



STUDENT HANDBOOK

**RADIATION THERAPY PROGRAM
FRANCES M. MAGUIRE COLLEGE OF
NURSING AND HEALTH PROFESSIONS
2026-2027**

Welcome to Gwynedd Mercy University! You are now enrolled in the Radiation Therapy Program. Each course has been designed to provide you with the information necessary to function as an informed, knowledgeable professional in a precise field of healthcare. Most courses extend far beyond minimal requirements thus providing a basis for the pursuit of an advanced degree.

RADIATION THERAPY PROGRAM STUDENT HANDBOOK

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ACCREDITED BY:

The Middle States Commission on Higher education (MSCHE)

APPROVED BY:

Pennsylvania Department of Education, Harrisburg, Pennsylvania
Veterans Administration

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Dr. Wayne Pinover, DO, Medical Advisor

ADVISORY COMMITTEE

This program is guided by an Advisory Committee, which meets two times a year. The Committee is composed of the Program Officials, Radiation Oncologists, Radiation Therapists, Radiation Physicists, a public consumer, student representatives, and ex officio members, the Vice President for Academic Affairs, the Vice President for Enrollment Management and the Dean of the Frances M. Maguire College of Nursing and Health Professions.

Student representatives, selected by their classmates and program faculty at the beginning of each class year, have input into the Committee through the Program Director, through written communication to the Committee Chairman or by attendance at the Advisory Committee meetings. Students are encouraged to submit to the Committee any suggestions or criticisms that may enhance the program.

The functions of the Committee are to examine and upgrade admission's criteria, curriculum content, consider applications of new affiliates and to consider new avenues for the advancement of students enrolled in the program and input into ongoing program effectiveness.

UNIVERSITY MISSION STATEMENT

Gwynedd Mercy University is a Catholic University rooted in the tradition of the Sisters of Mercy. Our learning community prepares students for successful careers and meaningful lives in a global society.

Core Values: As a Mercy University committed to academic excellence, we value:

Integrity in Word and Deed

Respect for the Dignity of Each Person

Service to Society

Social Justice in a Diverse World*

*With a special focus on the Critical Concerns of the Sisters of Mercy: Earth, Immigration, Racism, Non-Violence, Women

UNIVERSITY STUDENT LEARNING OUTCOMES

Continuing at successively higher levels across their college studies, students should prepare for twenty-first-century challenges by gaining or becoming:

1. Knowledge of Human Cultures and the Physical and Natural World

- Through study in the sciences and mathematics, social sciences, humanities, histories, languages, and the arts

Focused by engagement with big questions, both contemporary and enduring

2. Intellectual and Practical Skills, including

- Inquiry and analysis
- Critical and creative thinking
- Written and oral communication
- Quantitative literacy
- Information literacy
- Teamwork and problem solving

Practiced extensively, across the curriculum, in the context of progressively more challenging problems, projects, and standards for performance

3. Personal and Social Responsibility, including

- Civic knowledge and engagement—local and global
- Intercultural knowledge and competence
- Ethical reasoning and action
- Foundations and skills for lifelong learning

Anchored through active involvement with diverse communities and real-world challenges

4. Integrative and Applied Learning, including

- Synthesis and advanced accomplishment across general and specialized studies.

Demonstrated through the application of knowledge, skills, and responsibilities to new settings and complex problems

5. Immersed in the Critical Concerns of the Sisters of Mercy of the Americas for:

- Women – Advocating for the lives/rights of women.
- Earth – Encouraging sustainable practices
- Racism – Urging a dismantling of institutional racism.
- Immigration – Supporting persons who have been displaced.
- Non-violence – Promoting peaceful discourse/discernment/decision-making. (Revised 8/2020)

Mission Statement

Frances M. Maguire College of Nursing and Health Professions

The Mission of the Frances M. Maguire College of Nursing and Health Professions of Gwynedd Mercy University is to present educational programs that will prepare health professionals at the Associate, Baccalaureate, Master and Doctoral Degree levels. As a college founded and sponsored by the Sisters of Mercy, it carries responsibility for the education of health professionals within a learning community rooted in Gospel values. This education is grounded in the liberal arts, as it seeks to prepare citizens of the world as well as health professionals. Individuals educated through the Frances M. Maguire College of Nursing and Health Professions are prepared to offer direct and/or indirect patient care to diverse groups of people in varying states of health in a variety of settings. These graduates are prepared to effect positive changes in the health status of those for whom they care with respect for the physical, emotional, socio-cultural and spiritual dimensions of each individual.

Faculty facilitates the development of competent, caring, reflective, moral and ethical providers of healthcare through the selection of curriculum content, learning experiences and individual guidance. The mission of the Frances M. Maguire College of Nursing and Health Professions affirms the mission of the University and the health care ministry of the Sisters of Mercy.
(Revised 8/2013)

Mission Statement

Radiation Therapy Program

The mission of the Radiation Therapy Program is consistent with the mission of the University in that it offers a career-oriented program that prepares competent entry level radiation therapists who provide empathetic patient centered care.

PROGRAM PHILOSOPHY AND GOALS - RADIATION THERAPY

Consistent with the Mission of Gwynedd Mercy University, it is the goal of the Radiation Therapy Program to offer a career-oriented program that provides moral, social, intellectual, cultural and spiritual development of the individual.

We believe that it is necessary that our graduates not only view patients as whole persons requiring medical assistance but who will also support them with regard for the dignity of the individual.

In order to fulfill this belief and philosophy we offer a fully integrated curriculum that encourages interest in the humanities as well as theory and clinical experience in the current technology of radiation therapy.

Theory within the concentration is strengthened throughout the program with everyday practical experience that permits the individual to enter the job market immediately following graduation.

GOALS:

1. Graduates will be competent entry level radiation therapists.
2. Students will demonstrate critical thinking.
3. Students will demonstrate effective communication skills.
4. The students/graduates will model professionalism.

LEARNING OUTCOMES:

At the completion of the radiation therapy program, the graduates will demonstrate:

- Empathic patient centered care
- Application of appropriate radiation safety principles
- Accuracy in performing radiation therapy procedures
- Effective oral and written communication skills
- Appropriate response to events in clinical and lab situations
- Appropriate professional behaviors

Attendance and Punctuality Policy

Attendance and punctuality are important in the clinical setting. Students in the sophomore class will be required to maintain and submit time cards. Beginning in the Junior year, and continuing in the Senior year, attendance and punctuality are tracked with Trajecsyst. Each student is required to clock in and out of their clinical day with Trajecsyst while they are at the assigned clinical site. Students are permitted to use a personal cell phone to clock in and out if a clinical site computer is not available. Please note, Trajecsyst uses GPS location tagging. Students must be located within the radiation therapy department while clocking in and out.

Attendance

Attendance is a required aspect of clinical education. To meet the objectives of the clinical experience, student attendance is expected for all the scheduled clinical days for each clinical rotation. The faculty and administrators understand there may be circumstances that may prevent a student from attending clinical, including, but not limited to, illness, job interview, or childcare. Therefore, the student is permitted one (1) clinical absence per semester. Clinical absence days do not accumulate from one semester to another and should not be perceived as a one day *off* from clinical each semester.

The clinical coordinator and clinical preceptor must be notified before the on-duty shift time when illness or other circumstances prevent the student from reporting to the clinical site as scheduled. Failure to call the clinical coordinator and clinical preceptor to report an absence will result in a verbal warning. Failure to call the clinical coordinator and clinical preceptor to communicate an absence a second time during the semester will result in a written warning. A third failure to communicate an absence to the clinical coordinator and clinical preceptor in a given semester may result in dismissal from the program.

Because two (or more) missed clinical days in any given semester may prevent the student from meeting the educational objectives of the clinical experience, they need to be made up before the end of the semester. Clinical makeup days are scheduled by the Clinical Coordinator, are scheduled at the convenience of the clinical site, and are communicated to the student. All policies for clinical experiences, including but not limited to attendance, uniform, and tardiness, apply during the makeup day. Please note, clinical makeup may not be conducted on days when the University is closed for a holiday or for inclement weather. Please see the Academic Calendar for the dates when the University is closed during the year.

Excessive absences, more than two (2) missed days in any given semester, of clinical time compromise the student's educational experience and prevent the student from accomplishing the clinical objectives. Excessive absence and their circumstances are evaluated on a case-by case basis by the Program Director and the Clinical Coordinator. Excessive absences may have a negative impact on the student's clinical grade.

A student who experiences an extended illness, defined as causing the student to miss three (3) or more days of class and/or clinical, or a hospitalization will be required to submit a note from a qualified medical provider to Health Services, clearing them to return to the classroom and clinical experiences, upon their return. The clinical make-up time will be determined and arranged by the Clinical Coordinator and the Program Director.

Due to the susceptibility of our patient population, students who are diagnosed with a communicable disease are required to IMMEDIATELY inform Health Services and the program faculty. Students with a communicable disease are to refrain from attending clinical rotations until they are cleared for participation by a qualified medical provider, with documentation submitted to Health Services.

Punctuality

It is expected that students, like clinical staff, will arrive to their assigned unit and be ready for clinical practice at the stated on-duty shift time. Students are advised to plan accordingly. The faculty and administrators acknowledge there are extenuating circumstances that may cause a student to be late (on the unit and ready for clinical more than three minutes past the stated on duty shift time). In the event the student will be late, they must notify the Clinical Coordinator and the clinical preceptor. Habitual lateness, more than one (1) instance in a given semester will be handled on a case-by-case basis.

CLINICAL EDUCATION

Once the student has completed the clinical competency evaluation the form must remain with the clinical supervisor, in a locked cabinet. All clinical course requirements must be completed and submitted to the clinical coordinator's office by the specified deadline. Failure to do so will result in a decrease in final course grade. Students must complete all clinical course work prior to start of the next semester. Students who are not in compliance will be dismissed from the program.

Clinical courses are competency-based. Competency is defined as accurately performing procedures on a consistent basis, not just once. Each rotation requires that the student attend the scheduled days in order to attain competency in the particular rotation. Competencies will be achieved if at the completion of the scheduled rotation all required experiences are acceptable and the scheduled number of required clinical days during these rotations is completed. These are the requirements needed to achieve the grade of an "A."

In the event the University is closed due to inclement weather, students do not report to clinical. Students must notify the clinical site that the University is closed.

The combination of Clinical hours and didactic hours shall not exceed 40 hours per week.

The following is the grading system for the required clinical attendance during the specific rotations:

Zero/1 Absence = A

2 Absences	=	B	<i>counseling/warning (written and verbal) that 2 days are incomplete</i>
3 – 4 Absences	=	C	<i>student will be placed on probation</i>
More than 4	=	F	<i>(and will result in dismissal from the program)</i>

Note: One clinical day is equal to eight (8) hours with one half hour for lunch

DIDACTIC EDUCATION

There are **no** excused absences from RTS courses. In cases of emergency or illness, the student is to notify Lorraine Quarles, Program Director by calling 267-441-1451, quarles.l@gmercyu.edu as well as the course instructor, no later than 8:00 a.m. Excessive absences from class will result in counseling for the student and a decrease in the student's final grade. (Revised 8/2025)

Excessive absenteeism will result in the student being placed on probation and will have a grade reduction for the specific course in which the absences occur. No improvement in attendance will result in dismissal from the program.

Attendance is mandatory for all concentration courses.

Punctuality

It is the student's responsibility to be on time for class. Any student who arrives after the class starts is considered to be late. Entering the classroom after class has begun is disruptive not only for the students but also the instructor. If a student is going to be late, the student is expected to contact the Program Director and the Course Instructor.

Habitual tardiness (more than one (1) lateness in a five (5) week period) will result in the decrease in the grade for the RTS course(s) in which the lateness occurred.

Students who are repeatedly late will be counseled and placed on probation. If there is no improvement in their punctuality, they will be dismissed from the program.

ACADEMIC ADVISING/PERSONAL COUNSELING

All students participate in an orientation program to facilitate the incoming students adapting to new surroundings. While each student is assigned an academic advisor, students are free to seek advice from any member of the administration or faculty.

Professional counselors and psychologists are available to assist students with personal problems involving emotional growth and interpersonal relationships.

Spiritual direction and guidance is available to all students through the Mercy Center.

ACADEMIC INTEGRITY

The Radiation Therapy Program follows the University Policy. Please see the University Catalog.

Dissemination of photos, videos of lectures, professors or any information related to clinical or on campus laboratory on any web-based platform is forbidden. The Frances M. Maguire College of Nursing and Health Professions adheres to the Gwynedd Mercy University social network policy. Violation of the policy will result in immediate dismissal from the radiation therapy program.

ACADEMIC SUPPORT

The Student Success Center (SSC) is available to support your learning. Professional and qualified peer tutors are available by appointment to provide one-on-one or small group tutoring or study sessions. The SSC is located in the Learning Commons in Keiss Library. Email StudentSuccess@gmercyu.edu to make an appointment.

ACADEMIC PROBATION

Failure to maintain an overall GPA of 3.0 will result in Academic Probation and possible dismissal from the program. Students who earn less than a "C" in didactic concentration and core requisite courses will be permitted to repeat the specific course one time. **The course may only be repeated the next time that the course is offered and if a clinical space is available.**

(Revised 6/04; 7/05, 7/10)

ACCESSIBILITY SUPPORT

Gwynedd Mercy University is committed to providing reasonable accommodations for all persons with disabilities. If you have a disability-related need for modifications or reasonable accommodations, please contact the office of Accessibility Support Services by emailing accessibilityservices@gmercyu.edu or visiting <https://www.gmercyu.edu/student-life/campus-resources/accessibility-services>. If you have emergency medical information to share, or if you need special arrangements in case the building must be evacuated, please inform us immediately. (Revised 8/2020, 6/2022)

ADMISSION REQUIREMENTS

Please see the University Catalog

ALCOHOL AND SUBSTANCE ABUSE

Please refer to the current University policy found in the University Catalog and Student Handbook.

BACKGROUND CHECK

Child Abuse History Clearance:

Students are required to have a **Child Abuse History Clearance**. This is accomplished by completing a **Child Abuse History Clearance Form**. Notifications on instructions on obtaining the form will be the responsibility of the Program Director.

Department of Public Welfare
PO Box 8170
Harrisburg, PA 17105-8170

A copy of the completed Child Abuse History Clearance Form should be sent to the Radiation Therapy Program Director prior to the start of clinical. (Revised 8/2013)

Certified background check

All students enrolled in the Radiation Therapy Program are required to have a criminal background check done through www.castlebranch.com. There are in-state (PA) and out-of-state checks done dependent on where the student lives. Students will receive instructions on how to retrieve this information with their orientation letters which are emailed to them in the beginning of July. The student is responsible for the fee incurred.

A **copy** of the completed criminal background check is to be sent to the Radiation Therapy Program Director prior to the start of clinical. (Revised 8/2013, 6/2016, 7/2016, 7/2019)

*Some clinical sites will require additional criminal background checks such as Castle Branch Bridges or IDENTOGO (FBI fingerprinting)

Drug Screening

All students must provide evidence of a negative drug screening prior to clinical placement. Some clinical facilities may require additional drug screening be completed no sooner than 30 days prior to the start of the rotation. NOTE: random screening may be done on campus, and it will be at the student's expense. (Revised 8/2013)

Yearly Drug Screening

As a Gwynedd Mercy University student, a commitment to the highest professional standard and the contract we hold with society to be safe, competent care providers is expected. Our contracts with clinical agencies require clean substance screens. Students should be aware that marijuana remains a controlled substance under federal law. Using marijuana, even consistently with a state-certified medical marijuana program, can trigger a positive drug test for marijuana. Although use of certain controlled substances with a doctor's prescription may be permissible, a state-medical marijuana card may NOT excuse a positive result. Therefore, students are advised to refrain from using marijuana. Similarly, students who may need to pass drug screens for clinical placement, employment or other opportunities are advised to refrain from using Cannabidiol (CBD) products such as lotions, ointments and gummies, whether lawful or not lawful, as these too may trigger an unexcused positive result for marijuana. Gwynedd Mercy University makes reasonable accommodations for students with disabilities that use marijuana to have equal access to its programs. Reasonable accommodations may include a leave of absence to allow a student who uses medical marijuana to seek time to pursue alternative treatment, for example; whereas, excusing a positive drug screen is not a reasonable accommodation. Students must contact the Accessibility Services to make a request and provide medical information from their healthcare provider along with their requested specific accommodation, if known. Students with a positive drug screen are required to meet with program administration. (Revised 8/1/2023)

CANVAS

Students should be aware that Canvas, Learning Management System (LMS), records student usage data. Instructors have access to this data and can monitor student activities while they are using Canvas.

It is a student conduct violation to download recorded conversations to a computer, upload them to the internet, or otherwise share, transmit or publish such recordings without the prior written consent of all participants (unless the professor has agreed in writing to such action and the recording is a recording of the professor's class). (Revised 8/2020,6/2022)

CELL PHONE & PERSONAL COMMUNICATION DEVICES POLICY

The use of cellular and data smart phones are prohibited in all clinical facilities as this technology could potentially interfere with the operation of medical equipment and is deemed unprofessional. Students may not make or receive personal phone calls or text messages while at their clinical site. In an emergency situation students will be permitted to utilize the phones at their clinical site after receiving permission from the Clinical Instructor or other appropriate supervisory personnel. Students are to use the phones and computers at the clinical site only for clinical business. Inappropriate use of the clinical site phones and computers will result in the student being sent home and will be required to make up a full clinical day.

CERTIFICATE OF COMPLETION AWARDS AND PINNING CEREMONY

All students graduating from the Radiation Therapy Program will be awarded a certificate of completion and a program pin at a ceremony, which will be scheduled at the completion of the program of study, generally conducted in May prior to the University's Commencement Ceremony.

CHALLENGE FOR CREDIT

The University conducts a "credit by examination program" whereby students may take examinations for academic credit as applicable to a given program. This program allows knowledge and experience attained through non-formal and non-traditional approaches to learning to be recognized. Certain controls and restrictions by the Accrediting agencies for Allied Health Programs do not permit the use of the above procedure for challenging courses in the concentration. Academic courses, however, may be challenged through the procedure outlined in the University catalog available online at www.gmercyu.edu.

CLASS REPRESENTATIVES

Some programs find it advisable for the students and program faculty to elect class members to act as a representative or liaison officer to the Program Director. This election should take place within the first two months of each academic year, or whenever the students have had sufficient opportunity to become acquainted with classmates. The suggested term of office is one year. The class representative should bring to the Program Director's attention all mutual class concerns or requests. Immediate response from the Program Director can be expected. The Program Director maintains an open-door policy and any student should feel free to request discussion on an individual basis at any time. (Revised 6/04, 7/2016)

CLINICAL EXPERIENCE MANUAL

The clinical experience manual includes a record of clinical techniques; entries must be submitted weekly.

Clinical experience manuals are to be submitted to the clinical coordinators on the designated day by 9:00 a.m. They are to be brought to the Program Director's Office.

Manuals that are not complete and/or not submitted on time will receive a decrease in clinical grade.

Additionally, specific semester requirements will include completion of the experience manual, portfolio or journal. (Revised 7/2016)

CLINICAL COORDINATOR VISITS

The Clinical Coordinator will visit each site regularly to observe the students in action and to review and quiz students on the knowledge foundation relevant to their activities in the clinical site. At the end of the visit the Clinical Coordinator will meet with the student (s) to discuss their findings. After this meeting the Clinical Coordinator will meet with the Clinical Supervisor to review the student's performance and progress. A Report of Visit form will also be completed at this time with signatures of the Clinical Supervisor and attending radiation oncologist. (Revised & reviewed August 2025)

CODE OF STUDENT CONDUCT

POLICY ON PLAGIARISM

Please refer to the current University policy found in the University Catalog and Student Handbook

COMPENSATORY TIME

Students will be granted compensatory time off for any time in excess of one-half (1/2) hour over the normal clinical education day. This compensatory time off must be approved and documented by the Clinical Supervisor and verified the Program Director and/or the Clinical Coordinators. All compensatory time must be taken within two (2) weeks of date of occurrence.

CONDUCT/APPEARANCE

Please refer to the current University policy found in the University Handbook/ Catalog.

CONFIDENTIALITY

Information obtained at the clinical affiliate is to be kept strictly confidential. Students will be receiving "Privileged Information" regarding patients. Such information may not be divulged to anyone at any time. Patients have the right to confidentiality of their chart and records, including images and related items. ***Confidentiality must be maintained at all times!***

HIPAA: Health Insurance Portability and Accountability Act became law on August 21, 1996. It provides rights and protections for individual's health insurance records. HIPAA also ensures that employees have access to insurance after leaving a job and protects people with preexisting conditions from being denied coverage.

All students are to maintain the confidentiality of patient information obtained during the clinical or instructional experience at the facility. All information obtained from patients, their records or computerized data is to be held in confidence and no copies of patient's records, reports, images, etc., shall be made without the prior permission of the radiation therapy department. Additionally, if information is permitted to be used, students will be required to remove any identifiers related to the patient.

Also be aware of conversations, ones voice can travel, therefore be cognizant of your surroundings when the need to discuss pertinent information. Make sure you are not in hearing range of other patients or family members. It is forbidden to discuss patients in elevators or other public places. Posting any form of patient information on social media is not permitted and is considered in violation of confidentiality. (Revised 7/2016)

CONTINUING EDUCATION DAY

A Continuing Education Day is held each year. Attendance is mandatory for all Junior and Senior radiation therapy students. Notification of the event date will be announced at the beginning of the fall semester.

CPR

Students will not be permitted in the clinical setting without prior documentation of a current BLS for Healthcare Providers certification, obtained through the American Heart Association. It is the responsibility of the student to maintain certification and provide a copy of their CPR card to the Program Director. Failure to maintain a current CPR certification for the duration of the program will require that the student be removed from the clinical rotation until such time that a current CPR card is submitted. Time missed from clinical will be considered as unexcused.

CURRICULUM

The Radiation Therapy Program has a carefully developed, approved curriculum of study. The program will follow the most recent radiation therapy curriculum published by the American Society of Radiologic Technologists (ASRT). Additionally, the most recent American Registry of Registered Radiographers (ARRT) guidelines are integrated into the curriculum. A full description of each program with the required academic courses, and the courses of the concentration of study are available in the University catalog. A sample curriculum sheet for both the Bachelor of Science and the Bachelor of Health Science degree can be found in the Appendices of this handbook. (Revise 7/2016)

DIDACTIC EDUCATION

In the Classroom

It is the student's responsibility to:

1. Arrive punctually to the assigned classroom/laboratory.
2. Be prepared for class.
3. Respect all individuals in the class.
4. Notify program director and instructors of any absence from class by 8:00 a.m.
5. Contact instructors for missed work and assignments within 2 days of any absence from class.
6. Complete and hand in assignments on time.

The use of cellular and data smart phones are prohibited in the classroom. Students may not make or receive phone calls or text messages during classroom time. All personal communication devices should be silenced or turned off. In an emergency situation students will be permitted to utilize the phone after receiving permission from the class instructor. To avoid unnecessary inference with the class phone calls are to be made outside of the classroom. **The use of laptop computers is at the discretion of the classroom instructor.** Inappropriate use of the phones and/or computers will result in the student asked to leave the classroom. All work missed will be the responsibility of the student. (Revised 8/2013, 7/2016)

DIDACTIC COURSE WORK

Bachelor of Science students must achieve a minimum grade of "C" in Anatomy and Physiology I&II, Physics for Allied Health, Introduction to Desk Top Computing, Math 141 or 142, Public Speaking and English 101 during the first and second year of study. These courses must be passed before entry into the junior year of study.

Students may continue in general education courses until concentration courses can be repeated. (REVISED 6/04; 7/2016)

Any student who does not earn the minimum grade of "C" for any concentration course(s) may not continue in concentration courses until the course(s) has/ have been successfully completed. No course of concentration may be repeated until the following year, **and may only be repeated one time**. Students repeating courses will be **readmitted to concentration courses on a space available basis only**. The degree will be withheld until the concentration required courses and all Program Competencies are satisfactorily completed with the minimum grade. A student who fails two or more didactic courses in the major and/or core requisite courses (C- and/or below) will be dismissed from the program. Failure to successfully complete a repeated course will result in dismissal from the program. (Revised 1/06)

Bachelor of Health Science students must achieve a minimum grade of "C" in Anatomy and Physiology I and II, Physics for Allied Health, Introduction to Desktop Computing, English 101, Math 141 or 142 General Psychology and Public Speaking. (REVISED 7/06)

A student who fails two didactic courses in the major and/or co-requisite courses (C- or below) or one clinical course (B- or below) will be dismissed from the program. (Revised 7/06; 7/2016)

DIRECT SUPERVISION AT THE CLINICAL EDUCATION SITE

All students and clinical staff are to adhere to Gwynedd Mercy University standards requiring all radiation therapy procedures conducted by the student to be performed under the **DIRECT SUPERVISION** of a qualified practitioner. The DIRECT SUPERVISION at all times policy will be strictly enforced by the University, Clinical affiliate and adhered to by the student. The monitoring of such a policy will be overseen by the ARRT registered radiation therapist either the clinical supervisor or the clinical instructor who has a minimum of two years' experience. DIRECT SUPERVISION is as follows:

All therapy simulation and therapeutic procedures are performed by the student under direct supervision of a qualified ARRT registered radiation therapist. Only a therapist with minimum of two years' experience may evaluate the student.

Direct supervision is defined as being present in the room with the student to observe and supervise the procedure being performed at all times. (Revised 7/2016)

DISCIPLINARY ACTION

For academic integrity violations, the sanction is failure of the specific test or assignment involved. Students who are guilty of repeated offenses are liable to sanctions, suspension or dismissal.

For repeated infractions of University regulations, a more serious disciplinary action is warranted; the student will be referred to the Vice President of Academic Affairs or Vice President of Student Services.

DRESS CODE

The purpose of the student dress code is to guide the student in achieving a positive image. By maintaining a high standard of dress and grooming, the student can contribute to establishing the confident perception of patients, their families and the community of the Gwynedd Mercy University student and its clinical affiliates.

The student is to follow the dress and grooming guidelines of the Program, College, University, and the Clinical site at all times. If the student is not aligned with these guidelines, the faculty and the clinical site reserve the right to send the student home to correct the issue. Daily grooming is expected when a student is in class and at the clinical site. This includes showering, facial and hair care, clean nails and hands, and use of deodorant. Hair must be clean and combed. The clinical sites follow a dress code congruent with the profession; how a healthcare professional presents themselves through attire and grooming communicates much to a patient. If a healthcare provider is groomed and wears a clean, modest uniform, the patient is put at ease and feels more confident in the person providing care.

On campus

All attire must be modest, and clean. Bare feet, bare midriffs, low cut or deep necklines, and skin tight clothing are not acceptable. Words, pictures, and/or symbols displayed on clothing should be sensitive to a diverse student population. Underwear/undergarments of any kind must not be visible either under, around, or through clothing. In selected settings, professional attire, as defined by the setting, may be required. Professional attire includes: skirts or dresses of modest length or long pants (dress pants are recommended), or as specified.

- Haircuts, hairstyling, and personal grooming must be neat, clean, and conservative.
- Careful attention must be given to personal hygiene.
- Hair color must be natural in appearance.
- The wearing of hats and “hoodies” indoors is not permitted.
- Excessive makeup and fragrances are not appropriate.
- Visible tattoos and body piercing, such as facial and tongue studs, are not permitted.
- Rings should be low profile and limited to one finger per hand.

The Program faculty respects the religious and cultural practices of all students. Head coverings for religious and cultural reasons, are permitted in the classroom, labs and clinical affiliations; however, their face must be visible. (Revised 7/2016)

Clinical Setting

Good personal hygiene is required. The use of deodorant is encouraged. Avoid overpowering perfume, cologne or aftershave.

Students are to wear clean closed-toe shoes, nursing shoes, sneakers or Dansko clogs, in plain white or black only. It is recommended that shoes be supportive and conducive to standing and walking. Since shoes worn to clinical assignments can get dirty with body fluids or contrast, it is advised that students choose shoes that will not be damaged or can be cleaned. Students are to wear socks that are white or black, and match the color of the shoes worn. Socks are required at clinical affiliate.

Students may wear a solid undershirt (white or black plain t-shirt or thermal). The undershirt should not have words, pictures, or symbols. Long-sleeve thermals can show below the

sleeves. Undershirts must be tucked into scrub pants. The undershirt can show, but under garments must not show above the scrub pants.

Hair must be clean, combed, and styled in a neat, professional manner that does not draw undue attention. Long hair must be securely tied back and kept off the face, while extreme trends, bright artificial colors, and unconventional styles (such as shaved designs or mohawks) are strictly prohibited. Additionally, facial hair must be kept clean, trimmed, and well-groomed.

Fingernails should be clean and neatly trimmed (no longer than 1/4" above fingertips). The use of extreme or distracting polish is not permitted. Polish may be clear or neutral nude. Artificial nails are not permitted.

Students are to keep jewelry minimal and professional. Jewelry should be conservative and worn in moderation. Wedding bands and class rings are acceptable however, fashion rings are discouraged. For safety, earrings may not be of the "dangling" type and hoop earrings may not be larger than 1 inch in diameter. No facial jewelry is permitted. Tongue, eye, lip, or nose ring/studs are not allowed. Any piercing on the face, other than the ear, cannot be visible.

Strong fragrances are discouraged. Many hospitals do not allow fragrances of any kind.

Make-up should be modest and professional.

Any visible tattoo must not be offensive in nature (such as anything that could be interpreted as discriminatory or sexually suggestive.) Clinical affiliate and/or program faculty will determine appropriateness of visible body art. (Revised 8/2026)

College Uniform

The required College uniform for the radiation therapy program is burgundy in color scrub sets and are embroidered with the College logo, Gwynedd Mercy University, and Radiation Therapy. The short white lab jacket will also feature the College logo, Gwynedd Mercy University, and Radiation Therapy.

Purchasing of the uniforms is through Flynn O'Hara. The contact information for ordering the uniforms is online at www.flynnohara.com/school/pa275 or calling toll-free at: (800) 441-4122 or by visiting the store located at 901 North Bethlehem Pike, Ambler, PA 19477, or by phone at (215) 793-9436.

Individual clinical sites may establish more stringent modification to this dress code.

Uniforms must be clean and free from wrinkles.

Students must wear a photo identification/name badge while at their clinical site. Some clinical sites will issue a name badge and this badge must be appropriately displayed on the uniform as outlined by the policies of that facility. If the clinical facility does not issue a name badge to the student, the student is required to wear their University issued identification badge.

Students reporting to their clinical site out of uniform will be sent home immediately. This will be counted as a day absent and must be made up. Failure to comply with stated dress code is cause for suspension. (Revised 8/2026)

EMAIL ACCOUNT

All Gwynedd Mercy students are required to utilize and maintain a GMercyU e-mail account. Official university communication and notices are sent via the GMercyU email account. All students are responsible for checking their GMercyU email account **daily**. Only GMercyU accounts will be used in all matters related to academics, student life and university notifications. The University does not forward GMercyU email to personal email accounts. (Revised 8/14; 7/2016)

HEALTH CARE - ON CAMPUS

Nursing service is available on the ground floor of Loyola Hall (LH) and can be accessed by dialing extension 21306 or 267-448-1306. If the student requires transportation to a hospital, **any ambulance and/or hospital charges not covered by insurance are the responsibility of the student.**

The University Campus is located within a few miles of several clinics and area hospitals which have suitable emergency rooms for more serious needs.
(Revised 8/2013, 6/2022)

EMERGENCY HEALTH CARE - AT CLINICAL EDUCATION SITES

The Clinical Supervisor is responsible for explaining the procedure to be followed in their respective affiliated clinical education site.

EMPLOYMENT

The Radiation Therapy Program is a comprehensive and intense program of study, which requires forty (40) hours of clinical/didactic study per week.

Therefore, students are advised to **limit their work hours to the weekends only**. If work hours interfere with the student's progress, they may be advised to reduce the number of hours worked. Students may not be compensated for tasks performed during normal hours of clinical education.

It is forbidden for students to take the responsibility or place of any staff member (therapist, clerical staff, etc.)

Students may be employed in the field of study outside regular hours of clinical education (technical aide, mold room, clerical work). The work must be non-compulsory, paid and subject to employee regulations.

EMPLOYMENT MAY NOT INTERFERE WITH DIDACTIC AND CLINICAL COURSE SCHEDULES.

Students will not be excused from didactic/clinical classes for job interviews/employment physicals during the school year unless they request time off from the program director and/or clinical coordinator and their clinical supervisor prior to scheduling any appointments.

FAMILY/MEDICAL LEAVE

Conditions requiring a medical leave or situations requiring a family leave of absence will be assessed on an individual basis by the Program Director.

FERPA

Please see the University Catalog

FIELD TRIPS/PHYSICIAN'S LECTURES

Requirements of the program include student's attendance at lectures, labs, seminars and field trips. These assignments are to be considered an essential part of the student's studies.

Attendance is mandatory. It is the responsibility of the student to provide their own transportation and parking.

FUNERAL LEAVE

Students will be excused from clinical/didactic education without penalty to attend the funerals of family members. Students are required to notify both the Program Director and their Clinical Supervisor prior to taking time off. The allotted time is as follows:

Family Members	Time Off Allowed
Spouse/Children/Parents	(3) days**
Grandparents/ Brothers& Sisters	(2) days
Brothers-in-law/Sisters-in-law	(2) days
All immediate relatives	(1) day

**If a student needs additional time off, they must make arrangements with the Program Director.

***Official documentation from the funeral director is required.**

GRADE APPEAL

Please see the University Catalog

GRADE SCALE

93-100 A	80-82 B-	67-69 D+
90-92 A-	77-79 C+	63-66 D
87-89 B+	73-76 C	60-62 D-
83-86 B	70-72 C-	Below 60 F

ANY GRADE LESS THAN A "C" IS CONSIDERED A FAILING GRADE FOR CONCENTRATION AND CO REQUISITE DIDACTIC COURSES.

ANY GRADE LESS THAN A "B" IS CONSIDERED A FAILING GRADE FOR CLINICAL COURSES

GRADING SYSTEM

A STUDENT MUST MAINTAIN A GRADE OF "C" OR ABOVE FOR EACH DIDACTIC COURSE IN THE CONCENTRATION AND EACH COREQUISITE COURSE. STUDENTS MUST MAINTAIN A GRADE OF "B" OR ABOVE FOR EACH CLINICAL COURSE. FAILURE TO MAINTAIN THESE REQUIRED GRADES WILL RESULT IN DISMISSAL FROM THE PROGRAM FOR REASON OF ACADEMIC/CLINICAL FAILURE.

STUDENTS MUST MAINTAIN A MINIMUM OVERALL GPA OF 3.0 TO REMAIN IN THE PROGRAM

(Revised 6/2004, 7/2009, 7/2016)

CLINICAL PROBATION

Students are considered to be on clinical probation until the completion of the fall semester. Probation is lifted following satisfactory clinical evaluation, **but may be re-imposed at any time** because of unsatisfactory clinical and/or professional performance.

The following conduct is prohibited and students will be subject to disciplinary action, including dismissal from the program, in accordance with due process:

1. Any violations of the University Code of Student Conduct
2. Violation of the University Honor code
3. Violation of the University Drug and Alcohol Use Policy
4. Violations of Clinical Affiliate Policies and Procedures
5. Violation of Radiation Therapy Program Policies (i.e. attendance, lateness, dress code, course requirements, etc.)

Students are expected to conduct themselves in a professional manner at all times and in accordance with the American Registry of Radiologic Technologists (ARRT) Code of Ethics.

GRADUATION

In addition to general education requirements, a student will need to successfully complete the Radiation Therapy (RTS) core courses, with a grade of C or higher, and a grade of B or higher in clinical education requirements. A student must have a cumulative grade point average of at least a 3.0 in all the RTS core courses in order to graduate from the program.

In addition, a student must complete all required competencies as part of the clinical education courses, and complete all rotations in the clinical education setting.

Upon successful completion of radiation therapy program curriculum, a student is eligible to take the American Registry of Radiologic Technologists (ARRT) credentialing examination.

The formal University graduation ceremony is regularly held in May. It is a privilege for the student to attend the graduation ceremony; however, it is not compulsory for students to attend. Students, who choose not to attend graduation, are requested to notify the office of the Vice President for Academic Affairs of this decision. **Students electing not to attend graduation ceremonies are however, responsible for payment of the graduation fee as posted in the University Catalog.**

The degree will be conferred at the graduation ceremony immediately following the completion of all stated essentials for this approved program and the payment of all required fees.

GRIEVANCE PROCEDURE

In the event that any student becomes involved in a misunderstanding or disciplinary matter with a clinical supervisory instructor or staff member, the student should contact the program Clinical Coordinator immediately. If the problem cannot be resolved, the avenue of recourse is through the Program Director, to the Dean of the Frances M. Maguire College of Nursing and Health Professions, to the Vice President for Academic Affairs and/or Dean of Students as the gravity of the situation may require. Incidents must be reported immediately.

If a student waits longer than one (1) week to report a grievance, no action beyond that of reference to the Program Director will be taken.

- Step 1. Student must submit grievance in writing within one (1) week of occurrence to the Program Director. The student will receive the decision in writing within fourteen (14) days.
- Step 2. If the student is not satisfied, they may appeal in writing to the Dean of the Frances M. Maguire College of Nursing and Health Professions within seven (7) days of receipt of decision. The Dean of Frances M. Maguire College of Nursing and Health Professions will send a decision in writing within fourteen (14) days.
- Step 3. If the student is not satisfied with the decision, a final appeal may be made in writing to the Vice President of Academic Affairs or Vice President of Student Services within seven (7) days. A decision in writing will be sent within fourteen (14) days.

PROCEDURES

Charges of misconduct must be filed in writing within seven (7) days of an incident and forwarded to the appropriate office. The Vice President for Academic Affairs should be notified in the case of misconduct and of all other violations.

A written notice of the alleged violation will be forwarded to the accused student who may request a hearing before the Faculty/Student Board. A ruling will be made by this committee.

Appeals to the ruling may be made within fourteen (14) calendar days to the Vice President for Academic Affairs or the Vice President of Student Affairs. The decision will be final.

SANCTIONS

Day to day enforcement of the code of student conduct will be that of the entire University community: students, faculty, administration and staff members. Penalties will be imposed proportionate to the offense, which could include: suspension or expulsion from the University; disciplinary probation and/or financial restitution. Minor violations will incur a written warning to the student; three written violations within one (1) academic year will warrant further sanctions as mentioned above.

HEALTH FORMS

All students are required to have a history and physical done prior to entering the program and clinical education. Students whose History and Physical Record are not on file will not be permitted to attend clinical education. The completed health form must be returned to the University nurse before August 1st. Students must provide documentation of all required vaccinations. The Hepatitis B vaccination is required by the clinical affiliates. If the student chooses not to be vaccinated for Hepatitis B, they must sign a declination form, which also must be returned to the

University nurse. All history and physical forms and declination forms will be kept on file in the University nurse's office. The student must have the following or provide documentation of immunity in order to comply with Gwynedd Mercy University Radiation Therapy program.

THE FOLLOWING PROOF OF IMMUNIZATIONS ARE MANDATORY:

1. **MEASELS (RUBEOLA), MUMPS, AND RUBELLA (German Measles):**
Proof of two live vaccines (e.g. MMR) after 12 months of age for measles and mumps and one live vaccine (e.g. MMR) after 12 months of age for rubella OR serologic evidence of immunity (titer)
2. **VARICELLA:**
Proof of two doses of vaccine OR serologic evidence of immunity (titer)
3. **HEPATITIS B:**
Proof of three dose series of vaccine AND serologic evidence of immunity.
Students with low/negative titer results after completion of three dose series should discuss re-immunization with a second three dose series, according to CDC recommendations for healthcare providers. A second serologic titer does not need to be submitted after the second three-dose series of vaccine.
All students must have begun the Hepatitis B Vaccine series prior to the start of classes. The series consists of three injections: an initial injection, followed by the second injection one month later, followed by the third injection five months later.
All students who have already completed the Hepatitis B vaccine series are required to have a Hepatitis B surface antibody titer (blood test) to confirm immunity. A copy of the lab report must be attached to this form. For students who are just beginning the Hepatitis B series, a titer is required one to two months after completion of the series.
4. **TETANUS TOXOID**
5. **REDUCED DIPHTHERIA TOXOID**
6. **ACELLULAR PERTUSSIS VACCINE**
Proof of T-dap vaccine within the past 10 years
7. **PPD**
A baseline two-step PPD skin test is required. Students, who can document an initial two-step PPD, will be required to have a yearly single-step PP. (6/2016)
8. **YEARLY INFULENZA VACCINE**
(8/13)
9. **Proof of COVID-19 vaccination.** Students will not be permitted to attend clinical rotation assignments, unless they can provide documentation that they are vaccinated. Medical or Religious exemptions for clinical rotations are not allowed. (Revised 6/2022)
10. **Yearly Drug Screening** (revised 8/2023)

HOURS OF STUDY

It is the student's responsibility to be prepared for class by reviewing all class notes, completing assignments (both reading and written). **If absent from class (classes) the student is responsible for all missed class work and assignments.**

THE REQUIRED AMOUNT OF TIME TO BE DEVOTED TO STUDY EACH WEEK IS APPROXIMATELY FIFTEEN (15) TO TWENTY (20) HOURS OR TWO (2) HOURS OF STUDY FOR EACH HOUR OF LECTURE.

IDENTIFICATION AS UNIVERSITY STUDENTS

All students of Gwynedd Mercy University are required to have an authenticated University photo I.D. card. The card is obtained at the beginning of the first year of study from Campbell Solution Center. The card is validated in subsequent years. The card is required in order to obtain further student services, borrow books from the University library and to vote for members of the student council. Off-campus student activities also require the use of the card.

INSURANCE - HEALTH INSURANCE

Students are required to provide proof of personal health care insurance prior the start of the fall semester of the program. Students are responsible for providing documentation of health care insurance to the appropriate university department (Revised 7/2006; 7/2016)

INSURANCE - PROFESSIONAL LIABILITY INSURANCE

All students enrolled in the Radiation Therapy Program are required to carry Professional Liability Insurance. This policy is arranged by the business office of the University; the insuring company is **Philadelphia Insurance Company**. Copies of the policy contract are held in the University's Business Office.

The fee for coverage is published in the University Catalog.

Sophomore, Junior and Senior, Bachelor of Science/Bachelor of Health Science students are billed accordingly. (Revised 7/2016, 6/2022)

JURY DUTY

A student who receives a summons for jury duty should submit a copy of the summons to both the Clinical Supervisor as well as the Program Director immediately after it is received. The Program Director or Program Faculty will not write a letter excusing you from jury duty. It is recommended that the student ask the Court for a postponement or to schedule an alternative date for jury duty.

LIBRARY

Class assignments, as well as essential research concerning clinical experiences, require the use of a library. Students are free to use the University library. The University library faculty and staff are available to students on an individual basis. Students are encouraged to utilize this service. For all library transactions the student I.D. card is necessary; cards are not transferable to another student. Affiliate hospital libraries may be used if the institution permits the student to do so.

PARKING ON CAMPUS

Please see the University Catalog/Student Handbook

PARKING AT THE CLINICAL EDUCATION AFFILIATE

All parking charges are the responsibility of the student. Wherever possible, arrangements will be made to obtain free or subsidized parking. If the student is required to pay for parking at the clinical site, the student is reminded that this expense should be included in the listed expenses for those who receive financial aid. Assignment to free parking areas will be on a "first come, first served" basis. The University is not responsible for any fees for parking or for violations of the same. (Revised 6/2022)

PREGNANCY

While all students in the Radiation Therapy Program understand the need to adhere to and practice radiation protection policies in the clinical area, this is especially important for the pregnant student. Exposure to radiation may be harmful to the developing fetus; therefore, the pregnant student may choose to voluntarily declare their pregnancy. Declaration of pregnancy must be made in writing and must include the approximate date of conception. Refer to Declaration of Pregnancy Form in Appendices of this Handbook.

The declared pregnant student will be advised as to the radiation and occupational hazards to their unborn child by the Radiation Safety Officer at the clinical education affiliate in consultation with the Program Director and Clinical Coordinators and will be monitored by them throughout the pregnancy.

For the declared pregnant student, the NRC limits the dose to the embryo/fetus to 0.5 rem (5mSV) over the entire pregnancy. All efforts will be made to avoid substantial variation above a uniform monthly exposure rate (0.05 rem/month) (0.5 mSV/month). The student will be issued an additional fetal monitor badge (belly badge). Refer to NRC Regulatory Guide 8.13 in Appendices of this Handbook.

The declared pregnant student must inform their provider of their enrollment in the Radiation Therapy Program and obtain a written statement of the provider's recommendations for continuing in the program.

The declared pregnant student may continue in both didactic and clinical education courses. If the student feels that they cannot continue in the program, they may apply for a leave of absence and reenter the program after the birth of the child. Reentry will be at the beginning of the appropriate semester if space is available.

A student may withdraw their declaration of pregnancy in writing at any time. Refer to the declaration of pregnancy form in Appendices of this Handbook.

For the student who has declared their pregnancy in writing, with an approximate date of conception, the Radiation Therapy program shall:

- i. Provide instruction regarding radiation exposure and risks as they relate to the embryo-fetus and pregnancy;
- ii. Provide program enrollment options to accommodate the pregnancy while allowing the student to complete the curriculum. If the student elects to continue with their education within the radiation therapy program, the College shall ensure that a personal radiation-monitoring device is worn at the waist level during the term of the pregnancy. Should there be any discrepancies between this text and the official version, the official version will govern;
- iii. Limit the student's exposure, as registered on the personal radiation-monitoring devices, in order that the exposure of the embryo-fetus does not exceed the most recent recommended limit published by the National Council on Radiation Protection and Measurements (NCRP). As of August 18, 2008, the recommended limit is contained in NCRP Report #116 entitled Limitation of Exposure to Ionizing Radiation, published in 1993. This report recommends a monthly equivalent dose limit of 50 mrem (0.5 mSv) to the embryo-fetus (excluding medical and natural background

- radiation) once the pregnancy is known. The Deep Dose Equivalent value reported for the device worn at the student's waist will be considered the initial estimated dose received by the embryo-fetus;
- iv. Within seven calendar days of the College's receipt of a radiation dosimetry report, the College shall inform the pregnant student of their most recent exposure readings. If the Deep Dose Equivalent in any month is 50 mrem (0.5 mSv) or higher, the College and student shall consult with a medical physicist or health physicist, who is certified by the American Board of Radiology, American Board of Medical Physics, American Board of Health Physics or the equivalent as determined by the Commission. (Revised 8/2026)

PROGRAM FACULTY

Program Director/Coordinator

The program director/coordinator must be registered in Radiation Therapy by the American Registry of Radiologic Technologists and hold a current license when required by state or federal authorities. Have completed five (5) years as a Senior Radiation Therapist in a Major Cancer Management Center. Have a minimum of two (2) years of experience as an instructor in an educational program in Radiation Therapy. Possess a minimum of a Master's Degree.

The Program Director/Coordinator is primarily responsible for the organization, administration, periodic review and continued development and effectiveness of the program as it relates to clinical experience and practicum. The program director/coordinator's responsibilities in teaching, administration and coordination of the educational program shall not be adversely affected by educationally unrelated functions.

The Program Director/coordinator will maintain current knowledge of radiation therapy techniques, educational methodology, and leadership through continuing professional development.

Clinical Coordinator

The clinical coordinator must be registered in Radiation Therapy by the American Registry of Radiologic Technologists and hold a current license when required by State or Federal authorities. Have completed five (5) years as a Senior Radiation Therapist in a Major Cancer Management Center. Have a minimum of two (2) years of experience as a clinical instructor in an educational program in Radiation Therapy. Possess at a minimum Baccalaureate degree and a commitment toward earning a Master's Degree.

The Program's Clinical Coordinator is responsible for coordinating clinical education with didactic education as assigned by the Program Director. Clinical education effectiveness shall be evaluated and assured through a schedule of regular visits to the clinical education affiliates. The Clinical Coordinator's responsibilities shall include coordination, instruction, and evaluation. The Clinical Coordinator shall maintain current knowledge of radiation therapy techniques and educational methodology through continuing professional development.

Clinical Preceptors

The clinical site's Clinical Preceptors must be registered in Radiation Therapy by the American Registry of Radiologic Technologists and hold a current license when required by state or federal authorities. The Clinical Preceptors is responsible for day-to-day guidance and where required or appropriate, for direct supervision of the student assigned. "Day-to-day guidance"

means reviewing the requests for clinical competencies, deciding as to whether or not the student can perform the procedure safely and accurately, and signing off of the competency performed utilizing Trajecsys. The Clinical Preceptors (s) shall be knowledgeable of the Program goals, clinical objectives, and clinical evaluation system. The Clinical Preceptors (s) shall provide students with appropriate and adequate clinical instruction/ direct supervision and shall evaluate student clinical competence. Performance of these responsibilities shall not be adversely affected by educationally unrelated functions. The Clinical Preceptors (s) shall maintain competency in radiation therapy performance utilizing equipment, instructional, and evaluative techniques through continuing professional development. (Revised 6/2023)

Clinical Staff

The clinical site's Clinical Staff (s) are members of the radiation therapy team and are responsible for the direct supervision of the student assigned to the treatment machine or simulator. They must have a clear understanding of the clinical competency requirements, and can review the request from the student to assess clinical competencies, deciding as to whether or not the student can perform the procedure safely and accurately. They can sign off of the competency performed; however, the competency must be counter signed by the Clinical Preceptors. The Clinical Staff(s) shall be knowledgeable of the Program goals, clinical objectives, and clinical evaluation system. The Clinical Staff (s) shall provide students with appropriate and adequate clinical instruction/ direct supervision and can evaluate student clinical competence. The clinical staff shall be supportive of the educational process and maintain current knowledge of program policies, procedures, and student progress. The Clinical Staff (s) must be registered in Radiation Therapy by the American Registry of Radiologic Technologists and hold a current license when required by state or federal authorities with a minimum of two-years experience. (Revised 7/2016, 6/2023)

PUBLIC SAFETY SERVICES AND PROGRAMS

Gwynedd Mercy University expects all members of the campus community to comply with federal, state and local laws. Policies and procedures designed to maintain harmony and personal welfare on campus are found in the Student Handbook, the Residence Life Handbook, the Faculty Handbook and the Employee Handbook.

OmniAlert is a selective mass notification system that sends time-sensitive messages to students, faculty, and staff wherever you are located. The University will only send mass notification in the event of weather and campus emergencies. You will not receive general notices via this delivery method.

Sign up for OmniAlert through the Nest.

Campus closure information will also be posted to the University website. You can also call the main telephone number at 215-646-7300. (Revised 6/2022)

Please see the University Catalog and Student Handbook for all Public Safety policies and program.

RADIATION EXPOSURE MONITORING AND RECORDS

An occupational radiation monitoring device- a film badge- is used to measure the radiation exposure that a person received. It provides a permanent record of radiation received if questions arise at a later time. Students will be provided with a film badge from Gwynedd Mercy University. The monitoring device does not provide protection from radiation; its sole purpose is to measure the amount of radiation to which one is exposed. The radiation monitoring device

must be worn at all times while a student is on the clinical premises or while at lab. They may not be left in the treatment room, simulator or any area where an exposure may occur. Film badges are to be worn at lapel level with the side which is open on the badge holder facing forward. Badges are not to be worn inside pockets, or under the lapel. If ever a lead apron is worn the monitoring device should be worn on the outside of the apron. Records of exposure will be maintained in the Clinical Coordinators' office. Students will review and sign off on their exposure records on a quarterly basis. ***Students, whose exposure report shows an overdose (150 mrem (1.50 mSv) or greater on any quarterly report), will be counseled by program faculty, who will investigate and closely monitor future reports.*** (Revised 7/2016).

Some clinical affiliates may order film badges (and ring badges when necessary) for those students assigned to their institutions. A copy of the student's radiation exposure record will be sent to the Clinical Coordinator and will be on file in the program office. If any of the occupational limits is exceeded, a copy of the investigation report must be submitted to the clinical affiliate radiation therapy department. The College shall begin an investigation to find the cause and prevent recurrence of the exposure. The investigation report shall be completed within 30 calendar days of the College's receipt of notification of the exposure. This investigation report shall include any action to be taken to reduce unnecessary radiation exposure. The investigation report shall be given to the student and shall be maintained in the student's file. Within 90 calendar days of departure from the College, the College shall provide each student with a complete record of his or her radiation exposure history. All students are required to sign a release form for the information. **Forms will be available at orientation and kept in the student's confidential file. Students, who report for clinical without their film badges will be sent home. They will be assessed one day of make-up time. (Revised 7/2016)**
If a film badge is a lost, the student will be charged a \$35.00 replacement cost. (Revised 6/2016)

RADIATION SAFETY

A.L.A.R.A.

ALARA (acronym for "as low as is reasonably achievable") means making every reasonable effort to maintain exposures to radiation as far below the dose limits in this part as is practical consistent with the purpose for which the licensed activity is undertaken, taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations, and in relation to utilization of nuclear energy and licensed materials in the public interest.

The three (3) major principles to assist with maintaining doses ALARA are:

- 1) **TIME** – minimizing the time of exposure directly reduces radiation dose.
- 2) **DISTANCE** – doubling the distance between your body and the radiation source will divide the radiation exposure by a factor of 4.
- 3) **SHIELDING** - using absorber materials such as Plexiglas for beta particles and lead for X-rays and gamma rays is an effective way to reduce radiation exposures.

Students may be exposed to ionizing radiation during their course of study. To protect the students from any unnecessary exposure, radiation safety procedures are reviewed with them during orientation at both the University and at the clinical site. Additionally, federal and state

radiation safety regulations are reviewed in various didactic courses as well as in the clinical setting.

- Radiation safety principles are introduced during student orientation and then after, will be reinforced throughout all other RTS courses as well as during the orientation to the radiation therapy department
- The Radiation Therapy Clinical Coordinator will serve in the capacity of the program's Radiation Safety Officer
 - Students will be given occupational monitoring devices
 - Students are to have their monitoring devices/dosimeter exchanged promptly
 - Students must not attend clinical or lab without the monitoring device
 - Students with expired or outdated badges may not attend clinic/laboratory
 - For exposure reports within acceptable limits, each student will be informed of their most recent radiation exposure report. Exposure reports will be reviewed with the students and they must initial that they have seen the report. The readings are kept locked in the Radiation Therapy Clinical coordinator's office room 129 Maguire Hall
 - A request for a copy of the student's exposure report at the completion of the program will be given to an employer upon written request by the student to release the information
 - For exposure reports exceeding acceptable limits, the student will be notified immediately

Exposure Limits

The Nuclear Regulatory Commission (NRC) require individuals to be monitored if an individual's radiation exposure is expected to exceed ten percent of the annual limits.

The annual limit for an Adult Radiation Worker is 5 rem or 5000 mrem in a year.

The annual limit to Any Organ other than the lens of the eye is 50 rem.

The Skin and Extremities have an annual dose equivalent limit of 50 rem.

The Lens of the Eye has an annual dose limit of 15 rem.

The annual limit for Non-Radiation Workers is 0.5 rem

The annual limit for the General Public is 0.1 rem

MRI Safety

Anyone who enters the MRI environment, even infrequently, must be properly trained to ensure their safety, the safety of patients and other facility staff.

After viewing the **MRI Safety Video**, www.appliedradiology.org the student will be able to:

- Identify the hazards and dangers related to the MRI environment
- Describe the possible risks associated with MRI examinations
- Explain the reasons for the screening procedure required for an individual and patient prior to being allowed into to the MRI environment or to undergo an MRI examination
- Describe recommendations to prevent accidents and injuries in the MRI environment

Additionally, the student will need to sign the MRI Safety Screening and Agreement form documenting that they do not have any hazards that may affect their safety in the MRI suite. Any identified contraindication will be reviewed by an MRI-Credentialed professional for risk assessment and planning. (Revised 2025)

REGISTRY/LICENSURE

Upon successful completion of the Program, the graduate is eligible to apply to take the American Registry of Radiologic Technologists (ARRT) examination in radiation therapy.

The process for applying online for ARRT certification and registration:

1. **Students Need to Create Online Accounts**
2. **Program Director Will Verify Their Students' Accounts**
3. **Students Complete and Submit the Application Online**
4. **Students Schedule and Take Their Exam**

All program competencies must be satisfactorily completed and verified by the Program Director. Students must complete all competencies in order to be eligible to submit their application to the ARRT.

The ARRT will review all applications and approve eligibility to take the examination. Applicants must be in good standing and in compliance with the ARRT Standard of Ethics and Rules and Regulations. Any applicant, who has been **convicted of a felony or misdemeanor**, should contact the ARRT prior to application and have their case reviewed.

If you need accommodations to take your exam

Accommodations are ways of adapting an exam experience to meet the needs of people who have disabilities that may impair their exam performance.

Accommodations can't change the number of questions or the content an exam covers. And they don't guarantee improved performance, a passing score, or any specific outcome.

ARRT complies with the Americans with Disabilities Act (ADA) if you demonstrate both that:

- You have a professionally diagnosed ADA-qualifying disability.
- Your disability results in substantial functional limitations that affect your daily life activities as compared to most people.

In most cases, you'll need to submit supporting documentation and a personal statement describing your disability. Approved accommodations might include additional time to complete the exam, a separate testing room, or access to snacks. You won't need to request accommodations for comfort aids, such as an inhaler, crutches, or eye drops.

Accommodations must be appropriate to the task and setting. For example, although you might have received accommodations in a classroom setting, those adaptations might not be necessary in an ARRT exam setting.

The ARRT reserves the right to refuse eligibility to any applicant whom they find not in compliance with the Rules and Regulations and Standards of Ethics. (Reviewed and revised 6/2020)

SMOKING POLICY

Gwynedd Mercy University is a smoke free campus. This policy covers the smoking of any tobacco product and the use of oral tobacco products.

During clinical rotation, the student will be required to follow the rules and regulations of the clinical education affiliate regarding the smoking policy. (Revised 6/6/2017)

STUDENT RECORDS

All official student records are maintained in the Registrar's office of the University. The Program Director may access these records for the purpose of student counseling and to assist the student in registering for the following semester. Any paper records are maintained in a secure location and are shredded once the student graduates.

Please see the University website for instructions to request an official transcript.

SNOW DAYS- INCLEMENT WEATHER

Inclement Weather

Cancellation of classes is authorized by the Vice President for Academic Affairs. Please refer to the University Handbook for instructions.

In the event the University is closed, a notification will be sent via OmniAlert. Notice of the University closure will also be posted on the University website.

If the University is closed on a clinical day, do not report to clinical. You must notify the Clinical Supervisor that the University is closed. Therefore, the time missed will be considered "Excused".
(Revised 8/2026)

TITLE IX STATEMENT

Gwynedd Mercy University and its faculty are committed to assuring a safe and productive educational environment. In order to comply with Title IX of the Education Amendments of 1972 and guidance from the Office for Civil Rights, all faculty members are required to report incidents of sexual misconduct shared by students or any other community member to the University's Title IX Coordinator, Tia Brown, brown.t8@gmercyu.edu. This means that as faculty, I must report (1.) any experience of sexual misconduct or sexual violence, and (2.) any other abuse that occurred to you—either as an adult or when you were a minor or to someone else when they were a minor—which you choose to disclose to me outside of a classroom discussion, a writing assignment, or a University-approved research project. Filing a sexual misconduct report does not mean that you will be part of a Title IX investigation or that you would have to go to court. Title IX also includes discrimination against any student on the basis of pregnancy or related conditions.

Information regarding the sexual misconduct policy are available on the University's website under Policies (<https://www.gmercyu.edu/about-gmercyu/policies>). You may also contact the Title IX Coordinator. (Revised 8/2020, 6/2022, 8/2023)

Consistent with our mission and the core values that are at the heart of our Mercy tradition, Gwynedd Mercy University is committed to providing our students, faculty, and staff with an educational, residential and employment environment free from sex discrimination, which includes all incidents of Sexual Misconduct as defined within the University's Sexual Misconduct Policy (PDF). To report a concern via the University's Anonymous Reporting Line, call 866-528-9304 or via GMercyU's Sexual Misconduct Reporting Form.

For more information regarding Title IX as well as resources, please visit GMercyU's Title IX page.

TIME CARDS

Sophomore student will be given a set of time cards at the beginning of each semester. These time cards are to be accurately completed. The student and the Clinical Supervisor must sign the time card at the end of each month. Completed time cards with the appropriate signatures must be submitted to the Clinical Coordinator. It is the student's responsibility to submit the time cards. Falsification of time cards will result in automatic dismissal from the program.

Junior and Senior students will document their clinical hours via Tracjecsyst. (Revised 6/2023)

TUITION AND FEES

All tuition and fees are published in the University Catalog. These fees, as well as any additional fees required by a particular program, are communicated to the student in a letter of information. Changes in fees are determined one year in advance and are published by the University.

Bachelor of Science	Semester Billed
RTS 110 Summer I & II (2nd year)	Spring (2nd year)
RTS 320 Summer I & II (3rd year)	Spring (3rd year)

This billing policy is only in effect for courses taken for the first time. All repeat courses must be paid for on a per credit basis and in addition to the regular tuition.

(Revised 7/06, 7/2016)

THEFT

If it is proven that a student is guilty of theft while in the clinical setting, the student will be prosecuted according to the hospital's regulations. Dismissal from the program may occur. If the student is convicted of a felony, the student will be dismissed from the University. Students should review the Code of Honor printed in the University Student Handbook.

TIME OFF

Clinical Assignment

Student will be granted one-half (½) day for orientation at potential clinical placement sites.

Employment Interviews

Students will be granted two (2) days to schedule interviews for entry-level radiation therapist positions during the spring semester of the senior year.

Students must receive prior approval from their clinical supervisor and Radiation Therapy program faculty before scheduling appointments.

WEAPONS POSSESSION

In order to provide a safe environment for students, faculty, staff and visitors; no student, visitor, faculty or staff member shall be allowed to have in his/her possession while on the campus or at clinical, any firearms or any illegal weapons without specific permission.

WORKPLACE HAZARDS

Students may be exposed to workplace hazards during their clinical and didactic education, specifically chemical, electrical and fire hazards. Students are to follow the policies and procedures as specified at each of the clinical site assignments and at the University.

Clinical Education

Policies and procedures related to chemical, electrical and fire safety are reviewed with the students during each clinical site orientation and acknowledged by their signature on the Orientation Documentation form.

On Campus

General policies and procedures related to workplace hazards are reviewed with the students during orientation. Specific policies are reviewed by individual instructors. Additionally, workplace hazards and safety are covered in the HS100, Introduction to Allied Health course. Fire Safety and Security Procedures to be followed on campus are covered in the Fire and Safety Procedure booklet.

VACATIONS

The student's vacation time is outlined on student's program calendar.

All students are required to abide by this schedule. Requests for time off other than those stated in the student's program calendar must be made in writing to the Program Director/Coordinator six (6) weeks prior to the requested time. Failure to do so will result in a denial of the request.

APPENDICES

- Preclinical Health Form/History and Physical
- Communicable Diseases
 - Acquired Immune Deficiency Syndrome (AIDS)
 - AIDS Guidelines
 - Hepatitis
 - OSHA Hepatitis B Declination Form
- Affiliated Hospitals
- Patient Bill of Rights
- Curriculum Sheets
- Affirmative Action Statement
- American Disabilities Act
- Privacy of Student Records
- Technical Standards
- ASRT Radiation Therapists - Scope of Practice
- Receipt Technical Standards
- Receipt Radiation Therapy Program Material
- Release of Information Forms
- Release of Radiation Monitoring Records
- Emergency Medical Information
- Declaration of Pregnancy Form
- Undeclared Pregnancy Form
- Review of Pregnancy Policy
- Pennsylvania Child Abuse History Clearance
- Castlebranch Background Clearance

**EMERGENCY HEALTH CARE AT THE RT CLINICAL EDUCATION SITE
FOR THE STUDENT IN NEED OF MEDICAL ATTENTION**

Christiana Care Health Systems (Concord Health Center/Helen Graham Center)

Students requiring medical attention will first report to the Clinical Supervisor. Arrangements will then be made for the student to report to either the Employee Health Service or the Emergency Room.

When the injury or illness is non-occupational, evaluations will be provided but students will be referred for follow-up care to private physicians. Bills for services rendered will be sent to the student. In case of occupational injuries or illness, no charge will be made.

Corporal Michael J. Crescenzo Veterans Affairs Medical Center

Students should report to the Clinical Supervisor who will refer them for emergency care. All fees for medical care are the responsibility of the student.

Einstein Medical Center Montgomery

Report immediately to the Clinical Supervisor. Arrangements will then be made for emergency care.

Student will be responsible for all fees for services rendered.

Einstein Medical Center Philadelphia

Report immediately to the Clinical Supervisor. Arrangements will then be made for emergency care.

Fox Chase Cancer Center- Buckingham/ Community Hospital/ Main Campus

Report immediately to the Clinical Supervisor. Arrangements will then be made for emergency care.

Hospital of the University of Pennsylvania Health System -Pennsylvania Hospital / Doylestown Hospital /Chester County Hospital /Penn Medicine at Valley Forge

Report immediately to the Clinical Supervisor. Arrangements will then be made for emergency care.

Student will be responsible for all fees for services rendered.

If students become ill or have an accident at work, Employee Health Service is available to them. This service is open from 8:00 a.m. to 9:00 a.m. and 3:00 p.m. to 4:00 p.m., Monday through Friday except holidays. When this service is closed, students will be referred to the Emergency Room.

Penn Medicine at Lancaster General Health Pavilion

Report to the Clinical Instructor and/or Educational Instructor at 8:00a.m. All ill students are to report at this time. The student will then be referred to the Emergency Room for examination and treatment by a physician. Students who are so treated will not be charged physician or outpatient fees. They will, however, be required to pay for any prescriptions or laboratory tests that are ordered.

Jefferson Health Torresdale

Report immediately to the Clinical Supervisor. Arrangements will then be made for emergency care.

Lehigh Valley Hospital / Cedar Crest & Muhlenberg

Report immediately to the Clinical Supervisor. Arrangements will then be made for emergency care.

Student will be responsible for all fees for services rendered.

Main Line Hospital Inc. Lankenau Campus, Paoli Cancer Center

Report immediately to the Clinical Supervisor. Arrangements will then be made for emergency care. Student will be responsible for all fees for services rendered

MD Anderson at Cooper at Redeemer Health

Report immediately to the Clinical Supervisor. Arrangements will then be made for emergency care. Student will be responsible for all fees for services rendered

St. Luke's Allentown Cancer Center

The student should report to the Clinical Supervisor or Supervisor of Radiation Therapy. If necessary the student will be sent to the Employee's Health Care Clinic between 8:15 a.m. and 9:30 a.m. The Emergency Care Unit is to be used at other times. Medical attention is not required to send the student home. All fees for medical treatment are the responsibility of the student.

St. Luke's Anderson Cancer Center

The student should report to the Clinical Supervisor or Supervisor of Radiation Therapy. If necessary the student will be sent to the Employee's Health Care Clinic between 8:15 a.m. and 9:30 a.m. The Emergency Care Unit is to be used at other times. Medical attention is not required to send the student home. All fees for medical treatment are the responsibility of the student.

St. Mary Regional Cancer Center

Students should report to the Clinical Supervisor who will refer them to the Emergency Care Unit for treatment. All fees for medical treatment are the responsibility of the student.

Temple University Cancer Center

Students should report to the Clinical Supervisor who will refer them for emergency care. All fees for medical care are the responsibility of the student.

Thomas Jefferson University Hospitals Asplundh Cancer Pavilion

Report immediately to the Clinical Supervisor. Arrangements will then be made for emergency care.

Tower Health System Reading Hospital

Students should report to the Clinical Supervisor who will refer them to the Emergency Care Unit for treatment. All fees for medical care are the responsibility of the student. Students may use the Student Health Clinic or the Emergency Care Unit in the event they become ill during their scheduled clinical hours

Wellspan Ephrata Cancer Center

Report immediately to the Clinical Supervisor. Arrangements will then be made for emergency care. Student will be responsible for all fees for services rendered.

Wellspan Health- York Cancer Center

Students who become ill or injured during their assigned clinical hours should immediately report to the Clinical Supervisor, or in his /her absence, to one of the division supervisors. The problem will be evaluated to determine its gravity and work relatedness.

Work related injuries will be referred to the Employee Health Nurse/Physician and Form 814 (Employee Accident report) will be completed. Work related illnesses will likewise be referred to Employee Health. Form 5414 (Referral Form) will be issued.

Illnesses not related to the work environment may be evaluated by Employee Health to determine its contagiousness. Although there is no charge for this service, no medications will be dispensed and the student will be referred to their private physician for follow-up care.

Students absent for three or more clinical days shall bring a physician's statement when returning for clinical duties. Students without a personal physician in this area may at their own expense receive medical care at the Family Practice Center of York Hospital. Medications may be obtained at the York Apothecary at employee-discounted rates.

The employee health service will do pre-placement physicals prior to the student beginning their clinical experience. Arrangements will then be made for the student to report to either the Employee Health Service or the Emergency Department.

When the injury or illness is non-occupational, evaluations will be provided but students will be referred for follow-up care to private physicians. Bill for services rendered will be sent to the student in care of the educational program.

(reviewed & Revised 6/2022)

Frances M. Maguire College of Nursing and Health Professions

MEDICAL HISTORY/PHYSICAL EXAMINATION RECORD

This form and requirements must be completed between July 1, 2026 and August 30, 2026

Please read form in its entirety and do not leave any blanks. Make a copy and keep for your own records. Faxed forms will not be accepted.

Complete and return all pages to:

Gwynedd Mercy University
1325 Sumneytown Pike
PO Box 901
Gwynedd Valley, PA 19437-0901
Attn: Lorraine Quarles

Date of Entrance

Fall ____ Year ____ Expected date of graduation _____

Student Information (please print)

Name _____ Social Security# _____

Date of Birth _____ Male _____ Female _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Are you an American citizen? _____ If not, please list citizenship _____

Emergency Contact Information

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____

I understand that my parents or guardians will be notified of any serious illness or injury at my request.

Signature of student _____ Date _____ Signature of parent or guardian (if student is a minor) _____ Date _____

Health Insurance Information

All full-time undergraduate and all international students are required to have health insurance.

Name of Insurance Company _____ Customer Service Phone number _____

Group Number _____ Name of Policy Holder _____

Identification Number _____ Prescription Plan? Yes _____ No _____

Report of Medical History

Please complete this before going to your health care provider for examination so your health care provider can acknowledge review of the information.

Name: _____

Last

First

Middle

Social Security# _____

Family History

	Age	State of Health	Cause of Death		Yes	No	Relationship
Father				Diabetes			
Mother				Heart Disease/Stroke/High Blood Pressure			
Siblings				Cancer			
				Asthma/Allergies			
				Tuberculosis			
				Alcohol/Drug Problem			
				Depression			

Personal History - Please answer all questions - Please comment on all positive answers

Have you had?	Yes	No	Comment
Chicken Pox			
Measles			
German Measles			
Mumps			
Mononucleosis			
More than 10 lb. weight gain or loss in past year			
Females: menstrual problems			

Have you had?	Yes	No	Comment
Head injury or concussion			
Epilepsy/seizures			
Migraines			
Anxiety or depression			
Sleep difficulty			
Eating disorder			
Alcohol/drug problem			
Learning disability			

Have you had?	Yes	No	Comment
Dental problems			
Eye problems			
Ear, nose, throat problems			
Asthma			
Allergies			
Medication Allergies			
Disease/injury of joints			
Back problems			

Have you had?	Yes	No	Comment
Dental problems			
Eye problems			
Ear, nose, throat problems			
Asthma			
Allergies			
Medication Allergies			
Disease/injury of joints			
Back problems			

Student's Signature _____

Date _____

Health Care Provider Signature (Acknowledging Review) _____

Date _____

PHYSICAL EXAMINATION

TO THE EXAMINER: PLEASE REVIEW THE STUDENT'S HISTORY AND COMPLETE THE PHYSICAL EXAMINATION AND IMMUNIZATION RECORD. PLEASE COMMENT ON ALL POSITIVE ANSWERS

Name _____ Allergies _____
Last First Middle

Male _____ Female _____

Blood Pressure _____ Pulse _____ Height _____ inches Weight _____ lbs.

Are there abnormalities in the following systems? Describe fully. Use additional sheet if needed. Please comment on all positive findings.

	Yes	No	Comments
Head, Ears, Nose, Throat			
Eyes			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Metabolic/Endocrine			
Neurologic			
Skin			
Psychiatric			

Is the patient now under treatment for any medical or emotional condition? Yes _____ No _____

Is the patient taking any medication on a regular basis? Yes _____ No _____

If yes, list medications _____

Is there a loss or seriously impaired function of any organ? Yes _____ No _____

Recommendations for physical activity:

(Intercollegiate Athletics, Intramurals, Physical Education) Unlimited _____ Limited _____

Explain _____

Do you have any further recommendations for the care of this student? Yes _____ No _____

Explain _____

Name _____

A. THE FOLLOWING PROOF OF IMMUNIZATIONS ARE MANDATORY (PLEASE ATTACH IMMUNIZATION RECORD FOR ALL VACCINES AND TITER RESULTS FOR HEPATITIS B AND ANY OTHER TITER AS INDICATED)

11. MEASELS (RUBEOLA), MUMPS, AND RUBELLA (German Measles):

- Proof of two live vaccines (e.g. MMR) after 12 months of age for measles and mumps and one live vaccine (e.g. MMR) after 12 months of age for rubella OR serologic evidence of immunity (titer)

12. VARICELLA:

- Proof of two doses of vaccine OR serologic evidence of immunity (titer)

13. HEPATITIS B:

- Proof of three dose series of vaccine **AND** serologic evidence of immunity
- Students with low/negative titer results after completion of three dose series should discuss re-immunization with second three dose series, according to CDC recommendations for healthcare providers. A second serologic titer does not need to be submitted after second three-dose series of vaccine.

All students must have begun the Hepatitis B Vaccine series prior to the start of classes. The series consists of three injections. An initial injection, followed by the second injection one month later, followed by the third injection five months after the second.

All students who have already completed the Hepatitis B vaccine series are required to have a Hepatitis B surface antibody titer (Blood Test) to confirm immunity. A copy of the lab report must be attached to this form. For students who are just beginning the Hepatitis B series, a titer is required one to two months after completion of the series.

B. Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine:

- Proof of Tdap vaccine within the past 10 years

C. PPD: A BASELINE TWO-STEP PPD skin test is required. Students who can supply documentation of a two-step PPD test completed, in the past, require one single-step PPD.

First PPD skin test: Date placed: __ Date read: _____ Result: _____ mm of induration.

If negative,

2nd PPD skin test: Date placed: __ Date read: _____ Result: _____ mm of induration.

(According to CDC guidelines for a two-step PPD, each PPD must be administered 1-3 weeks apart)

*After initial two-step PPD, students are required to have a yearly single-step PPD

D. PPD (Con't):

Positive PPD: (Only for those who have had a positive PPD skin test)

- Date of positive test: _____
- **If PPD is positive, students must have a chest x-ray done after the date of the positive TB test.**

Attach a copy of the result of the chest x-ray.

- Attach healthcare provider documentation of any TB treatment, history of BCG vaccination, and absence of TB symptoms.

E. URINE DRUG SCREEN

Attach copy of laboratory report for Urine Drug Screen which includes testing for ALL of the following substances:

- | | | | |
|-----------------|--------------------|------------|------------------|
| 1. amphetamines | 3. benzodiazepines | 5. cocaine | 7. phencyclidine |
| 2. barbiturates | 4. cannabinoids | 6. opiates | |

F. YEARLY INFLUENZA VACCINE

- Required by October 31, 2026

G. Proof of COVID vaccination

1st Date: _____

2nd Date _____

H. Meningitis Information Response – Required of all resident students

Date of Meningococcal immunization: _____

Date of Booster, if original vaccine prior to age 16 _____

COMPLETE. Signature of health care provider indicates that practitioner has completed and reviewed all four pages of form.

Health Care Provider _____

License #. _____

Address _____

Phone # _____

Signature _____ Date _____

Office Stamp

OSHA Bloodborne Pathogens Regulations Section

1910.1030 Appendix A to Section 1910.1930-Hepatitis B Vaccine Declination Form
(Mandatory)

*I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated, I can receive the vaccine at a physician's office, a local hospital or other health care agency for a designated fee.

Student Name and Address

Student Program

Student Signature

Date

*The wording of the above statement has been changed from listed in the OSHA Regulations to reflect that Gwynedd Mercy University does not have the facilities to offer the Hepatitis B vaccine on the campus or free of charge.

Affiliated Hospitals

Bryn Mawr Hospital 130 S Bryn Mawr Avenue Bryn Mawr, PA 19073	Mainline Health Systems Lankenau Medical Center 100 East Lancaster Avenue Wynnewood, PA 19096
Bryn Mawr Health Care Center- Newtown Square 3855 West Chester Pike Newtown Square PA 19073	Mainline Health @ Paoli Hospital 255 W. Lancaster Ave Paoli, PA 19301
Christiana Care Health System Concord Health Center 161 Wilmington-West Chester Pike Chadds Ford, PA 19317	Midlantic Cancer Center 1 Presidential Blvd. Suite 100 Bala Cynwd PA, 19004
Christiana Care Health System Helen Graham Center 4701 Ogletown-Stanton Road P.O. 6001 Newark DE	MD Anderson at Redeemer Health 1648 Huntingdon Pike Meadowbrook, PA 19046
Corporal Michael J Crescenz Veterans Affairs Medical Center Department of Radiation Oncology 3900 Woodland Ave Philadelphia, PA 19104	Penn Medicine Abramson Cancer Center at Chester County Hospital 701 East Marshall Street West Chester, PA 19380
Einstein Healthcare Network Montgomery Hospital 559 West Germantown Pike East Norriton, PA 19403	Penn Medicine - Doylestown Hospital 595 West State Street Doylestown, PA 18901
Einstein Medical Center, Philadelphia 5501 Old York Rd Philadelphia, PA 19141	Penn Medicine at Lancaster General Hospital 2102 Harrisburg Pike Lancaster, Pa 17604
Fox Chase Cancer Center- Buckingham Department of Radiation Oncology 2365 Heritage Center Furlong, PA 18925	Penn Medicine at Pennsylvania Hospital 800 Spruce Street Philadelphia, Pa 19107
Fox Chase Cancer Center- Main 333 Cottman Avenue Philadelphia, PA 19111	Penn Medicine at Valley Forge 1001 Chesterbrook Blvd Berwyn, PA 19312
Fox Chase Cancer Center- East Norriton Hospital Outpatient Center 2701 Dekalb Pike Norristown Pa 19401	Riddle Memorial Hospital 1068 Baltimore Pike Media PA, 19063
Hospital of Univ. of PA Perelman Center 3400 Civic Center Philadelphia, PA 19014	St. Luke's –Anderson 1872 St. Lukes Blvd Easton PA 18045
Jefferson Torresdale Hospital 10800 Knights Road Philadelphia, PA 19114	St. Luke's Allentown Cancer Center 240 Cetronia Road Allentown, Pa 18104
Lehigh Valley Hospital-Cedar Crest 1240 S. Cedar Crest Blvd. Allentown, PA 18105	St. Mary Regional Cancer Center 1201 Langhorne Newton Road Langhorne, PA 19047

Lehigh Valley Hospital – Muhlenberg 2545 Schoenersville Road Bethlehem, PA 18017	Tower Health System Reading Hospital P.O. Box 16052 West Reading, PA 19612
Temple University Hospital Department of Radiation Oncology ACC Bldg., Ambulatory Care Center 3401 North Broad Street Philadelphia, PA 19140	Wellspan Ephrata Cancer Center 460 N. Reading Road Ephrata, PA 17952
Thomas Jefferson Asplundh Cancer Pavilion 3941 Commerce Ave Willow Grove, Pa 19090	Wellspan Health York Cancer Center 25 Monument Road York, PA 17403

PATIENT'S BILL OF RIGHTS

1. A patient has the right to respectful care given by competent personnel.
2. A patient has the right, upon request, to be given the name of his attending physician, the names of all other physicians directly participating in his care, and the names and functions of other health care persons having direct contact with the patient.
3. A patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination, and treatment are considered confidential and should be conducted discreetly.
4. A patient has the right to have all records pertaining to his medical care treated as confidential except as otherwise provided by law or third-party contractual arrangements.
5. A patient has the right to know what hospital rules and regulations apply to his conduct as a patient.
6. A patient has the right to expect emergency procedures to be immediately implemented without unnecessary delay.
7. A patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
8. The patient, or in case of a child, adolescent, or incompetent patient, the family and/or guardian have the right to full information in layman terms concerning diagnosis, treatment and prognosis, including information regarding alternative treatments, transfer and possible complications.
9. Except for emergencies, the physician must obtain the necessary informed consent prior to the start of any procedure or treatment, or both. Informed consent is defined in section 103 of the Health Care Services Malpractice Act (40 P.S. 1301.103).
10. A patient or, in the event the patient is unable to give informed consent, a legally responsible party, has the right to be advised when a physician is considering the patient as a part of a medical care research program or donor program, and the patient, or legally responsible party, must give informed consent prior to actual participation in such a program. A patient, or legally responsible party, may, at any time, refuse to do that which he has previously given informed consent.
11. A patient has the right to refuse any drugs, treatment, or procedure offered by the hospital, to the extent permitted by law, and a physician shall inform the patient of the medical consequences of the patient's refusal of any drugs, treatment, or procedure.
12. A patient has the right to assistance in obtaining consultation with another physician at the patient's request and own expense.
13. A patient has the right to medical and nursing services without discrimination based upon race, color, religion, sex, sexual preference, national origin, other source of payment, or handicap.
14. The patient who does not speak English should have access where possible, to an interpreter.
15. The hospital shall provide the patient, upon request, access to all information contained in his medical records, unless access is specifically restricted by the attending physician for medical reasons or is prohibited by law.
16. The patient has the right to expect good management techniques to be implemented within the hospital considering effective use of the time of the patient and to avoid the personal discomfort of the patient.
17. When medically permissible, a patient may be transferred to another facility only after he or his next of kin or other legally responsible representative has received complete information and an explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
18. The patient has the right to examine and to receive a detailed explanation of his bill.
19. The patient has a right to full information and counseling on availability of known financial resources for his health care.
20. A patient has the right to expect that the health care facility will provide a mechanism whereby he is informed upon discharge of his continuing health care requirements following discharge and the means for meeting them.

21. A patient cannot be denied the right of access to an individual or agency that is authorized to act on his behalf to assert or protect the rights set out in this section.

**Semester Sequencing
Radiation Therapy
Bachelor of Science (BS)
Bachelor of Health Science (BHS)**

	Year 1		Year 3
Fall	Fall		
	ENG 100 Critical reading & Writing 3		*RTS 200 Radiation Biology 3
	PSY 100 General Psychology 3		*RTS 202 Princ of Rad Onc Patient Care 2
	BIO 107 Anatomy & Physiology I 3		*RTS 203 Princ of Tech RT 2
	BIO 107L Anatomy & Physiology Lab I 1		*RTS 204 Clinical Edu I 3
	CIS 101 Intro to Desktop Computing 3		*RTS204 Clinical Edu I Rec 0
	RS 231 Bioethics 3		*RTS 208 Tech Radiation Therapy I 3
	UNV 100 GmeryU Success 2		*RTS 209 Clinical Oncology I 1
			<u>*RTS 307 Princ of Medical Dosimetry 3</u>
	18		17
Spring	ENG 101 College English 3	Spring	*RTS 303 Clinical Edu II 3
	UNV 101 GmeryU Service 1		* RTS 304 Tech Radiation Therapy II 3
	BIO 108 Anatomy & Physiology II 3		*RTS 305 Clinical Oncology II 1
	BIO 108L Anatomy & Physiology Lab II 1		RTS 303 Clin Oncology II Rec 0
			*RTS 306 Applied Radiation Physics I 3
	MTH 141 or 142 3		<u>Seminar 3</u>
	+ Literature Elective ("K") 3		13
	<u>Philosophy Elective 3</u>		
	17		
Fall	Year 2	3rd Year Summer Session	
	History Elective 3		*RTS 320 Clinical Edu III 3
LLFA Elective ("Arts & Imagination L") 3			<u>*HS 208 Basic Pathophysiology 3</u>
			6
	RTS 100, Intro to Radiation Therapy 3		
	HS 100, Intro to Allied Health 2		
	<u>Religion Elective 3</u>		
	14		
Spring		Year 4	
	ENG 200 Public Speaking 3	Fall	*RTS 400 Tech RT III 1
	RTS 101 Orientation to Clinical Edu I 2		*RTS 402 Applied Radiation Physics II 3
	RTS 101 Orientation to Clinical Edu I Rec 0		*RTS 403 Clinical Edu IV 3
	RTS 107 Princ of Medical Imaging 3		*RTS 404 Advanced Medical Dosimetry 2
	RTS 308 Cross-Sectional Anatomy 2		*HS 305 Teaching in Health Profession 3
	PHY 111 Physics for AH Services 3		<u>*PSY 111 Statistics 3</u>
			15
	13	Spring	*RTS 406 TQM in Radiation Oncology 1
			*RTS 407 Clinical Edu V 4
			*RTS 408 Applied Physics of Adv. Treatment Techniques 2
			* RTS 4000 Capstone Research Project 3
			*RTS 410 Capstone Seminar in RT 2
			<u>*HS 403 Current Topics in Healthcare 3</u>
			15
2nd Year Summer Session			
	RTS 110 Orientation to Clinical Edu II 3		

* Courses required for Certificate in Radiation Therapy

+Must be ENG 102, 201, 202, 203, 210, 212, 216, 217, 218, 270-289, 290, 301, 302, or 330.

Credit Requirements- A minimum of 131 credits is required for this degree.

Technical Standards

In order to perform the daily duties of the Radiation Therapist accurately and efficiently, the Radiation Therapy student must be able to:

Climb- Ascending or descending using feet and legs and/or hands and arms.

Balance- Maintaining body equilibrium to prevent falling when walking, standing or crouching.

Stoop- Bending body downward and forward by bending leg and spine.

Kneel- Bending legs at knee to come to a rest on knee or knees.

Reach- Extending hand(s) and arm(s) in any direction.

Communication- Communicate effectively with patients and staff in both verbal and written forms in the English language, with the ability to give and receive directions and information.

Stand- Standing for particularly sustained periods of time, to include bending and twisting.

Walk- Moving about on foot to accomplish tasks, particularly for long distances.

Push- Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.

Pull- Using upper extremities to exert force in moving objects in a sustained motion.

Lift -Raising object from a lower to a higher position or moving objects horizontally from position-to-position.

Grasp- Applying pressure to an object with the fingers or palm; tactile dexterity.

Speak- Expressing or exchanging ideas by means of spoken word to other workers accurately, loudly or quickly.

Hear- Ability to receive detailed information through oral communication and to make fine discriminations in sound when applicable, especially in a noisy environment.

Visual Acuity -This is a minimum standard for use with those whose work deals largely with preparing and analyzing data and figures, accounting, transcription, computer terminal, monitors, extensive reading, visual inspection, using measurement devices, assembly or fabrication of parts at distances close to eyes. Ability to see and read instructions in dim lighting.

Medium Work -The ability to exert up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects to include the ability to provide safe operation of large medical equipment.

ASRT RADIATION THERAPISTS - SCOPE OF PRACTICE

PREFACE

The following document defines the role and responsibilities of Radiation Therapists in the contemporary practice of radiation therapy. Accredited educational programs for radiation therapists encompass the cognitive, psychomotor and affective elements fundamental to the Scope of Practice defined herein.

The assumed and assigned role and responsibilities have evolved over time and are consistent with contemporary clinical practice. It is recognized that there exists variations in local, state or federal statutes or regulations, which supersede the specifics contained herein.

INTRODUCTION

The structural elements of Radiation Therapy as a health profession in the contemporary health care delivery system in the United States include the following:

- * a cognitive base
- * a structured curriculum
- * a professional credential
- * a code of ethics
- * clinical practice autonomy
- * self-governance

The history of these elements combines in a complex structure, which can be traced across historical time spans and contemporary functional boundaries. For example, in the history of radiography, radiation therapy was at one time an area of responsibility of the radiographer. This is no longer true today.

Curriculum of the discipline contains elements of physics, psychology, patient care and pathology among others, which cross horizontally through several medical specialties. The professional curriculum incorporates didactic and clinical elements and basic sciences that are reflective of contemporary practice in Radiation Therapy. The content and structural learning experiences facilitate attitudes and skills that prepare graduates to demonstrate a commitment to patient care and continued personal and professional development.

Description of the Profession

Radiation Therapy is the art and science of treatment delivery to individuals to restore, improve and enhance performance, diminish or eradicate pathology, facilitate adaptation to the diagnosis of malignant disease and to promote and maintain health. Since the major focus of Radiation Therapy is the delivery of prescribed dosages of radiation to individuals from external beam and/or brachytherapy radiation sources or hyperthermia units, the radiation therapists' concern is with those factors which influence radiation dose delivery, individual well-being and responsiveness to treatment as well as those factors which serve as barriers or impediments to treatment delivery.

The practice of Radiation Therapy is performed by competent radiation therapists who deliver care to the patient in the therapeutic setting and are responsible for the simulation, treatment planning and administration of a prescribed course of radiation therapy and/or hyperthermia. Additional related settings where radiation therapists practice include education, management, industry and research.

PROFESSIONAL CREDENTIAL

The initials R.T. (T) (ARRT) indicated Registered Technologist in Radiation Therapy and certification as a Radiation Therapist by the American Registry of Radiologic Technologists.

SCOPE OF PRACTICE

The curriculum base for a Radiation Therapist is that outlined in the ASRT Professional curriculum for Radiation Therapy. Education program standards are those defined in the *Standards for an Educational Program in the Radiologic Sciences*. Radiation Therapy professional educational programs prepare the radiation therapist to, but are not limited to:

Provide radiation therapy services by contributing as an essential member of the radiation oncology treatment team through provision of total quality care of each patient undergoing a prescribed course of treatment;

Evaluate and assess treatment delivery components;

Provide radiation therapy treatment delivery services to cure or improve the quality of life of patients by accurately delivering a prescribed course of treatment;

Evaluate and assess daily the physiological and psychological responsiveness of each patient to treatment delivery;

Maintain values congruent with the profession's code of ethics and scope of practice as well as adhering to national, institutional and/or departmental standards, policies and procedures regarding treatment delivery and patient care.

DOMAINS OF PRACTICE

Domain: Organizational and Work Role competencies

Coordinate and meet multiple patient needs and requests: set priorities
Participate effectively in a therapeutic team approach to provide optimum therapy
Adapt to contingency planning in response to variables which influence work load and/or schedule
Maintain a flexible stance towards patients, visitors and staff, as well as technology and bureaucracy
Coordinate daily activities so as to devote complete attention to all necessary tasks involved in treatment delivery.

Domain: Administering and Monitoring Radiation Therapy Treatments

Implement and deliver a planned course of treatment
Administer treatment accurately and safely: monitor and report untoward effects, reactions, therapeutic responses, and incompatibilities
Withhold treatment when conditions warrant and consult with a Radiation Oncologist before preceding
Participate in total quality management system to ensure safe and accurate patient care
Detect equipment malfunctions and take appropriate action
Accurately document details of treatment procedures and maintain daily treatment records
Apply principles of radiation protection at all times
Take appropriate action with regard to real or potential radiation hazards
Understand the function of equipment, accessories, treatment methods and protocols and apply such knowledge appropriately

Simulate and plan a course of treatment by defining and identifying tumor volume, target volume and treatment volume as directed and prescribed by the Radiation Oncologist
Construct and/or prepare immobilization devices, beam directional devices and the like which facilitate treatment delivery
Perform daily and periodic quality assurance checks and related tasks as appropriate
Perform dosimetric calculations and treatment planning procedures
Monitor doses to normal tissues within the irradiated volume to assure that tolerance levels are not exceeded
Prepare and/or assist in the preparation and use of brachytherapy sources

Domain: Caregiving

Create a climate for and establish a commitment to healing and/or improving quality of life
Provide comfort measures and facilitate the preservation of patient self image and dignity
Serve as a source of support and encouragement for each individual patient and their families
Provide patient education in order to maximize patient compliance with his/her plan of care and provide family education as needed
Monitor and interpret patient side effects and/or complications in order to create a management strategy that fosters prevention, healing and comfort
Monitor the patient's physical and psychological response to treatment and refer patient for appropriate management when indicated
Detect, document and report significant changes in patients conditions
Understand the particular demands and experiences of a pathologic illness and anticipate related patient care needs
Participation in patient follow-up, statistical reporting programs and clinical research
Practice techniques which prevent the spread of disease to provide a safe environment for patients, staff and self
Provide basic patient care
Practice basic techniques of venipuncture and the administration of contrast media
Prepare patients for procedures to gain desired results and minimize anxiety
Work to make culturally avoided aspects of an illness approachable and understandable

Domain: Effective Management Of Rapidly Changing Situations

Perform skillfully in extreme, life-threatening emergencies: rapid grasp of a problem; contingency management; rapid matching of demands and resources in emergency situations involving patient or equipment applied in treatment delivery
Identify and manage a patient crisis until physician assistance is available
Take appropriate action in case of fire or other emergency situations to provide a safe environment for patients, visitors and staff
Assist in the rehabilitation process or the loss of ability to provide self care as a patient's life style changes

Domain: Professionalism

Demonstrate respect for confidentiality of medical records and privileged knowledge
Demonstrate respect for the "Patient's Bill of Rights"
Share expertise and knowledge with students and others while respecting their needs and rights
Pursue appropriate continuing education
Apply the profession's code of ethics in all aspects of practice
Adhere to any applicable standards, policies, procedures
Refrain from practicing procedures for which one does not have appropriate training and/or education

RADIATION THERAPIST CODE OF ETHICS

The radiation therapist advances the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind

The radiation therapist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and non-discriminatory with respect to race, color, creed, sex, age, disability or national origin

The radiation therapist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient

The radiation therapist adheres to the tenets and domains of the Scope of Practice for Radiation Therapists

The radiation therapist actively engages in lifelong learning to maintain, improve and enhance competence and knowledge



RECEIPT OF TECHNICAL STANDARDS

I have received, reviewed and understand the Technical Standards necessary to complete the Radiation Therapy Program.

I understand that it is my responsibility to notify the program director of any accommodations that may need to be made for me.

Signature

Date



RECEIPT OF RADIATION THERAPY PROGRAM MATERIAL

I, _____ have viewed the Frances M. Maguire College of Nursing and Health Professions/Radiation Therapy Student Handbook, online.

The above-mentioned material has been reviewed with me and I understand that it is my responsibility to thoroughly familiarize myself with both the University and Radiation Therapy Program policies.

It has been explained to me that I must maintain a grade of "C" or higher in all RTS concentration didactic and general education courses and a grade of "B" or higher in all RTS clinical education courses and an overall GPA of 3.0. Failure to do so will result in my dismissal from the program.

Also, it has been explained that attendance is **MANDATORY for all RTS (didactic and clinical)** courses. Absence from classes without the permission of the Program Director or their designee will result in a decrease in my final grade, being placed on probation and/or dismissal from the program.

DATE: _____

Name: _____ I.D.#: _____



AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby give my permission for the Program Director and /or the Clinical Coordinator to advise my Clinical Supervisor and/or Chief Clinical Oncologist of my academic standing throughout the year.

I understand that this is necessary so that the Program Director and/or Clinical Coordinator may arrange for additional tutoring for me if needed.

Signature

Date



AUTHORIZATION FOR RELEASE OF RADIATION MONITORING RECORDS

I authorize the Department of Radiation Oncology of _____
_____ (Clinical Education Center) to release my Radiation Exposure Monitoring
Records on a quarterly basis to Gwynedd Mercy University's Radiation Therapy Program.

DATE: _____

Name: _____ SS#: _____



EMERGENCY MEDICAL INFORMATION

Name: _____

Address: _____

Phone Number: _____

Person to contact in case of emergency:

Phone Number (work): _____

Phone Number (home): _____

Medical Insurance Company: _____

Policy and Group Numbers: _____

Physician's Name: _____

Physician's Phone Number: _____



DECLARATION OF PREGNANCY

In accordance with the Nuclear Regulatory Commission (NRC regulations 10 CFR20.1003 and 20.1208), a pregnant student who wishes to control radiation dose to the fetus/embryo resulting from occupational exposure, must voluntarily and, in writing, declare their pregnancy to the program director so that the University may apply the fetal dose limits set forth in 20.1208.

The Nuclear Regulatory Commission requires that the estimated date of conception be provided to allow the Radiation Safety Officer at the clinical educational affiliate in consultation with the Program Director and Clinical Coordinators will monitor the pregnant student throughout their pregnancy. The student will be issued an additional fetal monitor badge.

In accordance with the NRC 10CFR20.1003 and 20.1208, I am declaring my pregnancy. The estimated date of conception is _____.

Signature _____ Date _____

(PLEASE PRINT)

Name: _____

Clinical Affiliate: _____

Supervisor: _____

Email address: _____

Phone: _____

Are you occupationally exposed to sources of radiation at a place of work or clinical for Gwynedd Mercy University? ____ Yes ____ No

If yes, please provide the name and address of any other places of work:

Return to signed form to Lorraine Quarles
Gwynedd Mercy University
Frances M. Maguire College of Nursing and Health
Professions
1325 Sumneytown Pike
P.O. Box 901
Gwynedd Valley, PA 19437



UNDECLARE PREGNANCY

I _____ am withdrawing my declaration of pregnancy in writing at this time. Attached is a letter for undeclaring my pregnancy.

Signature: _____ Date: _____



**Frances M. Maguire College of
Nursing and Health Professions**

REVIEW OF PREGNANCY POLICY

While all students in the Radiation Therapy Program understand the need to adhere to and practice radiation protection policies in the clinical area, this is especially important for me as a pregnant student who might be pregnant. Exposure to radiation may be harmful to my developing fetus; therefore, I may choose to voluntarily declare my pregnancy. Declaration of my pregnancy must be made in writing and must include the approximate date of conception. Refer to Declaration of Pregnancy Form in Appendices of this Handbook.

As a declared pregnant student, I will be advised as to the radiation and occupational hazards to my unborn child by the Radiation Safety Officer at the clinical education center in consultation with the Program Director and Clinical Coordinators and will be monitored by them throughout my pregnancy.

As a declared pregnant student, the NRC limits the dose to the embryo/fetus to 0.5 rem (5mSV) over my entire pregnancy. All efforts will be made to avoid substantial variation above a uniform monthly exposure rate (0.05 rem/month) (0.5 mSV/month). I will be issued an additional radiation fetal monitoring device (belly badge). Refer to NRC Regulatory Guide 8.13 in Appendices of this Handbook.

As a declared pregnant student, I must inform my physician of my enrollment in the Radiation Therapy Program and obtain a written statement of their recommendations for continuing in the program.

I may continue in both didactic and clinical education courses without modifications. If I feel that I cannot continue in the program, I may apply for a leave of absence and reenter the program after the birth of my child. Reentry will be at the beginning of the appropriate semester if space is available.

I may undeclare my pregnancy in writing at any time. (Revised 6/10/2014)

Signature

Date

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

- | | |
|---|---|
| ☐ Foster parent
☐ Prospective adoptive parent
☐ Employee of child care services
☐ School employee governed by the Public School Code
☐ School employee not governed by the Public School Code
☐ Self-employed provider of child-care services in a family child-care home
☐ An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service
☐ An individual seeking to provide child-care services under contract with a child care facility or program
☐ An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year
☐ An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year
☐ An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year
☐ An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | ☐ Volunteer having direct volunteer contact with children
If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:
☐ Big Brother/Big Sister and/or affiliate
☐ Domestic violence shelter and/or affiliate
☐ Rape crisis center and/or affiliate
☐ Other: _____
☐ PA Department of Human Services Employment & Training Program participant (signature required below)

SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER |
|---|---|

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

- ☐ Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER — — — — —	GENDER ☐ Male ☐ Female ☐ Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
☐ Different mailing address	ATTENTION	ATTENTION

CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)				
Name (First, Middle, Last)	Relationship	Present Age	Gender	
1.	☐ Parent ☐ Guardian ☐ person(s) who raised you			
2.	☐ Parent ☐ Guardian ☐ person(s) who raised you			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE

DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED ☐ YES ☐ NO ☐ VALID PAYMENT AUTHORIZATION CODE ☐ WAIVED (supervisor initials) _____	CERTIFICATION ID #

INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

General:

- Type or print clearly and neatly in ink only.
- If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant's child abuse history certification application.

Purpose of Certification - Do not check more than one box:

- Check the **foster parent** box if applying for purposes of providing foster care.
- Check the **prospective adoptive parent** box if applying for the purpose of adoption.
- Check the **employee of child care services** box if applying for the purpose of child care services in the following:
 - Child day care centers; group day care homes; family day care homes; boarding homes for children; juvenile detention center services or programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day care services or other programs that are offered by a school.
- Check the **school employee governed by the Public School Code** box if you are a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code and will continue to be required to obtain background checks prior to employment in accordance with that section and on the periodic basis required by Act 153.
- Check the **school employee not governed by the Public School Code** box if you are a school employee not governed by Section 111 of the Public School Code, but covered by Act 153 (pertaining to school employees in institutions of higher education).

Definition of school employee: A school employee is defined as an individual who is employed by a school or who provides a program, activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless they have direct contact with children.

Definition of school: A facility providing elementary, secondary or postsecondary educational services. The term includes the following:

- (1) Any school of a school district.
 - (2) An area vocational-technical school.
 - (3) A joint school.
 - (4) An intermediate unit.
 - (5) A charter school or regional charter school.
 - (6) A cyber charter school.
 - (7) A private school licensed under the act of January 28, 1988 (P.L.24, No. 11), known as the Private Academic Schools Act.
 - (8) A private school accredited by an accrediting association approved by the state Board of Education.
 - (9) A non-public school.
 - (10) An institution of higher education.
 - (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
 - (12) The Hiram G. Andrews Center.
 - (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.
- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one's home (other than the child's own home) at any one time to four, five, or six children who are not relatives of the caregiver.
 - Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employment is with a **program, activity, or service, as a person responsible for the child's welfare or having direct contact with children:** Applying as an employee who is responsible for the child's welfare or having direct contact (providing care, supervision, guidance, or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or public or private organization:
 - A youth camp or program;
 - A recreational camp or program;
 - A sports or athletic program;
 - A community or social outreach program;
 - An enrichment or educational program; and
 - A troop, club, or similar organization
 - Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
 - Check the box for **individual 18 years or older who resides in the home of a foster parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
 - Check the box for **individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.

- Check the box for **individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the box for **individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the **volunteer having direct volunteer contact with children** box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child's welfare or having direct volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are **NOT** applying for a volunteer in one of the organizations listed, please check the **other** box and write the name of the organization in the space provided.
- Check the **PA Department of Human Services employment & training program participant** box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature **AND** phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.
- If you were provided a "**PAYMENT AUTHORIZATION CODE**" by an organization, please provide the **agency/organization name** in the space provided and the **payment authorization code** in the space provided.
- Please check the **CONSENT/RELEASE OF INFORMATION** box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is **NOT** attached to the certification application, the results **WILL** be mailed to the applicant's home address and not to the third party.

Applicant Demographic Information:

- Name - Include the applicant's full legal name. Initials are not acceptable for a first name. If your full legal name is an initial, please provide supporting documentation along with your certification application.
- Social Security number - Include the applicant's social security number. A social security number is voluntary; **HOWEVER, PLEASE NOTE THAT APPLICATIONS THAT DO NOT INCLUDE SOCIAL SECURITY NUMBERS MAY TAKE LONGER TO BE PROCESSED.**
- Gender - Please check one box.
- Date of birth - Fill in the applicant's date of birth (Example: 01/22/1990).
- Age - Fill in the applicant's current age.

Address:

- The address listed must be the applicant's current home address. This is also where the results of the certification will be mailed, unless otherwise noted. If the **different mailing address** box is checked and a mailing address is provided in the "different" mailing address column, the results will be mailed to the "mailing" address and not the "home" address. **Note:** If the consent/release of information box is checked and an "other" address is provided, the results will be mailed to the "other" address.

Contact Information:

- Please provide your home, work or mobile telephone number. Fill in the number where the applicant can be reached in the event that there are questions about the information on the application.
- Please provide an email address. By providing an email address, you are consenting to ChildLine contacting you by email in the event that you cannot be reached by phone. **NO CONFIDENTIAL INFORMATION WILL EVER BE SHARED OR PROVIDED IN AN EMAIL FROM OUR OFFICE.**

Previous Names Used Since 1975:

- The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, nicknames, aliases and also known as (aka) names.

Previous Addresses Since 1975:

- List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location is acceptable.

Household Members:

- Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). In addition, include the household member's relationship to the applicant, their age (to the best of your knowledge) and their gender. If the applicant was under the age of 18 in 1975, this section **MUST** include the applicant's PARENT(S) or GUARDIAN(S). If this section is left blank, the application will be rejected and returned to the applicant.

Signature:

- Applications **MUST** be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.

CHILDLINE USE ONLY:

- Please **DO NOT WRITE** in this section. This is for CHILDLINE staff only.

Additional Information:

Applicants can visit <https://www.compass.state.pa.us/CWIS> for more information about submitting the child abuse certification online or to register for a business/organization account.



Student Instructions

Background Check Required

- The above organization requires that each student purchase a background check through Castlebranch.com

About Castlebranch.com

- Castlebranch.com is a background check services that allows students to purchase their own background check. The results of a background check are posted to the Castlebranch.com website in a secure, tamper proof environment, where the student, as well as the organizations can view the background check.

Instructions

1. Go to www.Castlebranch.com and click "Students"
2. In the Package code box, enter package code: **WY71** (PA Residents) or **WY71a** (out of state residents)
3. Select a method of payment: Visa, MasterCard or money order

Once your order is submitted, you will receive a password to view the results of your background check. The results will be available in approximately 48-72 hours. Once your background check is complete, please provide your organization with the password in order to share your background check results.

ADDENDUMS

FERPA.....	Addendum A
ARRT.....	Addendum C
• Standard of Ethics	
• Radiation Therapy Exam Content Specifications	
US Nuclear Regulatory Commission Guide 8.13.....	Addendum D
ASRT Standards of Practice.....	Addendum E
ASRT Code of Ethics.....	Addendum F



IMPORTANT NOTICE TO STUDENTS ABOUT FERPA (PDF) - The Family Educational Rights and Privacy Act of 1974 [FERPA] is intended to protect the privacy of a student's educational records, to establish the rights of students to inspect and review their education records and to provide guideline for the correction of inaccurate or misleading data through informal or formal hearings. To fulfill basic requirements for compliance with the Act, each institution must inform each student of his/her right to prevent disclosure of personally identifiable information.

The following information is considered “directory” information: name (legal and chosen), address (including telephone number and GMercyU email address), dates of attendance, student identification number, full or part-time status, class level, fields of study, degrees conferred (including dates), honors and awards, date and place of birth, photograph, and participation in officially recognized University activities and athletics.

Under the provisions of FERPA, currently enrolled students may withhold disclosure of such information. Students should consider very carefully the possible consequences of opting-out of sharing FERPA “directory information” which may include, without limitation, Gwynedd Mercy University not providing your information to potential employers for recruitment purposes; alumni for mentoring and networking opportunities; publications for honor, award or commencement announcements; or certain interest or affinity groups for informational mailings. Without your specific written consent, University officials will also not be able to verify your enrollment status or degree received, unless the disclosure would otherwise be permitted by another exception under FERPA .

To prevent disclosure, written notification must be received by the Office of the Registrar by the end of the Drop/Add period during the fall or spring semesters (see Academic calendar for specific dates) and will remain in effect until rescinded in writing. Students who do not want their directory information released to a third party must fill out the **FERPA No Disclosure form** (online form).

Students and parents with questions, please review the Department of Education **guide to FERPA**.

Faculty and staff with questions, please review the FAQs on the **Registrar's PORTAL page**.



Students, please review the following for details on releasing your educational or financial information to a third party:

Educational records: In order for GMercyU to speak with your parents or other concerned parties about your educational record (attendance, class participation, course assignments, etc), you will need to complete a "Student Records Release" form* via Self Service (formerly "FERPA Release" form). [Click here for instructions](#) on completing the "Student Records Release" form.

Students may print their own "Grade Report" from Self-Service and it send to their parent or employer at the end of each semester. [Click here for instructions](#) on printing your "Grade Report".

**This form does not replace the Enrollment Verification or Degree Completion request forms listed below.*

Financial Aid and University bill: In order for GMercyU to speak with your parents or other concerned parties about your financial aid or your University bill, you will need to complete a FERPA Consent Form with the respective office. The consent form also will be enclosed in your financial aid award packet.

Students may now print their own grade reports via Colleague Self-Service. **Follow these directions** (PDF) to print your grade report.

For more information on FERPA, see the U.S. Department of Education website at www2.ed.gov.

SCAN QR CODE to Learn More & See our Website!!





ARRT® STANDARDS OF ETHICS

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PREAMBLE

The *Standards of Ethics* of The American Registry of Radiologic Technologists (ARRT) shall apply solely to persons that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT, and to persons applying for certification and registration by ARRT (including persons who submit an Ethics Review Preapplication) in order to become Candidates. Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular-interventional radiography, breast sonography, radiologist assistant, limited technician and imaging assistants. The *Standards of Ethics* are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

STATEMENT OF PURPOSE

The purpose of the ethics requirements is to identify individuals who have internalized a set of professional values that cause one to act in the best interests of patients. This internalization of professional values and the resulting behavior is one element of ARRT's definition of what it means to be qualified. Exhibiting certain behaviors as documented in the *Standards of Ethics* is evidence of the possible lack of appropriate professional values.

The *Standards of Ethics* provides proactive guidance on what it means to be qualified and to motivate and promote a culture of ethical behavior within the profession. The ethics requirements support ARRT's mission of promoting high standards of patient care by removing or restricting the use of the credential by those who exhibit behavior inconsistent with the requirements.

A. CODE OF ETHICS

The Code of Ethics forms the first part of the *Standards of Ethics*. The Code of Ethics shall serve as a guide by which Registrants and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Registrants and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The Registrant acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The Registrant acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of humankind.
3. The Registrant delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The Registrant practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The Registrant assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The Registrant acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.



7. The Registrant uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. Registrant practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The Registrant respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The Registrant continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
11. The Registrant refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

B. RULES OF ETHICS

The Rules of Ethics form the second part of the *Standards of Ethics*. They are mandatory standards of minimally acceptable professional conduct for all Registrants and Candidates. ARRT certification and registration demonstrates to the medical community and the public that an individual is qualified to practice within the profession. The Rules of Ethics are intended to promote the protection, safety, and comfort of patients. Accordingly, it is essential that Registrants and Candidates act consistently with these Rules.

The Rules of Ethics are enforceable. Registrants are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence. Applicants for certification and registration are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence.

Registrants and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

The titles and headings are for convenience only, and shall not be used to limit, alter or interpret the language of any Rule.

Fraud or Deceptive Practices

Fraud Involving Certification and Registration

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification and registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by ARRT or any state or federal agency, or by indicating in writing certification and registration with ARRT when that is not the case.

Fraudulent Communication Regarding Credentials

2. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding any individual's education, training, credentials, experience, or qualifications, or the status of any individual's state permit, license, or registration certificate in radiologic technology or certification and registration with ARRT.

Fraudulent Billing Practices

3. Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.

Subversion

Examination / CQR Subversion

4. Subverting or attempting to subvert ARRT's examination process, and/or ARRT's Education Requirements, including the Structured Self-Assessments (SSA) that are part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination, Education Requirements and/or CQR or SSA processes, includes but is not limited to:
 - i. disclosing examination and/or CQR SSA information using language that is substantially similar to that used in questions and/ or answers from ARRT examinations and/or CQR SSA when such information is gained as a direct result of having been an examinee or a participant in a CQR SSA or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or
 - ii. soliciting and/or receiving examination and/or CQR SSA information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR SSA from an examinee, or a CQR participant, whether requested or not; and/or
 - iii. copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR SSA materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR SSA participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR SSA materials; and/or
 - iv. using or purporting to use any portion of examination and/or CQR SSA materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR SSA; and/or
 - v. selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR SSA materials without authorization; and/or
 - vi. removing or attempting to remove examination and/or CQR SSA materials from an examination or SSA room; and/or
 - vii. having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR SSA of ARRT; and/or
 - viii. disclosing what purports to be, or what you claim to be, or under all circumstances is likely to be understood by the recipient as, any portion of or "inside" information concerning any portion of a future, current, or previously administered examination or CQR SSA of ARRT; and/or
 - ix. communicating with another individual during administration of the examination or CQR SSA for the purpose of giving or receiving help in answering examination or CQR SSA questions, copying another Candidate's or CQR participant's answers, permitting another Candidate or a CQR participant to copy one's answers, or possessing or otherwise having access to unauthorized materials including, but not limited to, notes, books, mobile devices, computers and/or tablets during administration of the examination or CQR SSA; and/or
 - x. impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR SSA on one's own behalf; and/or
 - xi. using any other means that potentially alters the results of the examination or CQR SSA such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.

Education Requirements Subversion

5. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert *ARRT's Education Requirements for Obtaining and Maintaining Certification and Registration* ("Education Requirements"), including but not limited to, continuing education (CE), clinical experience and competency requirements, structured education activities, and/or Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT's Education Requirements or CQR Requirements includes, but is not limited to:
 - i. providing false, inaccurate, altered, or deceptive information related to CE, clinical experience or competency requirements, structured education or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
 - ii. assisting others to provide false, inaccurate, altered, or deceptive information related to education requirements or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
 - iii. conduct that results or could result in a false or deceptive report of CE, clinical experience or competency requirements, structured education activities or CQR completion; and/or

- iv. conduct that in any way compromises the integrity of ARRT's education requirements, including, but not limited to, CE, clinical experience and competency requirements, structured education activities, or CQR Requirements such as sharing answers to the post-tests or self-learning activities, providing or using false certificates of participation, or verifying credits that were not earned or clinical procedures that were not performed.

Failure to Cooperate with ARRT Investigation

- 6. Subverting or attempting to subvert ARRT's certification and registration processes by:
 - i. making a false statement or knowingly providing false information to ARRT; or
 - ii. failing to cooperate with any investigation by ARRT in full or in part.

Unprofessional Conduct

Failure to Conform to Minimal Acceptable Standards

- 7. Engaging in unprofessional conduct, including, but not limited to:
 - i. a departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice or scope of practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice.
 - ii. any radiologic technology practice that may create unnecessary danger to a patient's life, health, or safety. Actual injury to a patient or the public need not be established under this clause.

Sexual Misconduct

- 8. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise.

Unethical Conduct

- 9. Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.

Scope of Practice

Technical Incompetence

- 10. Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally supervised by someone who is competent (through training and/or education or experience).

Improper Supervision in Practice

- 11. Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, registration, or ARRT certification and registration to engage in the practice of radiologic technology, in a jurisdiction that mandates such requirements.

Improper Delegation or Acceptance of a Function

- 12. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient's life, health, or safety. Actual injury to a patient need not be established under this clause.

Fitness to Practice

Actual or Potential Inability to Practice

13. Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material; or as a result of any mental or physical condition.

Inability to Practice by Judicial Determination

14. Adjudication as mentally incompetent, mentally ill, chemically dependent, or dangerous to the public, by a court of competent jurisdiction.

Improper Management of Patient Records

False or Deceptive Entries

15. Improper management of records, including failure to maintain adequate patient records or to furnish a patient record or report required by law; or making, causing, or permitting anyone to make false, deceptive, or misleading entry in any patient record and/or any quality control record.

Failure to Protect Confidential Patient Information

16. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law, or viewing, using, releasing, or otherwise failing to adequately protect the security or privacy of confidential patient information.

Knowingly Providing False Information

17. Knowingly providing false or misleading information that is directly related to the care of a former or current patient.

Violation of State or Federal Law or Regulatory Rule

Narcotics or Controlled Substances Law

18. Violating a state or federal narcotics or controlled substance law, even if not charged or convicted of a violation of law.

Regulatory Authority or Certification Board Rule

19. Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual's professional license, permit, registration or certification being denied, revoked, suspended, placed on probation or a consent agreement or order, voluntarily surrendered, subjected to any conditions, or failing to report to ARRT any of the violations or actions identified in this Rule.

Criminal Proceedings

20. Convictions, criminal proceedings, or military courts-martial as described below:
 - i. conviction of a crime, including, but not limited to, a felony, a gross misdemeanor, or a misdemeanor; and/or
 - ii. criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters an Alford plea, a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; and/or
 - iii. military courts-martial related to any offense identified in these Rules of Ethics; and/or
 - iv. required sex offender registration.

Duty to Report

Failure to Report Violation

21. Knowing of a violation or a probable violation of any Rule of Ethics by any Registrant or Candidate and failing to promptly report in writing the same to ARRT.

Failure to Report Error

22. Failing to immediately report to the Registrant's or Candidate's supervisor information concerning an error made in connection with imaging, treating, or caring for a patient. For purposes of this rule, errors include any departure from the standard of care that reasonably may be considered to be potentially harmful, unethical, or improper (commission). Errors also include behavior that is negligent or should have occurred in connection with a patient's care but did not (omission). The duty to report under this rule exists whether or not the patient suffered any injury.

C. ADMINISTRATIVE PROCEDURES

These Administrative Procedures provide for the structure and operation of the Ethics Committee; they detail procedures followed by the Ethics Committee and by the Board of Trustees of ARRT in administering challenges raised under the Rules of Ethics, and in handling matters relating to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *ARRT Rules and Regulations*, in which case, there is no right to a hearing) or the denial of renewal or reinstatement of certification and registration. All Registrants and Candidates are required to comply with these Administrative Procedures. All Registrants and Candidates are expected to conduct themselves in a professional and respectful manner in their interactions with the ARRT Board of Trustees, Ethics Committee and/or staff. Failure to cooperate with the Ethics Committee or the Board of Trustees may be considered by the Ethics Committee and by the Board of Trustees according to the same procedures and with the same sanctions as failure to observe the Rules of Ethics.

1. Ethics Committee

(a) Membership and Responsibilities of the Ethics Committee

The President, with the approval of the Board of Trustees, appoints five Trustees, for a one-year term. Three Trustees will be appointed as Committee members and two as alternate Committee members. The alternate Committee members will participate in the Committee when one of the members of the Committee is unable to participate. The Ethics Committee is responsible for: (1) investigating and reviewing each alleged violation of the Rules of Ethics and determining whether a Registrant or Candidate has failed to observe the Rules of Ethics and determining an appropriate sanction; and (2) periodically assessing the Code of Ethics, Rules of Ethics, and Administrative Procedures and recommending any amendments to the Board of Trustees.

(b) The Chair of the Ethics Committee

The President, with the approval of the Board of Trustees, appoints one member of the Ethics Committee, who has previously served on the Committee, as the Committee's Chair to serve for a term up to two years. In the event that the Chair is not available for a meeting, the Chair may appoint any remaining member to act as Chair. The President may remove and replace the Chair of the Committee, with the approval of the Board of Trustees, at any time, with or without cause. The Chair presides at and participates in meetings of the Ethics Committee and is responsible directly and exclusively to the Board of Trustees, using staff, legal counsel, and other resources necessary to fulfill the responsibilities of administering the *Standards of Ethics*.

(c) Preliminary Screening of Potential Violations of the Rules of Ethics

The Chair of the Ethics Committee shall review each alleged violation of the Rules of Ethics that is brought to the attention of the Ethics Committee. If, in the sole discretion of the Chair: (1) there is insufficient information upon which to base a charge of a violation of the Rules of Ethics; or (2) the allegations against the Registrant or Candidate are patently frivolous or inconsequential; or (3) the allegations, if true, would not constitute a violation of the Rules of Ethics, the Chair may summarily dismiss the matter. The Chair may be assisted by staff and/or legal counsel of ARRT. The Chair shall report each such summary dismissal to the Ethics Committee.

At the Chair's direction and upon request, the Chief Executive Officer of ARRT shall have the power to investigate allegations regarding the possible settlement of an alleged violation of the Rules of Ethics. The Chief Executive Officer

may be assisted by staff members and/or legal counsel of ARRT. The Chief Executive Officer is not empowered to enter into a binding settlement but rather may convey and/or recommend proposed settlements to the Ethics Committee. The Ethics Committee may accept the proposed settlement, make a counterproposal to the Certificate Holder or Candidate, or reject the proposed settlement and proceed under these Administrative Procedures.

2. Hearings

Whenever ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *ARRT Rules and Regulations*, in which case there is no right to a hearing) or of an application for renewal or reinstatement of certification and registration, or in connection with the revocation or suspension of certification and registration, or the censure of a Registrant or Candidate for an alleged violation of the Rules of Ethics, it shall give written notice thereof to such person, specifying the reasons for such proposed action. A Registrant or Candidate to whom such notice is given shall have 30 days from the date the notice of such proposed action is mailed to make a written request for a hearing. The written request for a hearing must be accompanied by a non-refundable hearing fee in an amount to be determined by ARRT. In rare cases, the hearing fee may be waived, in whole or in part, at the sole discretion of ARRT.

Failure to make a written request for a hearing and to remit the hearing fee (unless the hearing fee is waived in writing by ARRT) within such period or submission of a properly executed Hearing Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or the Board of Trustees pursuant to such notice. A Registrant or Candidate who requests a hearing in the manner prescribed above shall advise the Ethics Committee of the intention to appear at the hearing. A Registrant or Candidate who requests a hearing may elect to appear via teleconference, videoconference, or by a written submission which shall be verified or acknowledged under oath.

A Registrant or Candidate may waive the 30-day timeframe to request a hearing. To request a waiver of the 30-day timeframe, the Registrant or Candidate must complete a Hearing Waiver form that is available on the ARRT website at www.arrt.org. The Hearing Waiver form must be signed by the Registrant or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Hearing Waiver form and may be assisted by staff members and/or legal counsel of ARRT. Any sanction proposed by the Ethics Committee would become effective on the date the hearing waiver is processed.

Failure to appear at the hearing via teleconference, videoconference, or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary measures that the Ethics Committee determines to take. Hearings shall be held at such date, time, and place as shall be designated by the Ethics Committee or the Chief Executive Officer. The Registrant or Candidate shall be given at least 30 days' notice of the date, time, and place of the hearing. The hearing is conducted by Ethics Committee members other than any members of the Ethics Committee who believe for any reason that they would be unable to render an objective and unbiased decision. In the event of such disqualification, the President may appoint Trustees to serve on the Ethics Committee for the sole purpose of participating in the hearing and rendering a decision. At the hearing, ARRT shall present the charges against the Registrant or Candidate in question, and the facts and evidence of ARRT in respect to the basis or bases for the proposed action or disciplinary measure. The Ethics Committee may be assisted by legal counsel. The Registrant or Candidate in question, by legal counsel or other representative (at the sole expense of the Registrant or Candidate in question), shall have up to 30 minutes to present testimony, and be heard in the Registrant's or Candidate's own defense; to call witnesses; hear the testimony of and to cross-examine any witnesses appearing at such hearing; and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do substantial justice. Any information may be considered that is relevant or potentially relevant. The Ethics Committee will be afforded 15 minutes in addition to any unused time remaining from the Registrant's or Candidate's time allotment, to ask questions and shall not be bound by any state or federal rules of evidence. The Registrant or Candidate in question shall have the right to make a closing statement before the close of the hearing. A transcript or an audio recording of the hearing testimony is made for teleconference, and videoconference hearings only. Ethics Committee deliberations are not recorded.

In the case where ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of ARRT) or the denial of renewal or reinstatement of certification and registration, the Ethics Committee shall assess the evidence presented at the hearing, or continue the matter and request the Registrant or Candidate provide additional evidentiary information prior to making its decision, and shall subsequently prepare written findings of fact and its determination as to whether grounds exist for the denial of an application for certification and registration or renewal or reinstatement of certification and registration, and shall promptly transmit the same to the Registrant or Candidate in question and to the Board of Trustees at the next Board of Trustees meeting.

In the case of alleged violations of the Rules of Ethics by a Registrant or Candidate, the Ethics Committee shall assess the evidence presented at the hearing, or continue the matter and request the Registrant or Candidate provide additional evidentiary information prior to making its decision, and shall subsequently prepare written findings of fact and its determination as to whether there has been a violation of the Rules of Ethics and, if so, the appropriate sanction, and shall promptly transmit the same to the Registrant or Candidate in question and to the Board of Trustees at the next Board of Trustees meeting.

Potential actions available to the Ethics Committee are set forth in Section 4 (Range of Actions). Unless a timely appeal from any findings of fact and determination by the Ethics Committee is taken to the Board of Trustees in accordance with Section 3 below (Appeals), the Ethics Committee's findings of fact and determination in any matter (including the specified sanction) shall be final and binding upon the Registrant or Candidate in question.

3. Appeals

Except as otherwise noted in these Administrative Procedures, the Registrant or Candidate may appeal any decision of the Ethics Committee to the Board of Trustees by submitting a written request for an appeal within 30 days after the decision of the Ethics Committee is mailed. The written request for an appeal must be accompanied by a nonrefundable appeal fee in an amount to be determined by ARRT. In rare cases, the appeal fee may be waived, in whole or in part, at the sole discretion of ARRT.

Failure to make a written request for an appeal and to remit the appeal fee (unless the appeal fee is waived in writing by ARRT) within such period or submission of a properly executed Appeal Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or Board of Trustees pursuant to such notice.

A Registrant or Candidate may waive the 30-day timeframe to request an appeal. To request a waiver of the 30-day timeframe, the Registrant or Candidate must complete an Appeal Waiver form that is available on the ARRT website at www.arrrt.org. The Appeal Waiver form must be signed by the Registrant or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Appeal Waiver form and may be assisted by staff members and/or legal counsel of ARRT. Any sanction proposed by the Ethics Committee would become effective on the date the appeal waiver is processed.

In the event of an appeal, those Trustees who participated in the hearing of the Ethics Committee shall not participate in the appeal. The remaining members of the Board of Trustees, other than any members who believe for any reason that they would be unable to render an objective and unbiased decision, shall consider the decision of the Ethics Committee, the files and records of ARRT applicable to the case at issue, and any written appellate submission of the Registrant or Candidate in question, and shall determine whether to affirm or to modify the decision of the Ethics Committee or to remand the matter to the Ethics Committee for further consideration. In making such determination to affirm or to modify, findings of fact made by the Ethics Committee shall be conclusive if supported by any evidence. The Board of Trustees may grant re-hearings, hear additional evidence, or request that ARRT or the Registrant or Candidate in question provide additional information in such manner, on such issues, and within such time as it may prescribe.

All hearings and appeals provided for herein shall be private at all stages. It shall be considered an act of professional misconduct for any Registrant or Candidate to make an unauthorized publication or revelation of the same, except to the Registrant's or Candidate's attorney or other representative, immediate superior, or employer.

4. Range of Actions

(a) No Action

A determination of no action means that there is little or no evidence to substantiate that a violation even occurred. In a situation lacking even a preponderance of evidence, the complaint is determined to be unsubstantiated.

(b) Clear

A determination that there was a violation of the Rules of Ethics but that no further action will be taken against a person's eligibility for certification and registration or for continued certification and registration. The determination of cleared/eligible can be made administratively by staff, by the Chair, or by the Committee depending on the nature of the violation and existing policies addressing authority for taking action. After a violation has been cleared, the applicant or registrant will not be required to report the violation in the future.

(c) Private Reprimands

A private reprimand is a reprimand that is between the individual and ARRT and is not reported to the public. Private reprimands allow for continued certification and registration.

(d) Public Reprimands

A public reprimand is a sanction that is published on ARRT's website for a minimum period of one year up to three years. Public reprimands allow for continued certification and registration.

(e) Conditional

Conditional status may be assigned administratively to Registrants and/or Candidates in those cases where there are additional requirements that need to be met before the ethics file can be closed (e.g., conditions mandated by the court, regulatory authority and/or Ethics Committee). Conditional status is an administrative action and is not considered adverse.

(f) Suspensions

Suspension is the temporary removal of an individual's certification and registration in all categories for up to one year.

(g) Summary Suspensions

Summary suspension is an immediate suspension of an individual's certification and registration in all categories. If an alleged violation of the Rules of Ethics involves the occurrence, with respect to a Registrant, of an event described in the Rules of Ethics, or any other event that the Ethics Committee determines would, if true, potentially pose harm to the health, safety, or well-being of any patient or the public, then, notwithstanding anything apparently or expressly to the contrary contained in these Administrative Procedures, the Ethics Committee may, without prior notice to the Registrant and without a prior hearing, summarily suspend the certification and registration of the individual pending a final determination under these Administrative Procedures with respect to whether the alleged violation of the Rules of Ethics in fact occurred. Within five working days after the Ethics Committee summarily suspends the certification and registration of an individual in accordance with this provision, the Ethics Committee shall, by expedited delivery or certified mail, return receipt requested, give to the individual written notice that describes: (1) the summary suspension; (2) the reason or reasons for it; and (3) the right of the individual to request a hearing with respect to the summary suspension by written notice to the Ethics Committee, which written notice must be received by the Ethics Committee not later than 15 days after the date of the written notice of summary suspension by the Ethics Committee to the individual. If the individual requests a hearing in a timely manner with respect to the summary suspension, the hearing shall be held before the Ethics Committee or a panel comprised of no fewer than two members of the Ethics Committee as promptly as practicable, but in any event within 30 days after the Ethics Committee's receipt of the individual's request for the hearing, unless both the individual and the Ethics Committee agree to a postponement beyond the 30-day period. The Ethics Committee has the absolute discretion to deny any request for a postponement and to proceed to a hearing with or without the participation of the individual. The applicable provisions of Section 2 (Hearings) of these Administrative Procedures shall govern all hearings with respect to summary suspensions, except that neither a determination of the Ethics Committee, in the absence of a timely request for a hearing by the affected individual, nor a determination by the Ethics Committee or a panel, following a timely requested hearing, is appealable to the Board of Trustees.

(h) Ineligible

An individual may be determined ineligible to obtain or renew certification and registration or ineligible for reinstatement of certification and registration. The time frame may be time limited or permanent.

(i) Revocation

Revocation removes the individual's certification and registration in all categories. The time frame may be time limited or permanent.

(j) Alternative Dispositions

An Alternative Disposition ("AD") is a contract between an individual and the ARRT (as represented by the Ethics Committee) that allows for continued certification and registration in lieu of revocation, provided the individual performs certain requirements, including, but not limited to, providing documentation, attending counseling and/or submitting to random drug and/or alcohol screening. A Registrant or Candidate who voluntarily enters into an Alternative Disposition Agreement agrees to waive all rights set forth in these Administrative Procedures.

(k) Deny Removal of a Sanction

After a predetermined time, an individual may request removal of a sanction that had been previously imposed by the Committee. Sufficient compelling evidence must be provided to convince the Committee the sanction should be removed or modified. If evidence is not provided, the Committee may deny removal of the sanction. Situations that may result in denial of a sanction removal request include: additional violations of the Rules of Ethics after the sanction was imposed, failure to demonstrate that there has been adequate rehabilitation, and/or continued denial of responsibility.

(l) Civil or Criminal Penalties

Conduct that violates ARRT's Rules of Ethics may also violate applicable state or federal law. In addition to the potential sanctions under the *Standards of Ethics*, ARRT may, without giving prior notice, pursue civil and/or criminal penalties.

5. Publication of Adverse Decisions

Summary suspensions and final decisions (other than private reprimands and Alternative Dispositions) that are adverse to a Registrant or Candidate will be communicated to the appropriate authorities of certification organizations and state licensing agencies and provided in response to written inquiries into an individual's certification and registration status. The ARRT shall also have the right to publish any final adverse decisions and summary suspensions and the reasons thereof. For purposes of this paragraph, a "final decision" means and includes: a determination of the Ethics Committee relating to an adverse decision if the affected individual did not request a hearing in a timely manner; a non-appealable decision of the Ethics Committee; an appealable decision of the Ethics Committee from which no timely appeal is taken; and, the decision of the Board of Trustees in a case involving an appeal of an appealable decision of the Ethics Committee.

6. Procedure to Request Removal of a Sanction

A sanction imposed by ARRT, including a sanction specified in a Settlement Agreement, specifically provides a sanction time frame and it shall be presumed that a sanction may only be reconsidered after the time frame has elapsed. At any point after a sanction first becomes eligible for reconsideration, the individual may submit a written request ("Request") to ARRT asking the Ethics Committee to remove the sanction. The Request must be accompanied by a nonrefundable fee in an amount to be determined by ARRT. A Request that is not accompanied by the fee will be returned to the individual and will not be considered. In rare cases, the fee may be waived, in whole or in part, at the sole discretion of ARRT. The individual is not entitled to make a personal appearance before the Ethics Committee in connection with a Request to remove a sanction or to modify a Settlement Agreement.

Although there is no required format, Requests for both sanction removal and Settlement Agreement modification must include compelling reasons justifying the removal of the sanction or modification of the Settlement Agreement. It is recommended that the individual demonstrate at least the following: (1) an understanding of the reasons for the sanction; (2) an understanding of why the action leading to the sanction was felt to warrant the sanction imposed; and (3) detailed information demonstrating that the individual's behavior has improved and similar activities will not be repeated. Letters of recommendation from individuals, who are knowledgeable about the person's sanction imposed; and current character and behavior, including efforts at rehabilitation, are advised. If a letter of recommendation is not on original letterhead or is not duly notarized, the Ethics Committee shall have the discretion to ignore that letter of recommendation.

Removal of the sanction is a prerequisite to apply for certification and registration. If, at the sole discretion of the Ethics Committee, the sanction is removed, the individual will be allowed to pursue certification and registration via the policies and procedures in place at that time as stated in the *ARRT Rules and Regulations*.

If the Ethics Committee denies a Request for removal of the sanction or modification of a Settlement Agreement, the decision is not subject to a hearing or to an appeal, and the Committee will not reconsider removal of the sanction or modification of the Settlement Agreement for as long as is directed by the Committee.

7. Amendments to the Standards of Ethics

The ARRT reserves the right to amend the *Standards of Ethics* following the procedures outlined in the *ARRT Rules and Regulations*.

Regulatory Guide Periodic Review

Regulatory Guide Number: 8.13, Revision 3

Title: Instruction Concerning Prenatal Radiation Exposure

Office/division/branch: RES/DSA/RPB

Technical Lead: Vered Shaffer

Recommended Staff Action: Reviewed with issues identified for future consideration

1. What are the known technical or regulatory issues with the current version of the Regulatory Guide (RG)?

RG 8.13 was issued in June 1999 to comply with the regulations in 10 CFR Part 19, "Notices, Instructions and Reports to Workers: Inspection and Investigations." RG 8.13 provides information to pregnant women, and other personnel, to help them make decisions regarding radiation exposure during pregnancy. This RG also supplements RG 8.29, "Instruction Concerning Risks from Occupational Radiation Exposure," which contains a broad discussion of the risks from exposure to ionizing radiation.

The citations to regulations described in RG 8.13 are consistent with those listed in 10 CFR Part 20, "Standards for Protection Against Radiation." However, the technical information in RG 8.13, along with RG 8.29, regarding embryo/fetal radiation risk and the technical references which provide this information, is not current. Additional information related to the guidance in RG 8.13 has been published since 1999 by the United Nations Scientific Committee on the Effects of Atomic Radiation, the U.S. National Academies, the International Commission on Radiological Protection, the National Council on Radiation Protection and Measurements, and the Oak Ridge Associated Universities. These reference materials provide additional information on radiation exposures to the embryo fetus as well as radiation exposures and stochastic and deterministic effects (noncancerous diseases and ocular effects) in occupational workers and members of the public. The staff plans to incorporate these changes in the next revision for RG 8.29 and these changes do not affect the implementation of this RG.

2. What is the impact on internal and external stakeholders of not updating the RG for the known issues, in terms of anticipated numbers of licensing and inspection activities over the next several years?

There is no impact on licensing and inspection activities since this RG is consistent with current NRC regulatory requirements. In addition, licensees generally voluntarily use the updated information without licensing actions.

3. What is an estimate of the level of effort needed to address identified issues in terms of full-time equivalent (FTE) and contractor resources?

An estimate of the effort needed to correct the identified issues is about 0.1 FTE and 0.2 FTE.



The Practice Standards for Medical Imaging and Radiation Therapy

Radiation Therapy Practice Standards

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Preface to Practice Standards

A profession's practice standards serve as a guide for appropriate practice. The practice standards define the practice and establish general criteria to determine compliance. Practice standards are authoritative statements established by the profession for evaluating the quality of practice, service and education provided by individuals who practice in medical imaging and radiation therapy.

Practice Standards can be used by individual facilities to develop job descriptions and practice parameters. Those outside the imaging, therapeutic, and radiation science community can use the standards as an overview of the role and responsibilities of the individual as defined by the profession.

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

Format

The Practice Standards are divided into six sections: introduction, scope of practice, clinical performance, quality performance, professional performance, and advisory opinion statements.

Introduction. The introduction provides definitions for the practice and the minimum qualifications for the education and certification of individuals in addition to an overview of the specific practice.

Scope of Practice. The scope of practice delineates the parameters of the specific practice.

Clinical Performance Standards. The clinical performance standards define the activities of the individual responsible for the care of patients and delivery of diagnostic or therapeutic procedures. The section incorporates patient assessment and management with procedural analysis, performance and evaluation.

Quality Performance Standards. The quality performance standards define the activities of the individual in the technical areas of performance, such as equipment and material assessment safety standards, and total quality management.

Professional Performance Standards. The professional performance standards define the activities of the individual in the areas of education, interpersonal relationships, self-assessment and ethical behavior.

Advisory Opinion Statements. The advisory opinions are interpretations of the standards intended for clarification and guidance of specific practice issues.

Each performance standards section is subdivided into individual standards. The standards are numbered and followed by a term or set of terms that identify the standards, such as “assessment” or “analysis/determination.” The next statement is the expected performance of the individual when performing the procedure or treatment. A rationale statement follows and explains why an individual should adhere to the particular standard of performance.

Criteria. Criteria are used to evaluate an individual’s performance. Each set is divided into two parts: the general criteria and the specific criteria. Both criteria should be used when evaluating performance.

General Criteria. General criteria are written in a style that applies to imaging and radiation science individuals. These criteria are the same in all of the practice standards, with the exception of limited x-ray machine operators and medical dosimetry and should be used for the appropriate area of practice.

Specific Criteria. Specific criteria meet the needs of the individuals in the various areas of professional performance. While many areas of performance within imaging and radiation sciences are similar, others are not. The specific criteria were drafted with these differences in mind.

Introduction to Radiation Therapy Practice Standards

Definition

The practice of radiation therapy is performed by health care professionals responsible for the administration of ionizing radiation for the purpose of treating diseases, primarily cancer.

The complex nature of cancer frequently requires the use of multiple treatment specialties. Radiation therapy is one such specialty. It requires an interdisciplinary team of radiation oncologists, radiation therapists, medical radiation physicists, medical dosimetrists and nurses. It is typically the radiation therapist who administers the radiation to the patient throughout the course of treatment.

Radiation therapy integrates scientific knowledge, technical competence and patient interaction skills to provide safe and accurate treatment with compassion. A radiation therapist recognizes patient conditions essential for the successful completion of simulation and treatment.

Radiation therapists must demonstrate an understanding of human anatomy, human physiology, pathology and medical terminology. In addition, comprehension of oncology, radiobiology, radiation physics, radiation oncology techniques, radiation safety and the psychosocial aspects of cancer are required. They must maintain a high degree of accuracy in positioning and treatment techniques. Radiation therapists must possess, use and maintain knowledge about radiation protection and safety. Radiation therapists assist the radiation oncologist to localize the treatment area, participate in treatment planning and deliver high doses of ionizing radiation as prescribed by the radiation oncologist.

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

Radiation therapists think critically and use independent, professional and ethical judgments in all aspects of their work. They engage in continuing education, to include their area of practice, to enhance patient care, radiation safety, public education, knowledge and technical competence.

Education and Certification

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

Radiation therapists prepare for their roles on the interdisciplinary team by successfully completing a program in radiation therapy that is programmatically accredited or part of an institution that is regionally accredited and by attaining appropriate primary certification from the American Registry of Radiologic Technologists.

To maintain ARRT certification, radiation therapists must complete appropriate continuing education requirements to sustain a level of expertise and awareness of changes and advances in practice.

Overview

An interdisciplinary team of radiation oncologists, radiation therapists, medical dosimetrists, medical physicists and other support staff plays a critical role in the delivery of health services as new modalities emerge and the need for radiation therapy treatment procedures evolve. A comprehensive procedure list for the radiation therapist is impractical because clinical activities vary by the practice needs and expertise of the radiation therapist. As radiation therapists gain more experience, knowledge and clinical competence, the clinical activities for the radiation therapist may evolve.

State statute, regulation or lawful community custom may dictate practice parameters. *Wherever there is a conflict between these standards and state or local statutes or regulations, the state or local statutes or regulations supersede these standards.* A radiation therapist should, within the boundaries of all applicable legal requirements and restrictions, exercise individual thought, judgment and discretion in the performance of the procedure.

Radiation Therapist Scope of Practice

The scope of practice of the medical imaging and radiation therapy professional includes:

- Providing optimal patient care.
- Receiving, relaying and documenting verbal, written and electronic orders in the patient's medical record.
- Corroborating a patient's clinical history with procedure and ensuring information is documented and available for use by a licensed independent practitioner.
- Verifying informed consent for applicable procedures.
- Assuming responsibility for patient needs during procedures.
- Preparing patients for procedures.
- Applying principles of ALARA to minimize exposure to patient, self and others.
- Performing venipuncture as prescribed by a licensed independent practitioner.
- Starting, maintaining and/or removing intravenous access as prescribed by a licensed independent practitioner.
- Identifying, preparing and/or administering medications as prescribed by a licensed independent practitioner.
- Evaluating images for technical quality and ensuring proper identification is recorded.
- Identifying and responding to emergency situations.
- Providing education.
- Educating and monitoring students and other health care providers.
- Performing ongoing quality assurance activities.
- Applying the principles of patient safety during all aspects of patient care.

The scope of practice of the radiation therapist also includes:

1. Delivering radiation therapy treatments as prescribed by a radiation oncologist.
2. Performing simulation, treatment planning procedures and dosimetric calculations as prescribed by a radiation oncologist.

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

Radiation Therapy Clinical Performance Standards

Standard One – Assessment

The radiation therapist collects pertinent data about the patient and the procedure.

Rationale

Information about the patient's health status is essential in providing appropriate imaging and therapeutic services.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Obtains relevant information from all available resources and the release of information as needed.
2. Verifies patient identification and the procedure requested or prescribed.
3. Verifies that the patient has consented to the procedure.
4. Reviews all available patient medical record information to verify the appropriateness of the procedure requested or prescribed.
5. Verifies the patient's pregnancy status.
6. Assesses factors that may negatively affect the procedure, such as medications, patient history, insufficient patient preparation or artifact producing objects.
7. Recognizes signs and symptoms of an emergency.

Specific Criteria

The radiation therapist:

1. Assesses the patient's risk for allergic reaction to medication prior to administration.
2. Assesses the patient's need for information and reassurance.
3. Monitors side effects and reactions to treatment.
4. Reviews treatment record prior to treatment or simulation.
5. Monitors doses to normal tissues.

6. Recognizes the patient's need for referral to other care providers such as a social worker, nurse or dietitian.
7. Monitors and assesses patients throughout the treatment course and follow-up visits.
8. Reviews treatment protocol criteria and assesses conditions affecting treatment delivery.
9. Identifies and/or removes objects that could interfere with prescribed treatment.

Radiation Therapy Clinical Performance Standards

Standard Two – Analysis/Determination

The radiation therapist analyzes the information obtained during the assessment phase and develops an action plan for completing the procedure.

Rationale

Determining the most appropriate action plan enhances patient safety and comfort, optimizes diagnostic and therapeutic quality and improves efficiency.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Selects the most appropriate and efficient action plan after reviewing all pertinent data and assessing the patient's abilities and condition.
2. Employs professional judgment to adapt imaging and therapeutic procedures to improve diagnostic quality and therapeutic outcomes.
3. Consults appropriate medical personnel to determine a modified action plan.
4. Determines the need for and selects supplies, accessory equipment, shielding, positioning and immobilization devices.
5. Determines the course of action for an emergent situation.
6. Determines that all procedural requirements are in place to achieve a quality diagnostic or therapeutic procedure.

Specific Criteria

The radiation therapist:

1. Participates in decisions about appropriate simulation techniques and treatment positions.
2. Reviews patient treatment records prior to each treatment for prescription or treatment procedure changes.
3. Reviews doses daily to ensure that treatment does not exceed prescribed dose, normal tissue tolerance or treatment protocol constraints.
4. Ensures the appropriate imaging technique is chosen for image guided radiation therapy procedures.

5. Reviews verification images prior to treatment.
6. Determines when to contact the radiation oncologist or licensed independent practitioner regarding patient side effects or questions.
7. Determines when to withhold treatment until a radiation oncologist is contacted.
8. Reviews patient treatment plan and prescription prior to initial treatment delivery.

Radiation Therapy Clinical Performance Standards

Standard Three – Education

The radiation therapist provides information about the procedure and related health issues according to protocol.

Rationale

Communication and education are necessary to establish a positive relationship.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Provides an accurate explanation and instructions at an appropriate time and at a level the patient and their care providers can understand. Addresses questions and concerns regarding the procedure.
2. Refers questions about diagnosis, treatment or prognosis to a licensed independent practitioner.
3. Provides patient education.
4. Explains effects and potential side effects of medications.

Specific Criteria

The radiation therapist:

1. Provides information regarding risks and benefits of radiation.
2. Instructs patient in the maintenance of treatment markings.
3. Provides information and instruction on proper skin care, diet and self-care procedures.
4. Anticipates a patient's need for information and provides it throughout the treatment course.

Radiation Therapy Clinical Performance Standards

Standard Four – Performance

The radiation therapist performs the action plan.

Rationale

Quality patient services are provided through the safe and accurate performance of a deliberate plan of action.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Performs procedural timeout.
2. Implements an action plan.
3. Explains to the patient each step of the action plan as it occurs and elicits the cooperation of the patient.
4. Uses an integrated team approach.
5. Modifies the action plan according to changes in the clinical situation.
6. Administers first aid or provides life support.
7. Uses accessory equipment.
8. Assesses and monitors the patient's physical, emotional and mental status.
9. Applies principles of sterile technique.
10. Positions patient for anatomic area of interest, respecting patient ability and comfort.
11. Immobilizes patient for procedure.
12. Monitors the patient for reactions to medications.

Specific Criteria

The radiation therapist:

1. Fabricates individualized immobilization, custom blocks and other beam-modifying devices.
2. Assists the radiation oncologist in determining the optimum treatment field to cover the target volume.
3. Prepares and positions patient for simulation and treatment.
4. Achieves precision patient alignment using imaging and external markings.
5. Creates and manages simulation and verification images.
6. Obtains radiation oncologist's approval of simulation images prior to initiation of treatment.
7. Plans and delivers the treatment as directed and prescribed by the radiation oncologist.
8. Calculates monitor units and treatment times.
9. Performs clinically indicated pretreatment imaging.
10. Monitors the patient visually and aurally during treatment.
11. Prepares or assists in preparing brachytherapy sources and equipment.
12. Monitors the treatment console during treatment.
13. Uses knowledge of biological effects of ionizing radiation on tissue to minimize radiation dose to normal tissues.

Radiation Therapy Clinical Performance Standards

Standard Five – Evaluation

The radiation therapist determines whether the goals of the action plan have been achieved.

Rationale

Careful examination of the procedure is important to determine that expected outcomes have been met.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Evaluates the patient and the procedure to identify variances that might affect the expected outcome.
2. Completes the evaluation process in a timely, accurate and comprehensive manner.
3. Measures the procedure against established policies, protocols and benchmarks.
4. Identifies exceptions to the expected outcome.
5. Develops a revised action plan to achieve the intended outcome.
6. Communicates the revised action plan to appropriate team members.

Specific Criteria

The radiation therapist:

1. Checks treatment calculations and/or treatment plan.
2. Verifies the accuracy of the patient setup prior to treatment delivery.
3. Compares verification images to simulation images using anatomical landmarks or fiducial markers.
4. Verifies treatment console readouts and settings prior to initiating treatment and upon termination of treatment.
5. Evaluates the patient daily for any side effects, reactions and therapeutic responses.

Radiation Therapy Clinical Performance Standards

Standard Six – Implementation

The radiation therapist implements the revised action plan.

Rationale

It may be necessary to make changes to the action plan to achieve the expected outcome.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Bases the revised plan on the patient's condition and the most appropriate means of achieving the expected outcome.
2. Takes action based on patient and procedural variances.
3. Measures and evaluates the results of the revised action plan.
4. Notifies the appropriate health care provider when immediate clinical response is necessary, based on procedural findings and patient condition.

Specific Criteria

The radiation therapist:

1. Reports deviations from the standard or planned treatment.
2. Establishes congruence between verification images and simulation images, digitally reconstructed radiographs and/or treatment volumes as defined by the radiation oncologist.
3. Implements treatment plan or treatment field changes as indicated by the radiation oncologist.
4. Adapts procedures to equipment limitations and patient needs.
5. Collaborates with radiation oncologists, medical physicists and medical dosimetrists to compensate for treatment inaccuracies.

Radiation Therapy Clinical Performance Standards

Standard Seven – Outcomes Measurement

The radiation therapist reviews and evaluates the outcome of the procedure.

Rationale

To evaluate the quality of care, the radiation therapist compares the actual outcome with the expected outcome.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Reviews all diagnostic or therapeutic data for completeness and accuracy.
2. Uses evidence-based practice to determine whether the actual outcome is within established criteria.
3. Evaluates the process and recognizes opportunities for future changes.
4. Assesses the patient's physical, emotional and mental status prior to discharge.

Specific Criteria

The radiation therapist:

1. Monitors patient status during procedures, throughout the treatment course and for follow-up care.

Radiation Therapy Clinical Performance Standards

Standard Eight – Documentation

The radiation therapist documents information about patient care, the procedure and the final outcome.

Rationale

Clear and precise documentation is essential for continuity of care, accuracy of care and quality assurance.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Documents diagnostic, treatment and patient data in the medical record in a timely, accurate and comprehensive manner.
2. Documents unintended outcomes or exceptions from the established criteria.
3. Provides pertinent information to authorized individual(s) involved in the patient's care.
4. Records information used for billing and coding procedures.
5. Archives images or data.
6. Verifies patient consent is documented.
7. Documents procedural timeout.

Specific Criteria

The radiation therapist:

1. Documents radiation exposure parameters.
2. Maintains imaging and treatment records according to institutional policy.

Radiation Therapy Quality Performance Standards

Standard One – Assessment

The radiation therapist collects pertinent information regarding equipment, procedures and the work environment.

Rationale

The planning and provision of safe and effective medical services relies on the collection of pertinent information about equipment, procedures and the work environment.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Determines that services are performed in a safe environment, minimizing potential hazards.
2. Confirms that equipment performance, maintenance and operation comply with the manufacturer's specifications.
3. Verifies that protocol and procedure manuals include recommended criteria and are reviewed and revised.

Specific Criteria

The radiation therapist:

1. Inspects ancillary devices prior to use.
2. Monitors treatment unit operation during use.
3. Observes the environment for any potential radiation hazards.
4. Participates in radiation protection, patient and personnel safety, risk management and quality management activities.
5. Maintains restricted access to controlled areas.

Radiation Therapy Quality Performance Standards

Standard Two – Analysis/Determination

The radiation therapist analyzes information collected during the assessment phase to determine the need for changes to equipment, procedures or the work environment.

Rationale

Determination of acceptable performance is necessary to provide safe and effective services.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Evaluates services, procedures and the environment to determine if they meet or exceed established guidelines, and revises the action plan.
2. Monitors equipment to meet or exceed established standards and revises the action plan.
3. Assesses and maintains the integrity of medical supplies.

Specific Criteria

The radiation therapist:

1. Verifies the mathematical accuracy of the prescription and the daily treatment summary.
2. Reviews treatment record, calculations, and/or treatment plan for accuracy prior to treatment delivery.

Radiation Therapy Quality Performance Standards

Standard Three – Education

The radiation therapist informs the patient, public and other health care providers about procedures, equipment and facilities.

Rationale

Open communication promotes safe practices.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Elicits confidence and cooperation from the patient, the public and other health care providers by providing timely communication and effective instruction.
2. Presents explanations and instructions at the learner's level of understanding.
3. Educates the patient, public and other health care providers about procedures and the associated biological effects.
4. Provides information to patients, health care providers, students and the public concerning the role and responsibilities of individuals in the profession.

Specific Criteria

The radiation therapist:

1. Informs the patients, health care providers, students and the public about medical uses of radiation and corrects misconceptions.
2. Instructs other health care providers about radiation protection procedures.
3. Assists in the development and implementation of educational materials for patients, health care providers, students and the public.

Radiation Therapy Quality Performance Standards

Standard Four – Performance

The radiation therapist performs quality assurance activities.

Rationale

Quality assurance activities provide valid and reliable information regarding the performance of equipment, materials and processes.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Maintains current information on equipment, materials and processes.
2. Performs ongoing quality assurance activities.
3. Performs quality control testing of equipment.
4. Participates in safety and risk management activities.
5. When appropriate, wears one or more personal radiation monitoring devices at the location indicated on the personal radiation monitoring device or as indicated by the radiation safety officer or designee.

Specific Criteria

The radiation therapist:

1. Adheres to radiation safety rules and standards.
2. Makes the decision to discontinue patient treatment until equipment is operating properly.
3. Verifies that only the patient is in the treatment room prior to initiating treatment or any imaging procedures.
4. Demonstrates safe handling, storage and disposal of brachytherapy sources.
5. Performs quality assurance checks on simulator, treatment unit and appropriate equipment.
6. Consults with medical physicist and/or engineer in performing and documenting the quality assurance checks.

Radiation Therapy Quality Performance Standards

Standard Five – Evaluation

The radiation therapist evaluates quality assurance results and establishes an appropriate action plan.

Rationale

Equipment, materials and processes depend on ongoing quality assurance activities that evaluate performance based on established guidelines.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Validates quality assurance testing conditions and results.
2. Evaluates quality assurance results.
3. Formulates an action plan.

Specific Criteria

The radiation therapist:

1. Reviews verification images for quality and accuracy.
2. Performs treatment chart checks.
3. Reviews treatment discrepancies, determines causes and assists with the action plan.

Radiation Therapy Quality Performance Standards

Standard Six – Implementation

The radiation therapist implements the quality assurance action plan for equipment, materials and processes.

Rationale

Implementation of a quality assurance action plan promotes safe and effective services.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Obtains assistance to support the quality assurance action plan.
2. Implements the quality assurance action plan.

Specific Criteria

The radiation therapist:

1. Formulates recommendations for process improvements to minimize treatment discrepancies.

Radiation Therapy Quality Performance Standards

Standard Seven – Outcomes Measurement

The radiation therapist assesses the outcome of the quality management action plan for equipment, materials and processes.

Rationale

Outcomes assessment is an integral part of the ongoing quality management action plan to enhance diagnostic and therapeutic services.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Reviews the implementation process for accuracy and validity.
2. Determines that actual outcomes are within established criteria.
3. Develops and implements a revised action plan.

Specific Criteria

The radiation therapist:

1. Reviews and evaluates quality assurance processes and tools periodically for effectiveness.

Radiation Therapy Quality Performance Standards

Standard Eight – Documentation

The radiation therapist documents quality assurance activities and results.

Rationale

Documentation provides evidence of quality assurance activities designed to enhance safety.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Maintains documentation of quality assurance activities, procedures and results.
2. Documents in a timely, accurate and comprehensive manner.

Specific Criteria

The radiation therapist:

1. Reports any treatment discrepancies to appropriate personnel.

Radiation Therapy Professional Performance Standards

Standard One – Quality

The radiation therapist strives to provide optimal patient care.

Rationale

Patients expect and deserve optimal care during diagnosis and treatment.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Collaborates with others to elevate the quality of care.
2. Participates in ongoing quality assurance programs.
3. Adheres to standards, policies and established guidelines.
4. Applies professional judgment and discretion while performing the diagnostic study or treatment.
5. Anticipates, considers and responds to the needs of a diverse patient population.

Specific Criteria

The radiation therapist:

1. Advocates the need for a minimum of two credentialed radiation therapists to be present for any external beam patient treatment.

Radiation Therapy Professional Performance Standards

Standard Two – Self-Assessment

The radiation therapist evaluates personal performance.

Rationale

Self-assessment is necessary for personal growth and professional development.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Assesses personal work ethics, behaviors and attitudes.
2. Evaluates performance and recognizes opportunities for educational growth and improvement.
3. Recognizes and applies personal and professional strengths.
4. Participates in professional societies and organizations.

Specific Criteria

None added.

Radiation Therapy Professional Performance Standards

Standard Three – Education

The radiation therapist acquires and maintains current knowledge in practice.

Rationale

Advancements in the profession and optimal patient care require additional knowledge and skills through education.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Maintains credentials and certification related to practice.
2. Advocates for and participates in continuing education related to area of practice, to maintain and enhance clinical competency.
3. Advocates for and participates in vendor specific applications training to maintain clinical competency.

Specific Criteria

None added.

Radiation Therapy Professional Performance Standards

Standard Four – Collaboration and Collegiality

The radiation therapist promotes a positive and collaborative practice atmosphere with other members of the health care team.

Rationale

To provide quality patient care, all members of the health care team must communicate effectively and work together efficiently.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Shares knowledge and expertise with others.
2. Develops and maintains collaborative partnerships to enhance quality and efficiency.
3. Promotes understanding of the profession.

Specific Criteria

The radiation therapist:

1. Informs others about radiation safety.

Radiation Therapy Professional Performance Standards

Standard Five – Ethics

The radiation therapist adheres to the profession's accepted ethical standards.

Rationale

Decisions made and actions taken on behalf of the patient are based on a sound ethical foundation.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Provides health care services with consideration for a diverse patient population.
2. Acts as a patient advocate.
3. Accepts accountability for decisions made and actions taken.
4. Delivers patient care and service free from bias or discrimination.
5. Respects the patient's right to privacy and confidentiality.
6. Adheres to the established practice standards of the profession.
7. Adheres to the established ethical standards of recognized certifying agencies.

Specific Criteria

None added.

Radiation Therapy Professional Performance Standards

Standard Six – Research and Innovation

The radiation therapist participates in the acquisition and dissemination of knowledge and the advancement of the profession.

Rationale

Scholarly activities such as research, scientific investigation, presentation and publication advance the profession.

General Stipulation

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

General Criteria

The radiation therapist:

1. Reads and evaluates research relevant to the profession.
2. Participates in data collection.
3. Investigates innovative methods for application in practice.
4. Shares information with colleagues through publication, presentation and collaboration.
5. Adopts new best practices.
6. Pursues lifelong learning.

Specific Criteria

None added.

Radiation Therapy Advisory Opinion Statements

Injecting Medication in Peripherally Inserted Central Catheter Lines or Ports with a Power Injector.

Medication Injections by Medical Imaging and Radiation Therapy Professionals.

Medication Injection Through Existing Vascular Access.

Placement of Personal Radiation Monitoring Devices.

ASRT Code of Ethics (American Society of Radiologic Technologists)

Preamble

Ethical professional conduct is expected of every member of the American Society of Radiologic Technologists and every individual registered by the American Registry of Radiologic Technologists. As a guide, the ASRT and the ARRT have issued a code of ethics for their members and registrants. By following the principles embodied in this code, radiologic technologists will protect the integrity of the profession and enhance the delivery of patient care.

Adherence to the code of ethics is only one component of each radiologic technologist's obligation to advance the values and standards of their profession. Technologists also should take advantage of activities that provide opportunities for personal growth while enhancing their competence as caregivers. These activities may include participating in research projects, volunteering in the community, sharing knowledge with colleagues through professional meetings and conferences, serving as an advocate for the profession on legislative issues and participating in other professional development activities.

By exhibiting high standards of ethics and pursuing professional development opportunities, radiologic technologists will demonstrate their commitment to quality patient care.

Code of Ethics

The radiologic technologist conducts himself or herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.

The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socioeconomic status.

The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purpose for which they were designed and employs procedures and techniques appropriately.

The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.

The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.

The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.