co-Chairs meet with the Vice President bi-monthly.

All three program faculty are on a faculty contract. The Program Director however has administrative responsibilities as well as instructional duties. The Program Director conducts formal faculty meetings on a monthly basis to address various topics. Informal topics are discussed daily or as they arise. There is a very positive, supportive relationship between all three members which helps the program achieve its mission.

Exhibit 2.1-2 Faculty Meeting Minutes

The Clinical Coordinator is responsible for coordinating clinical and didactic instruction for second year students. He meets weekly with the Clinical Instructor to plan out the next week’s lesson plans and any clinical issues.
2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

Explanation:
An adequate number of faculty promotes sound educational practices. A full-time program director is required. Faculty teaching loads and release time must be consistent with those of comparable faculty in other health science (allied health) programs in the same institution.

Additionally, a full-time equivalent clinical coordinator is required if the program has more than five (5) active clinical settings or more than thirty (30) students enrolled in the clinical component. The clinical coordinator position may be shared by no more than four (4) appointees. If a clinical coordinator is required, the program director may not be identified as the clinical coordinator. The clinical coordinator may not be identified as the program director.

The program director and clinical coordinator may perform clinical instruction; however, they may not be identified as clinical instructors.

A minimum of one clinical instructor must be designated at each recognized clinical setting. The same clinical instructor may be identified at more than one site as long as a ratio of one full-time equivalent clinical instructor for every ten (10) students is maintained.

Required Program Response:
- Provide, if available, institutional policies in relation to teaching loads and release time.
- Describe faculty teaching loads and release time in relation to a comparable health science (allied health) program within the institution.
- Describe the adequacy of the number of faculty and clinical staff to meet identified accreditation requirements and program needs.

Possible Site Visitor Evaluation Methods:
- Review institutional policies in relation to teaching loads and release time
- Review of master plan of education
- Review of position descriptions
- Review of clinical settings
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students

Institutional policies describing faculty teaching load and overload hours are described in the HCC Master Agreement and are consistent for all faculty members. The Program Director is granted release time to fulfill administrative duties required of the position. Other program coordinators are also granted release time. Copies of calculated load hours per semester and release time are maintained in faculty offices and in the VP of Academic Affair’s office.

The program has adequate faculty. The Program Director is on an 11 month contract with extra days and teaches a course all three semesters in the first year of the program. She also makes periodic visits, phone calls, and emails to clinical education centers throughout each semester.

The Clinical Coordinator is on a 10 month contract with extra days and spends one day a week all three semesters meeting with Clinical Supervisors, technologists, and students during regular site visits. In the
Fall semester, he teaches a first year course two days a week on campus and second year courses at one clinical education center. During the Spring and Summer semester, the Clinical Coordinator has instructional duties at the clinical education centers for second year students.

**Exhibit 2.2-1 Clinical Coordinator Schedule**

The Clinical Instructor is on a 10 month contract and has instructional duties for second year students all three semesters. In addition, she teaches a didactic course for first year students in the Spring semester and holds tutor sessions in the Summer semester for second year students.

The program has either one or two Clinical Supervisors at each of the affiliated clinical education centers. There is never a situation that the 1:10 ratio would be exceeded.
2.3 Provides faculty with opportunities for continued professional development.

**Explanation:**
Continued professional development results in more knowledgeable, competent, and proficient faculty. Opportunities that enhance and advance educational, technical, and professional knowledge must be available to program faculty.

**Required Program Response:**
Describe how continued professional development opportunities are made available to faculty.

**Possible Site Visitor Evaluation Methods:**
- Review of institutional and program policies
- Review of program budget or other fiscal appropriations
- Review of evidence of faculty participation in professional development activities
- Interviews with administrative personnel
- Interviews with faculty

The college Master Agreement provides release time for faculty to attend professional activities. The program is also eligible to qualify for federal grant monies for professional development. All three faculty members were able to attend the 2014 RSNA conference using the grant money. Evidence to support continued professional development of program faculty is in Exhibit 2.3-1.

**Exhibit 2.3-1 Travel PO**

The college also provides an adequate budget for faculty members to attend such activities.

**Exhibit 2.3-2 Travel Budget**
2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

Explanation:
Clerical support services necessary to assist in meeting educational, program, and administrative requirements of the program must be provided as appropriate.

Required Program Response:
Describe the availability and use of clerical support services.

Possible Site Visitor Evaluation Methods:
- Review of program’s staffing plan
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

The program utilizes clerical services provided by a full-time secretary/receptionist. She provides clerical services to two other allied health programs, but offers adequate availability to meet the needs for the program. The program asks her to do clerical items, answer phone calls and emails from prospective students, proctor the program’s assessment test, and schedules times for the first year students to go out to clinical education centers.
2.5 Assures JRCERT recognition of all clinical settings.

Explanation:
JRCERT recognition helps assure an appropriate learning environment for student clinical education. All clinical settings must be recognized by the JRCERT. Recognition of a clinical setting must be obtained prior to student placement. A minimum of one (1) clinical instructor must be identified for each recognized clinical setting.

An observation site is used for student observation of the operation of equipment and/or procedures. If the program uses observation sites, these sites do not require recognition by the JRCERT. These sites provide opportunities for observation of clinical procedures that may not be available at recognized clinical settings. Students may not assist in, or perform, any aspects of patient care during observational assignments.

Facilities where students are participating in service learning projects or community-based learning opportunities do not require recognition.

Required Program Response:
- Assure all clinical settings are recognized by the JRCERT.
- Describe how observation sites, if used, enhance student clinical education.

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

All clinical settings are recognized by the JRCERT. The program utilizes two observation sites owned by Central Care Cancer Center for a one day rotation in Radiation Therapy. One facility is located in Emporia, the other in Newton.

Exhibit 2.5-1 Communication with Central Care Cancer Center
2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program’s mission.

Explanation:
Learning environments are defined as places, surroundings, or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms and laboratories. Learning environments must be consistent with those of comparable health science programs in the same institution. Provision of appropriate learning environments facilitates achievement of the program’s mission. Although a dedicated classroom and/or laboratory are not required, scheduled accessibility to facilities conducive to student learning must be assured. Faculty office space should be conducive to planning and scholarly activities. Space should be made available for private student advisement.

Required Program Response:
Describe how classrooms, laboratories, and administrative and faculty offices facilitate the achievement of the program’s mission.

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

The program utilizes a room at Davis Hall for dedicated instruction of first year radiology students. The classroom is large enough to accommodate 24 students, a darkroom, storeroom, and an energized laboratory. The classroom has multimedia capabilities and accommodation of computed radiography and a newly installed digital radiography system. Students have easy access to the classroom since only radiology classes are held in the room. Room 21 of Davis Hall is the location the computer lab which has 20 computers and multimedia capabilities. Two computer labs in the adjacent Peel Center are also available for student use.

All clinical education centers have up-to-date equipment and an adequate number of rooms. Classrooms provided by clinical education centers are adequate.

Each faculty member has a private office with adequate space. Two are located on the first floor and the other on the second floor of Davis Hall.
2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

Explanation:
The review and maintenance of learning resources promotes student knowledge of current and developing imaging technologies. The program must provide learning resources to support and enhance the educational program. These resources must include:
- a print or electronic library with a variety of materials published within the last five years,
- computer access, and
- additional learning aids (e.g., educational software, classroom/laboratory accessory devices, etc.).

The JRCERT does not endorse any specific learning resources.

Required Program Response:
- Describe the available learning resources.
- Describe the procedure for review and maintenance of learning resources.

Possible Site Visitor Evaluation Methods:
- Tour of learning facilities
- Review of learning resources
- Review of surveys
- Review of meeting minutes
- Interviews with faculty
- Interviews with students

The Rimmer Learning Resource Center on the main campus has a variety of radiology materials available to students. Some of those resources are listed in the appendix of the Student Handbook. Students also have access to books at clinical education centers and faculty offices. Students have access to any computer on the main campus, the Peel Center and in Davis Hall.

Student Handbook
2.8 Provides access to student services in support of student learning.

_Explanation:_
The provision of appropriate student services promotes student achievement. At a minimum, the program must provide access to information for:
- personal counseling,
- requesting accommodations for disabilities as defined by applicable federal (Americans with Disabilities Act) and state laws, and
- financial aid.

Additional student services may be provided at the discretion of the program. These services should be sufficient to assure student learning.

All services provided must be made known to students and the general public.

_Required Program Response:_
- Describe the students’ access to student services.
- Provide published program materials that outline accessibility to student services.

_Possible Site Visitor Evaluation Methods:_
- Review of published program materials
- Interviews with faculty
- Interviews with students

Guidance and Counseling, Financial Aid, and Accommodations are all located in offices on the main campus. Information about each service is located on the HCC Web site. Students are informed about personal counseling and financial aid in the Student Handbook. The college requires all course syllabi to contain the accommodations statement.

_Exhibit 2.8-1 Clinical Syllabi_

_Student Handbook_
2.9 Has sufficient ongoing financial resources to support the program’s mission.

Explanation:
Adequate, ongoing funding is necessary to accomplish the program’s mission and to support student learning. The sponsoring institution must demonstrate ongoing financial commitment to the program and its students by providing adequate human and physical resources.

Required Program Response:
- Describe the adequacy of financial resources.
- Provide copies of the program’s budget and/or expenditure records.

Possible Site Visitor Evaluation Methods:
- Review of program budget and/or other fiscal appropriations
- Interviews with administrative personnel
- Interviews with faculty

The college has provided adequate funding for the program to meet its mission. The program has gone several years with no change in the line items of the budget which has been adequate for the program to function effectively. In some years, the program has been given grant monies for large equipment purchases to aid student learning and to stay current in the profession.

Exhibit 2.9-1 Budget
2.10 For those institutions and programs for which the JRCERT serves as gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.

Explanation:
A gatekeeper is defined as an agency holding responsibility for oversight of the distribution, record keeping, and repayment of Title IV financial aid. The program must comply with USDE requirements to participate in Title IV financial aid.

If the program has elected to participate in Title IV financial aid and the JRCERT is identified as the gatekeeper, the program must: maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources, have a monitoring process for student loan default rates, have an appropriate accounting system providing documentation for management of Title IV financial aid and expenditures, and inform students of responsibility for timely repayment of Title IV financial aid.

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

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

N/A
Summary for Standard Two

1. List the major strengths of **Standard Two**, in order of importance.
   
   1. The program has a supportive administration.
   2. Strong and supportive student services.
   3. Supportive budget.

2. List the major concerns of **Standard Two**, in order of importance.

   1. Insufficient size of available computer labs.

3. Provide the program’s plan for addressing each concern identified.

   1. Discuss topic at monthly coordinator meeting.
   2. Creative scheduling.

4. Describe any progress already achieved in addressing each concern.

   None

5. Describe any constraints in implementing improvements.

   1. Cooperation from the nursing program.
   2. Building size and availability of space.
Standard Three
Curriculum and Academic Practices

Standard Three: The program’s curriculum and academic practices prepare students for professional practice.

Objectives:

In support of Standard Three, the program:

3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

3.6 Maintains a master plan of education.

3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.
3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

Explanation:
The program’s mission statement should be consistent with that of its sponsoring institution. The program’s mission statement should clearly define the purpose or intent toward which the program’s efforts are directed. Periodic evaluation assures that the program’s mission statement is effective.

Required Program Response:
- Provide a copy of the program’s mission statement.
- Provide meeting minutes that document periodic reevaluation of the mission statement.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of meeting minutes
- Review of master plan of education
- Interviews with faculty

The program’s mission statement is found on page 16 in the Student Handbook and published on the program’s Web site and brochure.

3.1-1 Program Brochure

Student Handbook

The mission statement was last re-evaluated at the Fall 2011 Advisory Meeting. It is on the agenda for the Spring 2015 meeting.

Exhibit 3.1-2 Advisory Minutes December 2011
3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

Explanation:
The well-structured curriculum must be comprehensive, appropriately sequenced, include current information, and provide for evaluation of student achievement. A competency-based curriculum allows for effective student learning by providing a knowledge foundation prior to performance of procedures. Continual refinement of the competencies achieved is necessary so that students can demonstrate enhanced performance in a variety of situations and patient conditions. In essence, competency-based education is an ongoing process, not an end product.

Programs must follow a JRCERT-adopted curriculum. An adopted curriculum is defined as:
- the latest American Society of Radiologic Technologists professional curriculum and/or
- another professional curriculum adopted by the JRCERT Board of Directors following review and recommendation by the JRCERT Standards Committee.

Use of a standard curriculum promotes consistency in radiography education and prepares the student to practice in the professional discipline. At a minimum, the curriculum should promote qualities that are necessary for students/graduates to practice competently, make good decisions, assess situations, provide appropriate patient care, communicate effectively, and keep abreast of current advancements within the profession. Expansion of the curricular content beyond the minimum is at the discretion of the program.

The program must submit the latest curriculum analysis grid (available at www.jrcert.org).

Required Program Response:
- Describe how the program’s curriculum is structured.
- Describe the program’s competency-based system.
- Submit current curriculum analysis grid.
- Describe how the program's curriculum is delivered, including the method of delivery for distance education courses.
- Identify which courses, if any, are offered via distance education.
- Describe alternative learning options, if applicable (e.g., part-time, evening and/or weekend curricular track).

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Review of didactic and clinical curriculum sequence
- Review of analysis of graduate and employer surveys
- Interviews with faculty
- Interviews with students
- Observation of a portion of any course offered via distance delivery
- Review of part-time, evening and/or weekend curricular track, if applicable

The program curriculum is found on page 7 of the Student Handbook and on the college’s website. The didactic courses are sequenced so students can build upon previous information each semester. The content of radiation protection is covered before students are allowed to start observation hours in the clinical settings.
The clinical competency-based curriculum is described on pages 67-84 of the Student Handbook. First year students initially learn various examinations using lecture, demonstration, and simulation methods. They are expected to observe those examinations while performing observations at clinical education centers. Students then perform simulated competency testing at the end of each semester.

**Exhibit 3.2-1 First Year Competency Evaluation**

During the second year of the program, the requirements for each semester are explained in each clinical course syllabus. The Clinical Coordinator and Clinical Instructor keep a log of mandatory and elective competencies as they are completed by students. Besides the required competencies in each course, periodically the Clinical Coordinator and Clinical Instructor will perform simulated spot competencies. A final competency is required the last semester of the program. Modality rotations are not performed until they have been covered in class.

**Exhibit 3.2-2 Clinical Syllabi**

**Exhibit 3.2-3 Spot Competency 2nd Year**

**Exhibit 3.2-4 Final Competency 2nd Year**

**Exhibit 3.2-5 Instructor Competency Log**

**Exhibit 3.2-6 Curriculum Analysis Grid**

All didactic radiology courses are offered face-to-face with web support. The college offers the prerequisite classes and general courses as either face-to-face or online.
3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

Explanation:
The program must provide learning opportunities in current and developing imaging and/or therapeutic technologies. It is the program’s prerogative to decide which technologies should be included in the didactic and/or clinical curriculum. Programs are not required to offer clinical rotations in developing imaging and/or therapeutic technologies; however, these clinical rotations are strongly encouraged to enhance student learning.

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

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Interviews with faculty
- Interviews with students

In the Fall semester of the second year of the program, students are introduced to other modalities in the didactic course Imaging Modalities. Students perform a one day mandatory rotation through MR, Ultrasound, Nuclear Medicine, Radiation Therapy, and Special Procedures after they have been covered in class. Students may request an additional week rotation to one modality.

During the Spring semester, students perform a two week rotation through CT.

Mandatory and elective rotations are explained in the Clinical Training II syllabus, and in the Student Handbook on pages 46 and 52. Objectives and a completed evaluation form are found below.

Exhibit 3.3-1 Clinical Training II Syllabus
Exhibit 3.3-2 Modality Rotation Objectives
Exhibit 3.3-3 Modality Evaluation Form
Student Handbook
3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

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

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

*Possible Site Visitor Evaluation Methods:*
- Review of course catalog
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students

The program is 2 years (6 semesters) in length and graduates meet the Associates of Applied Science degree in Radiologic Technology. Students acquire 65 program credit hours and 12 prerequisite credit hours.
3.5 **Measures the length of all didactic and clinical courses in clock hours or credit hours.**

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

**Required Program Response:**
- Describe the method used to award credit hours for lecture, laboratory and clinical courses.
- Provide a copy of the program’s policies and procedures for determining credit hours and an example of how such policy has been applied to the program’s coursework.
- Provide a list of all didactic and clinical courses with corresponding clock or credit hours.

**Possible Site Visitor Evaluation Methods:**
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students

The college sends all new courses to the curriculum committee for approval before they sent to the Kansas Board of Regents. The college and state use a ratio of clock hours to credit hours to award the proper credit hour for each course. The ratio for clinical courses is 45:1; lab is 30:1; and lecture is 15:1.

**Exhibit 3.5-1 Credit Hour Determination**

All courses are listed on pages 5 & 6 in the Student Handbook.

[Student Handbook]
3.6 Maintains a master plan of education.

Explanation:
A master plan provides an overview of the program and allows for continuity among, and documentation of, all aspects of the program. In the event of new faculty and/or leadership to the program, the master plan provides the information needed to understand the program and its operations.

The plan should be evaluated annually, updated, and must include the following:
- course syllabi (didactic and clinical courses) and
- program policies and procedures.

While there is no prescribed format for the master plan, the component parts should be identified and readily available. If the components are not housed together, the program must list the location of each component. If the program chooses to use an electronic format, the components must be accessible by all program faculty.

Required Program Response:
- Identify the location of the component parts of the master plan of education.
- Provide a Table of Contents for the program’s master plan.

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Interview with program director
- Interviews with faculty

Exhibit 3.6-1 Table of Contents for the Master Plan
Exhibit 3.6-2 Master Plan, Location of Information
3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

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

Required Program Response:
- Describe procedures for advisement.
- Provide sample records of student advisement.

Possible Site Visitor Evaluation Methods:
- Review of students’ records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students

Program faculty post their office hours and are found on all course syllabi. Faculty are available to students during those times and outside of those times with previous arrangements.

Students receive academic advisement periodically throughout each semester by issuing progress reports for their review and signature. Students are advised of possible methods to improve their scores if not satisfied or not receiving a passing grade. Tutoring is available the first two semesters of the program. A list of students who have attended sessions are kept on file in the Program Director’s office. Second year students scoring less than a 75% on review exams in the Summer semester attend mandatory tutoring sessions.

Exhibit 3.7-1 Student Progress Reports

Behavior and clinical advisement of all students is in accordance to policies and procedures as described in the Student Handbook. Disciplinary policies and procedures are described on page 54 of the Student Handbook. Signed copies of Unsatisfactory Performance Reports are kept in student’s file. Second year students receive monthly counseling and advisement upon receiving Performance Evaluations and Professional Impression Evaluations. Documented counseling and Plans for Improvement are required under certain circumstances. Documentation is maintained in Clinical Coordinator’s and Clinical Instructor’s offices.

Exhibit 3.7-2 Performance Appraisal

Exhibit 3.7-3 Professional Impression

Exhibit 3.7-4 Unsatisfactory Performance Report/Plan for Improvement

Student Handbook
3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

- Full-time Program Director:
  
  Assures effective program operations,

  Oversees ongoing program assessment,

  Participates in budget planning,

  Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development, and

  Assumes the leadership role in the continued development of the program.

- Full-time Clinical Coordinator:
  
  Correlates clinical education with didactic education,

  Evaluates students,

  Participates in didactic and/or clinical instruction,

  Supports the program director to help assure effective program operation,

  Coordinates clinical education and evaluates its effectiveness,

  Participates in the assessment process,

  Cooperates with the program director in periodic review and revision of clinical course materials,

  Maintains current knowledge of the discipline and educational methodologies through continuing professional development, and

  Maintains current knowledge of program policies, procedures, and student progress.

- Full-time Didactic Program Faculty:
  
  Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,

  Participates in the assessment process,

  Supports the program director to help assure effective program operation,

  Cooperates with the program director in periodic review and revision of course materials, and

  Maintains appropriate expertise and competence through continuing professional development.

- Part-time Didactic Program Faculty:
Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,

Participates in the assessment process, when appropriate,

Cooperates with the program director in periodic review and revision of course materials, and

Maintains appropriate expertise and competence through continuing professional development.

- Clinical Instructor(s):

  Is knowledgeable of program goals,

  Understands the clinical objectives and clinical evaluation system,

  Understands the sequencing of didactic instruction and clinical education,

  Provides students with clinical instruction and supervision,

  Evaluates students’ clinical competence,

  Maintains competency in the professional discipline and instructional and evaluative techniques through continuing professional development, and

  Maintains current knowledge of program policies, procedures, and student progress.

- Clinical Staff:

  Understand the clinical competency system,

  Understand requirements for student supervision,

  Support the educational process, and

  Maintain current knowledge of program policies, procedures, and student progress.

Explanation:
The clear delineation of responsibilities facilitates accountability. Faculty and clinical staff responsibilities must be clearly delineated and must support the program’s mission.

Full- and part-time status is determined by, and consistent with, the sponsoring institution’s definition. At all times when students are enrolled in didactic and/or clinical components, the program director and/or clinical coordinator must assure that their program responsibilities are fulfilled.

Required Program Response:
Provide documentation that faculty and clinical staff positions are clearly delineated.

Possible Site Visitor Evaluation Methods:
- Review of position descriptions
- Review of handbooks
- Interviews with faculty and clinical staff to assure responsibilities are being performed
- Interviews with students
Exhibit 3.8-1 Program Director Job Description

Exhibit 3.8-2 Clinical Supervisor Job Description

Exhibit 3.8-3 Clinical Instructor Job Description

Exhibit 3.8-4 Clinical Coordinator Job Description
3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.

Explanation:
The performance of program faculty and clinical instructor(s) must be evaluated minimally once per year. Evaluation assures that instructional responsibilities are performed and provides administration and faculty with information to evaluate performance. Evaluation promotes proper educational methodology and increases program effectiveness. Evaluation results must be shared minimally once per year with the respective program faculty and clinical instructor(s) being evaluated to assure continued professional development. Any evaluation results that identify concerns must be discussed with the respective individual(s) as soon as possible.

Required Program Response:
- Describe the evaluation process.
- Describe how evaluation results are shared with program faculty and clinical instructor(s).
- Provide samples of evaluations of program faculty.
- Provide samples of evaluations of clinical instructor(s).

Possible Site Visitor Evaluation Methods:
- Review of program evaluation materials
- Review of clinical instructor evaluation
- Interviews with administrative personnel
- Interviews with program faculty
- Interviews with clinical instructor(s)
- Interviews with students

Evaluation of didactic and clinical faculty employed by the college is performed as indicated in the HCC Master Agreement. The radiology faculty exceeds the requirement by being evaluated at least once a year. Results of evaluations are given to faculty after final grades have been entered.

Exhibit 3.9-1 Faculty Evaluation

Clinical Supervisors and staff are evaluated by graduate surveys, clinical course evaluations and clinical site evaluations. The results of clinical site evaluations are shared with clinical supervisors a week after student graduation.

Exhibit 3.9-2 Graduate Survey

Exhibit 3.9-3 Clinical Course Evaluation

Exhibit 3.9-4 Clinical Site Evaluation
Summary for Standard Three

1. List the major strengths of Standard Three, in order of importance.
   1. Longevity and dedication of faculty.
   2. Positive relationships with clinical sites making behavioral and clinical advisement more effective and timely.

2. List the major concerns of Standard Three, in order of importance.
   1. Growing need for CT training within the time constraints of the program.

3. Provide the program’s plan for addressing each concern identified.
   The program plans to address the topic at its Spring 2015 Advisory meeting to obtain feedback from clinical sites.

4. Describe any progress already achieved in addressing each concern.
   The program has increased the CT rotation from a one week rotation to two weeks.

5. Describe any constraints in implementing improvements.
   Some clinical sites may not have the exam volume and/or staff support to provide additional CT training to students.
   Lack of administrative support for development of a CT program.
Standard Four

Health and Safety

Standard Four: The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Objectives:

In support of Standard Four, the program:

4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:
   - Written notice of voluntary declaration,
   - Option for student continuance in the program without modification, and
   - Option for written withdrawal of declaration.

4.3 Assures that students employ proper radiation safety practices.

4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

4.7 Assures sponsoring institution’s policies safeguard the health and safety of students.

4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.
4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

Explanation:
Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The program must maintain and monitor student radiation exposure data. This information must be made available to students within thirty (30) school days following receipt of data. The program must have a published protocol that identifies a threshold dose for incidents in which dose limits are exceeded. Programs are encouraged to identify a threshold dose below those identified in NRC regulations.

Required Program Response:
- Describe how the policies are made known to enrolled students.
- Describe how radiation exposure data is made available to students.
- Provide copies of appropriate policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with students

The program’s radiation monitoring policy is found on page 59 of the Student Handbook.

Students complete a form indicating the method of being informed of exposure readings.

The program also maintains a form indicating acknowledgment of counseling for high occupational exposures.

**Exhibit 4.1-1 Badge Reading Release Form**

**Exhibit 4.1-2 Acknowledgement of Counseling for High Occupational Exposure**

**Student Handbook**
4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:

- Written notice of voluntary declaration,
- Option for student continuance in the program without modification, and
- Option for written withdrawal of declaration.

**Explanation:**
Appropriate radiation safety practices help assure that radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). The policy must include appropriate information regarding radiation safety for the student and fetus. The program must allow for student continuance in the clinical component of the program without modification. The program may offer clinical component options such as: (1) clinical reassignments and/or (2) leave of absence.

**Required Program Response:**
- Describe how the pregnancy policy is made known to accepted and enrolled female students.
- Provide a copy of the program’s pregnancy policy.

**Possible Site Visitor Evaluation Methods:**
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students

The program’s pregnancy policy, waiver and acknowledgment of risk are explained to applicants at the information session. Females sign the policy verifying their understanding.

**Exhibit 4.2-1 Pregnancy Release Form**

The policy is reviewed with accepted female students during the orientation session at the beginning of the program. Please refer to pages 64 – 66 of the Student Handbook.

**Student Handbook**
4.3 Assures that students employ proper radiation safety practices.

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

Students must understand basic radiation safety practices prior to assignment to clinical settings. Students must not hold image receptors during any radiographic procedure. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.

The program must also assure radiation safety in energized laboratories. Students’ utilization of energized laboratories must be under the supervision of a qualified radiographer who is readily available. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled. Programs are encouraged to develop policies regarding safe and appropriate use of energized laboratories by students.

Required Program Response:
- Describe how the curriculum sequence and content prepares students for safe radiation practices.
- Provide the curriculum sequence.
- Provide policies/procedures regarding radiation safety.

Possible Site Visitor Evaluation Methods:
- Review of program curriculum
- Review of radiation safety policies/procedures
- Review of student handbook
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

First year students are not allowed to participate in clinical observations until radiation protection has been covered in Radiographic Exposures I. Students who have not acquired at least a 65% course grade average are not allowed to perform clinical observations. If allowed to observe, a technologist must verify if radiation safety procedures were followed. Students are also required to demonstrate proper equipment use and radiation safety during simulated competency testing performed at the end of each semester. Basic Radiation Biology is covered in the second semester of the student’s first year.

Exhibit 4.3-1 Exposures I Syllabus
Exhibit 4.3-2 Clinical Observation Time Sheet
Exhibit 4.3-3 Simulated Competency Form for First Year
Exhibit 4.3-4 Curriculum Outline-Student Handbook

First year students are encouraged to use the energized laboratory as much as possible and are required to spend at least one hour every week practicing positioning. They are informed that program faculty must be available on page 35 of the Student Handbook. The Program Director posts a schedule of available times for students to sign up for usage. The breaker box is padlocked when faculty is not available.
The first evaluation conducted on second year students is a Safety Evaluation Form. Students must demonstrate 100% competency or it is repeated until 100% is achieved.

Second year students are then critiqued bimonthly on radiation protection on Performance Appraisals and during all competency testing. Students are also evaluated on radiation protection on random spot competencies. Radiation safety is covered again to second year students in the course Physical Foundations of Radiology. A radiation protection review test is given to students during their last semester in Radiographic Principles.
4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

Explanation:
Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

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

Students must be directly supervised until competency is achieved.

Required Program Response:
- Describe how the direct supervision requirement is enforced and monitored in the clinical setting.
- Provide documentation that the program’s direct supervision requirement is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

The program’s direct supervision policy is explained to first and second year students during orientation. Supervision policies are found on pages 27 and 72 - 73 in the Student Handbook. The definition for direct supervision is found on page 84 in the Student Handbook.

Student Handbook
First year students receive information about their semester observations and their level of supervision. Second year students sign surgery, portable and ER policy to ensure knowledge of the policies.

Exhibit 4.4-1 Observation Criteria First Year

Exhibit 4.4-2 Surgery, Portable, and ER Policy

The Clinical Coordinator mails Reminder Memos to Clinical Supervisors at the beginning of each semester. Memos are posted and initialed by staff. All Clinical Supervisors have a Supervisor and Student Handbook. Direct supervision policy is found on page 15 of the Supervisor Handbook.

Exhibit 4.4-3 Site Reminder Memo

The Program Director and Clinical Coordinator ask students and staff about policies during scheduled and unscheduled visits to clinical education centers. In addition, the Clinical Coordinator addresses the policies during meetings with the clinical staff.

Exhibit 4.4-4 Coordinator Visit Log

Exhibit 4.4-5 Program Director Visit Log
4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

**Explanation:**
Indirect supervision promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. “Immediately available” is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

**Required Program Response:**
- Describe how the indirect supervision requirement is enforced and monitored in the clinical setting.
- Provide documentation that the program’s indirect supervision requirement is made known to students, clinical instructors, and clinical staff.

**Possible Site Visitor Evaluation Methods:**
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

The program’s indirect supervision policy is explained to students during orientation and found in the Student Handbook on pages 72 - 73 and defined on page 84.

**Student Handbook**

The Clinical Coordinator mails Reminder Memos to Clinical Supervisors at the beginning of each semester. Memos are posted and initialed by staff. All Clinical Supervisors have a Supervisor and Student Handbooks. Indirect supervision policy is found on page 15 of the Supervisor Handbook.

**Supervisor Handbook**

**Exhibit 4.5-1 Site Reminder Memo**

Program faculty continually monitors and enforces the policy during scheduled and unscheduled visits.

To aid with monitoring and enforcement of the policy, the program has implemented a surgery, portable and ER policy found on page 94 of the Student Handbook. Students sign the form at their orientation session prior to the second year of the program.

**Exhibit 4.5-2 Surgery, Portable, and ER policy**
4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

Explanation:
The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. A qualified radiographer must be physically present during the conduct of a repeat image and must approve the student’s procedure prior to re-exposure.

Required Program Response:
- Describe how the direct supervision requirement for repeat images is enforced and monitored in the clinical setting.
- Provide documentation that the program’s direct supervision requirement for repeat images is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

The program’s repeat radiograph policy is explained to students during orientation and found in the Student Handbook on page 95. Students turn in a monthly repeat image log, with technologist’s initials, verifying they were present during the repeat. The repeat logs are reviewed by faculty and maintained in student files.

Student Handbook

Exhibit 4.6-1 Repeat Radiograph Log

The Clinical Coordinator mails Reminder Memos to Clinical Supervisors at the beginning of each semester. Memos are posted and initialed by staff.

Exhibit 4.6-2 Site Reminder Memo

Scheduled and unscheduled visits made by the Program Director, Clinical Coordinator and Clinical Instructor aid in monitoring and enforcement of policy.
4.7 Assures sponsoring institution’s policies safeguard the health and safety of students.

Explanation:
Appropriate sponsoring institutional policies and procedures assure that students are protected. These policies must, at a minimum, address emergency preparedness, harassment, communicable diseases, and substance abuse. Policies and procedures must meet federal and/or state requirements as applicable. Enrolled students must be informed of policies and procedures.

Required Program Response:
Provide program policies that safeguard the health and safety of students.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with students

Emergency preparedness HCC Web site

Student Handbook

- HCC Harassment Policy-Student Handbook pgs. 86-92
- Communicable Disease Policy-Student Handbook pg. 85
- Substance Abuse Policy-Student Handbook pgs. 60-61
4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.

Explanation:
Appropriate orientation assures that students are cognizant of clinical policies and procedures. The policies and procedures must, at a minimum, address the following: hazards (fire, electrical, chemical), emergency preparedness, medical emergencies, HIPAA, and Standard Precautions.

Required Program Response:
- Describe the process for orienting students to clinical settings.
- Provide documentation that students are apprised of policies and procedures specific to each clinical setting.

Possible Site Visitor Evaluation Methods:
- Review of orientation process
- Review of student records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students

HIPAA training is provided to first year students from one of our clinical site’s website. Documentation is kept in Program Director’s file.

Second year students attend an orientation session for their clinical setting during their first week of clinical training. During their first month of training they must attain a 100% on the Safety Evaluation Form. Remedial training is provided until a 100% is obtained.

Exhibit 4.8-1 Clinical I Training Schedule

Exhibit 4.8-2 Safety Evaluation
Summary for Standard Four

1. List the major strengths of **Standard Four**, in order of importance.
   1. Policies are well described in both Student and Supervisor’s Handbooks.
   2. Effective communication with clinical facilities.

2. List the major concerns of **Standard Four**, in order of importance.
   1. Inconsistent modeling of radiation protection practices by clinical facility staff.
   2. Tendency of digital imaging to increase patient dose.

3. Provide the program’s plan for addressing each concern identified.
   1. The program plans to bring the topic up at the Spring 2015 Advisory meeting.

4. Describe any progress already achieved in addressing each concern.
   None

5. Describe any constraints in implementing improvements.
   1. Lack of control of facilities policies and practices.
Standard Five

Assessment

Standard Five: The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

Objectives:

In support of Standard Five, the program:

Student Learning

5.1 Develops an assessment plan that, at a minimum, measures the program’s student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

Program Effectiveness

5.2 Documents the following program effectiveness data:

- Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- Five-year average job placement rate of not less than 75 percent within twelve months of graduation,
- Program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Analysis and Actions

5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

5.5 Periodically evaluates its assessment plan to assure continuous program improvement.
5.1 Develops an assessment plan that, at a minimum, measures the program’s student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

Explanation:
Assessment is the systematic collection, review, and use of information to improve student learning and educational quality. An assessment plan helps assure continuous improvement and accountability. Minimally, the plan must include a separate goal in relation to each of the following: clinical competence, critical thinking, professionalism, and communication skills. The plan must include student learning outcomes, measurement tools, benchmarks, and identify timeframes and parties responsible for data collection.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
Provide a copy of the program’s current assessment plan.

Possible Site Visitor Evaluation Methods:
- Review of assessment plan
- Review of assessment tools
- Interviews with faculty

Exhibit 5.1-1 Current Assessment Plan

Prior yearly assessment plans are on file in Program Director’s office.
5.2 Documents the following program effectiveness data:

- Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- Five-year average job placement rate of not less than 75 percent within twelve months of graduation,
- Program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

Explanation:
Credentialing examination, job placement, and program completion data must be reported annually to the JRCERT. Graduate and employer satisfaction data must be collected as part of the program’s assessment process.

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

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

Program completion rate is defined as the number of students who complete the program within 150% of the stated program length. The program must establish a benchmark for its program completion rate. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating program’s completion rate.

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

Required Program Response:
Provide actual outcome data in relation to program effectiveness.

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

Exhibit 5.2-1 Registry Pass Rate, Job Placement Rate, Program Completion Rate

Exhibit 5.2-2 Graduate Survey, Employer Survey Results
5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Explanation:
Program accountability is enhanced by making its effectiveness data available to the program’s communities of interest and the general public. In efforts to increase accountability and transparency, the program must publish, at a minimum, its five-year average credentialing examination pass rate, five-year average job placement rate, and program completion rate data on its Web site to allow the public access to this data. The program effectiveness data should clearly identify the sample size associated with each associated measure (i.e., number of first time test takers, number of graduates actively seeking employment, number of graduates).

Additionally, the JRCERT will post five-year average credentialing examination pass rate, five-year average job placement rate, and program completion rate data at www.jrcert.org. The program must publish the JRCERT URL (www.jrcert.org) to allow the public access to this data.

Required Program Response:
- Provide copies of publications that contain the program’s program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate).
- Provide samples of publications that document the availability of program effectiveness data via the JRCERT URL address from the institution’s/program’s Web site.

Possible Site Visitor Evaluation Methods:
- Review of program publications
- Review of institutional and/or program Web site
- Interviews with faculty
- Interviews with students

http://www.hutchcc.edu/academics/allied-health/radiology/
5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

Explanation:
Analysis of student learning outcome data and program effectiveness data allows the program to identify strengths and areas for improvement to bring about systematic program improvement. This analysis also provides a means of accountability to communities of interest. It is the program’s prerogative to determine its communities of interest.

The analysis must be reviewed with the program’s communities of interest. One method to accomplish this would be the development of an assessment committee. The composition of the assessment committee may be the program’s advisory committee or a separate committee that focuses on the assessment process. The committee should be used to provide feedback on student achievement and assist the program with strategies for improving its effectiveness. This review should occur at least annually and must be formally documented.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
- Describe how the program analyzes student learning outcome data and program effectiveness data to identify areas for program improvement.
- Describe how the program shares its student learning outcome data and program effectiveness data with its communities of interest.
- Describe examples of changes that have resulted from the analysis of student learning outcome data and program effectiveness data and discuss how these changes have led to program improvement.
- Provide a copy of the program’s actual student learning outcome data since the last accreditation award. This data may be documented on previous assessment plans or on a separate document.
- Provide documentation that student learning outcome data and program effectiveness data has been shared with communities of interest.

Possible Site Visitor Evaluation Methods:
- Review of student learning outcome data and program effectiveness data to support the assessment plan
- Review of representative samples of measurement tools used for data collection
- Review of aggregate data
- Review of meeting minutes related to the assessment process
- Interviews with faculty

Outcomes are analyzed by program faculty periodically throughout the year at faculty meetings. Program faculty develops Priorities for Improvement yearly as a result of outcome data analysis. The program has developed a Program Assessment Report which graphs outcome data and trends for the last eight years. The information shows progress towards program improvement and indicates if improvement plans have been successful. The information can also recognize a problematic area the program may want to focus on.

Exhibit 5.4-1 Faculty Minutes
Exhibit 5.4-2 Priorities for Improvement
Exhibit 5.4-3 Program Assessment Report
The program discusses various outcome data at Advisory meetings and solicits input from committee members.

The program, with input from the Advisory Committee, implemented mandatory practice time for first year students. This has led to an improvement in simulated competency positioning scores and lab question scores on Exposures II tests. Patient Care scores on the registry have been improved due to some changes made in the course Intro to Clinical Training. Scores in technical factors on employer surveys have been improved due to revisions of technique chart assignment. The program also improved participation in professional development from its graduates in 2010-2011.

**Exhibit 5.4-4 Advisory minutes**
5.5 Periodically evaluates its assessment plan to assure continuous program improvement.

Explanation:
Identifying and implementing needed improvements in the assessment plan leads to programmatic improvement and renewal. As part of the assessment cycle, the program should review its assessment plan to assure that assessment measures are adequate and that the assessment process is effective in measuring student learning outcomes. At a minimum, this evaluation must occur at least every two years and be documented in meeting minutes.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
- Describe how this evaluation has occurred.
- Provide documentation that the plan is evaluated at least once every two years.

Possible Site Visitor Evaluation Methods:
- Review of meeting minutes related to the assessment process
- Review of assessment committee meeting minutes, if applicable
- Interviews with faculty

Program faculty evaluates outcome data every Fall and some in Spring. Faculty also recommends if changes should occur in the assessment plan.

Exhibit 5.5-1 Faculty Minutes
Summary for Standard Five

1. List the major strengths of **Standard Five**, in order of importance.
   1. Strong assessment tool.
   2. Priorities for improvement have typically been successful.
   3. Strong graduate and employer return rate for program feedback.

2. List the major concerns of **Standard Five**, in order of importance.
   1. Some benchmarks in assessment tool may need to be re-evaluation.

3. Provide the program’s plan for addressing each concern identified.
   1. Carefully evaluate questionable benchmarks.

4. Describe any progress already achieved in addressing each concern.
   1. Identification of questionable benchmarks.

5. Describe any constraints in implementing improvements.
   None
Standard Six

_Institutional/Programmatic Data_

**Standard Six:** The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

**Objectives:**

In support of **Standard Six**, the program:

**Sponsoring Institution**

6.1 Documents the continuing institutional accreditation of the sponsoring institution.

6.2 Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

**Personnel**

6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

**Clinical Settings**

6.4 Establishes and maintains affiliation agreements with clinical settings.

6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

**Program Sponsorship, Substantive Changes, and Notification of Program Officials**

6.6 Complies with requirements to achieve and maintain JRCERT accreditation.
6.1 Documents the continuing institutional accreditation of the sponsoring institution.

*Explanation:*
The goal of accreditation is to ensure that the education provided by institutions meets acceptable levels of quality. The sponsoring institution must be accredited by:
- an agency recognized by the United States Department of Education (USDE) and/or Council for Higher Education Accreditation (CHEA),
- The Joint Commission (TJC), or
- equivalent standards.

*Required Program Response:*
Provide documentation of current institutional accreditation for the sponsoring institution. This may be a copy of the award letter, certificate, or printout of the institutional accreditor’s Web page.

Exhibit 6.1-1 Hutchinson Community College Accreditation
6.2  Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

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

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

Exhibit 6.2-1 KDHE Report
6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

- Full-time Program Director:
  
  Holds, at a minimum, a master’s degree,

  Is proficient in curriculum design, program administration, evaluation, instruction, and academic advising,

  Documents three years clinical experience in the professional discipline,

  Documents two years of experience as an instructor in a JRCERT-accredited program, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- Full-time Clinical Coordinator:

  Holds, at a minimum, a baccalaureate degree,

  Is proficient in curriculum development, supervision, instruction, evaluation, and academic advising,

  Documents two years clinical experience in the professional discipline,

  Documents a minimum of one year of experience as an instructor in a JRCERT-accredited program, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- Full-time Didactic Program Faculty:

  Holds, at a minimum, a baccalaureate degree,

  Is qualified to teach the subject,

  Is knowledgeable of course development, instruction, evaluation, and academic advising,

  Documents two years clinical experience in the professional discipline, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).
- **Part-time Didactic Program Faculty**
  
  Holds academic and/or professional credentials appropriate to the subject content area taught and  
  Is knowledgeable of course development, instruction, evaluation, and academic advising.

- **Clinical Instructor(s):**
  
  Is proficient in supervision, instruction, and evaluation,  
  Documents two years clinical experience in the professional discipline, and  
  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the clinical setting is located).

- **Clinical Staff:**
  
  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the clinical setting is located).

**Explanation:**
Appropriate knowledge, proficiency, and certification (if appropriate) provide a foundation that promotes a sound educational environment.

Faculty and staff must possess academic and professional qualification(s) appropriate for their assignment. Clinical instructors and clinical staff supervising students’ performance in the clinical component of the program must document ARRT registration (or equivalent) or other appropriate credentials. Appropriate credentials, other than ARRT registration (or equivalent), may be used for qualified health care practitioners supervising students in specialty areas (e.g., registered nurse supervising students performing patient care skills, phlebotomist supervising students performing venipuncture, etc.).

**Required Program Response:**

- For all program officials not previously identified on the program’s database, submit a request for recognition of program officials including a current curriculum vitae and documentation of current registration by the American Registry of Radiologic Technologists* or equivalent.
- For all currently recognized program officials [program director, educational coordinator (if applicable), full-time didactic faculty, and all clinical preceptors], submit a current registration by the American Registry of Radiologic Technologists* or equivalent.

*These may be copies of current registration cards or “ARRT Identification” page available at [www.arrt.org](http://www.arrt.org).

**Exhibit 6.3-1 Credentials**
6.4 Establishes and maintains affiliation agreements with clinical settings.

**Explanation:**
Formalizing relations between the program and the clinical setting helps assure the quality of clinical education by delineating appropriate responsibilities of the program and the clinical setting. An appropriate termination clause assures that students will have an opportunity to complete the clinical education component. The JRCERT defines an affiliation agreement as a formal written understanding between an institution sponsoring the program and an independent clinical setting.

An affiliation agreement must identify the responsibilities of all parties and, specifically, must address student supervision, student liability, and provide adequate notice of termination of the agreement. An affiliation agreement is not needed for clinical settings owned by the sponsoring institution; however, a memorandum of understanding between the clinical setting and the sponsoring institution is recommended. At a minimum, the memorandum should address responsibilities of both parties and student supervision.

**Required Program Response:**
Provide copies of current, signed affiliation agreements with each clinical setting.

**Exhibit 6.4-1 Affiliate Agreements**
6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

*Explanation:*
Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for each clinical setting. Clinical settings may be recognized by The Joint Commission (TJC), DNV Healthcare, Inc., Healthcare Facilities Accreditation Program (HFAP), or an equivalent agency, or may hold a state-issued license.

*Required Program Response:*
Provide letters, certificates, or printouts of Web pages demonstrating the current recognition status of each clinical setting.

Exhibit 6.5-1 Clinical Site Accreditation
6.6 Complies with requirements to achieve and maintain JRCERT accreditation.

Explanation:
Programs must comply with JRCERT policies and procedures to maintain accreditation. JRCERT accreditation requires that the sponsoring institution has primary responsibility for the educational program and grants the terminal award.

Sponsoring institutions may include educational programs established in vocational/technical schools, colleges, universities, hospitals, or military facilities. The JRCERT also recognizes a consortium as an appropriate sponsor of an educational program. A consortium is two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an educational program. The consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

The JRCERT does not recognize branch campuses. The JRCERT requires that each program location have a separate accreditation award.

Additionally, the JRCERT will not recognize a healthcare system as the program sponsor. A healthcare system consists of multiple institutions operating under a common governing body or parent corporation. A specific facility within the healthcare system must be identified as the sponsor.

The JRCERT requires programs to maintain a current and accurate database. Updates should be reflected within thirty (30) days of effective change date. Additionally, the JRCERT requires notification of substantive changes within thirty (30) days of implementation.

Required Program Response:
• Report any database changes.
• Report any substantive change not previously submitted.

6.6-1 Database Changes
Summary for Standard Six

1. List the major strengths of **Standard Six**, in order of importance.
   
   1. Faculty, staff and clinical sites meet or exceed JRCERT Standards.

2. List the major concerns of **Standard Six**, in order of importance.
   
   None

3. Provide the program’s plan for addressing each concern identified.
   
   N/A

4. Describe any progress already achieved in addressing each concern.
   
   N/A

5. Describe any constraints in implementing improvements.
   
   N/A