

4-23-2004

SR-03-04-39 APC

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### Recommended Citation

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**ACADEMIC PLANNING COMMITTEE  
RECOMMENDATION**

**SR-03-04-39 APC**

Recommends that the College of Nursing and Health Professions' Intent to Plan statement for a collaborative Bachelor of Science in Radiological Technology (with St. Mary's Medical Center School of Radiology) be approved.

**RATIONALE:**

Marshall University is required to express to the chancellor an intent to plan a new baccalaureate program (section 3.7 of WV Higher Education Policy Commission Series 11: *Submission of Proposals for New Academic Programs and the Discontinuance of Existing Programs*). The College of Nursing and Health Professions has presented an Intent to Plan for the program named above, which the Academic Planning Committee has reviewed. The Committee finds that the proposal meets the requirements of WV HEPC Series 11; will provide the only such degree program in a publicly funded institution in the state; will fill a need in the state for trained radiologists; and articulates with the existing Associate in Applied Science Radiological Technology Program of the MUCTC and St. Mary's School of Radiology.

**FACULTY SENATE PRESIDENT:**

APPROVED

BY SENATE:

*Larry Stuckler*

DATE:

*4/23/2004*

DISAPPROVED

BY SENATE:

DATE:

**UNIVERSITY PRESIDENT:**

APPROVED:

*Don Orr*

DATE:

*4/27/04*

DISAPPROVED:

DATE:

**COMMENTS:**

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## **PART 1: PROGRAM DESCRIPTION**

The College of Nursing and Health Professions is proposing a collaborative Bachelor of Science in Radiological Technology with St. Mary's Medical Center School of Radiology. This program would link with the Marshall Community and Technical College's Associate in Applied Science cooperative program with St. Mary's School of Radiology to provide a 3 + 1 baccalaureate program. The mission of the program is to provide the only Bachelor of Science in Radiological Technology in a publicly funded institution in the State of West Virginia. It will prepare radiologic specialists at a time of critical health care professional shortages nationally and state-wide. The program objectives are listed below:

### **A. Program Objectives**

The Bachelor of Science in Radiological Technology will provide the opportunity to:

1. Acquire skills and knowledge required for advanced practice [criteria delineated by the American Society of Radiological Technologist (ASRT) and the Joint Review Committee on Education in Radiological Technology (JRCERT)].
2. Develop specialized skills for management, clinical education, or advanced imaging modalities
3. Become engaged in life-long learning and to prepare for post-baccalaureate studies.
4. Meet societal needs for advanced level, medical imagers able to practice in diverse healthcare environments.
5. Utilize critical thinking skills in radiological science practice.
6. Apply communication skills to radiological specialty practice.

### **B. Program Identification**

The following is the appropriate program identification as provided in the Classifications of Instructional Programs developed and published by the U.S. Department of Education Center for Educational Statistics.

51.911 Radiologic Technology/Science – Radiographer

A program that prepares individuals, under the supervision of physicians, to provide medical imaging services to patients and attending health care professionals. Includes instruction in applied anatomy and physiology, patient positioning, radiographic technique, radiation biology, safety and emergency procedures, equipment operations and maintenance, quality assurance, patient education, and medical imaging/radiologic services.

## C. Program Features

The Bachelor of Science in Radiological Sciences program will offer the only baccalaureate program in the State of West Virginia provided by a public institution. This program will be open to those persons who have completed an Associate Degree or certificate program from an accredited institution. The degree will consist of 128 undergraduate credit hours including up to 80 credit hours which will be transferred from the Associate Degree program. While the program is designed to link with St. Mary's Medical Center and Marshall University's Community and Technical College's Associate in Applied Science degree in Radiological Technology, other qualified students may be admitted.

Students pursuing a baccalaureate degree in Radiological Sciences will choose from three content areas : (1) Clinical education; (2) management; or (3) advanced imaging in one area: Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Cardiovascular, Vascular and Interventional Technology (CVIT) or Mammography. All students will complete a common core of classes to include research, quality management and general education coursework.

### 1. Admission and Performance Standards

Prospective students who wish to apply for admission to the Bachelor of Science in Radiological Technology (BSRT) degree program must meet the admission requirements listed below. In addition to admission to Marshall University, a separate application must be made to the BSRT program.

#### Admission Criteria

Prospective students must meet the minimum criteria listed below to be considered for admission to the program. Admission is highly competitive and will be determined by a panel of experts in the fields of radiological sciences and health care education.

- An overall cumulative minimum GPA of 2.5 and a minimum of 2.4 Math/Science GPA.
- A "C" or better in all required courses in the major; required radiologic courses may be repeated only once.
- Completion of prerequisites and junior standing.
- Admission to Marshall University
- The most highly qualified students will be selected.

#### Application Process

All applications must be postmarked no later than April 15 for the class beginning July 1 and must include the following:

- Completed application form
- Official copies of transcripts for all colleges/universities attended.
- Proof of admission to Marshall University
- A curriculum vitae indicating all radiological experience.

- A \$30 non-refundable application fee.
- Three letters of recommendation from professional associates.

Students pursuing a BSRT will choose an area of concentration in clinical education, management or advanced imaging. There are four choices in advanced imaging: (1) magnet resonance imaging (MRI), (2) computed tomography (CT), (3) Cardiovascular, Vascular and Interventional Technology (CVIT) or (4) mammography.

Regardless of the area of specialization, all students will complete a core group of subjects. These courses are listed below and constitute 17 credit hours.

• ENG 302	Research Intensive Writing	3 credit hours
• EDF 417	Statistical Methods	3 credit hours
• RTBS	Quality Management	4 credit hours
• RTBS L	Quality Management Lab	1 credit hour
• CHP 409	Research	3 credit hours
• RTBS	Directed Reading - seminar topics in radiology	3 credit hours

Students must also complete one multicultural and two international courses as prescribed by the Marshall Plan.

Students completing the CT area of specialization will complete the following in addition to the core courses:

• RTBS	Sectional Anatomy	3 credit hours
• RTBS	Fundamentals of CT	3 credit hours
• RTBS	CT Practicum I	5 credit hours
• RTBS	CT Practicum II	5 credit hours
• RTBS	CT Practicum III	5 credit hours
• RTBS	CT Capstone	6 credit hours

Credit hours for clinical practicums are based on 1 credit hour per 20 hours of clock time.

Students completing the MRI area of specialization will complete the following in addition to the core courses.

• RTBS	Sectional Anatomy	3 credit hours
• RTBS	Fundamentals of MRI	3 credit hours
• RTBS	MRI Practicum I	5 credit hours
• RTBS	MRI Practicum II	5 credit hours
• RTBS	MRI Practicum III	5 credit hours
• RTBS	MRI Capstone	6 credit hours

Students completing the CVIT area of specialization will complete the following courses in addition to the core courses:

• RTBS	Vascular & Cardiac Anatomy	3 credit hours
• RTBS	CVIT Imaging	3 credit hours
• RTBS	CVIT Practicum I	5 credit hours
• RTBS	CVIT Practicum II	5 credit hours
• RTBS	CVIT Practicum III	5 credit hours
• RTBS	CVIT Capstone	6 credit hours

#### **D. Program Outcomes**

The following outcome measures have been established for the Bachelor of Science in Radiological Technology program:

1. Eighty-five percent or more of all students admitted will successfully complete the program within two years.
2. Graduates will achieve at least 90% passing rate on registry exams on the first attempt.
3. Average passing rate of first time of first time registry exams will meet or exceed the state/national average.
4. Within six months of successful completion of the registry exam, 90% of graduates will be employed in the health care field.
5. The graduates will rank satisfaction with the program at 4.0 or greater on a scale of 1 to 5.
6. Ninety percent or more of the graduates will report attendance at or participation in professional development/continuing education programs.
7. Employers of St. Mary's/Marshall University's graduates will rank satisfaction with these graduates at 3.5 or greater (on a scale of 1 to 5).

#### **E. Program Delivery**

All non-radiological didactic coursework will be offered on the Huntington campus. Radiological specific didactic coursework will be taught at St. Mary's Medical Center School of Radiography. All practicum and capstone courses will be in area healthcare facilities.

### **PART II: PROGRAM NEED AND JUSTIFICATION**

#### **A. Relationship to Intuitional Goals/Objectives**

This will be a collaborative program with St. Mary's Medical Center with Marshall University providing the degree and St. Mary's Medical Center providing the faculty and program resources. It

is the belief that the addition of this health professions program would be beneficial to the citizens of West Virginia by providing improved health services. This program is consistent with Marshall University's current mission and areas of emphasis. The University has expressed a commitment to improving undergraduate education. This program will articulate with the existing Associate in Applied Science Radiologic Technology Program from St. Mary's School of Radiography and Marshall University's Community and Technical College as well as other associate degree radiographic programs.

#### **B. Existing Programs**

There are currently no other radiography baccalaureate programs in state-funded colleges or universities in West Virginia. The University of Charleston does have a baccalaureate program but cost may be prohibitive for some students. The next closest program is located at the University of Cincinnati, three hours from Huntington. There is a profound shortage of radiology technologists in the state, especially those with advanced imaging skills. This program could provide needed skilled personnel throughout the state.

#### **C. Program Planning and Development**

A cooperative program between St. Mary's Medical Center School of Radiography and Marshall University's Community and Technical College currently exists. The BSRT program has been planned and developed with St. Mary's Medical Center School of Radiography, Marshall University's Community and Technical College and Marshall University's College of Nursing and Health Professions with input from radiographers in the community.

#### **D. Clientele and Need**

The majority of students who attend St. Mary's Medical Center School of Radiography Associate in Applied Science degree come from the surrounding counties in West Virginia, Kentucky and Ohio. Traditionally, they are Appalachian working class with a mean age of twenty-five years. Over 50% of the students receive some form of financial aid through loans, grants or scholarships. There is a growing population of non-traditional students seeking a career change due to elimination of current job or voluntary change. This program will offer the next logical step in career development for the many associate degree radiographers in the tri-state area. It will provide career mobility and add to the economic development of the area.

#### **E. Employment Opportunities**

The employment opportunities for radiological technologists are expected to grow faster than the average for all occupations through 2010 due, in part, to an aging population who use these services extensively.

According to the West Virginia Hospital Association, 11.8% of the West Virginia workforce is employed in health care, a rise of 38% from 1988 to 1998. Health care is an important industry for this region.

A BSRT degree, particularly in advanced imaging has the potential for significant salary increase for the radiographer. According to the West Virginia Bureau of Employment Programs, average salary for a radiographer in West Virginia is \$27,700. The average West Virginia salary for those with advanced imaging skills ranges from \$28,830 to \$40,900. The West Virginia occupational projections for 1998-2008 indicate a growth rate of 1.31% to 5% depending on area of specialty for radiographers.

#### **F. Program Impact**

St. Mary's Medical Center School of Radiography has had an affiliation with Marshall University to provide the support courses required for the radiography program since 1987. The need for these courses will continue with the cooperative program.

This cooperative program will facilitate the articulation of the graduate from the cooperative associate degree program into the RT to BSRT completion program through Marshall University's College of Nursing and Health Professions.

#### **G. Cooperative Arrangements**

There is strong precedence for this type of program. St. Mary's Medical Center School of Nursing and Marshall University's College of Nursing and Health Professions has existed for eight years since 1995. St. Mary's Medical Center School of Radiography and Marshall University's Community and Technical College have an existing cooperative agreement for an associate degree in Radiography Technology.

#### **H. Alternatives to Program Development**

Currently there are no program alternatives. Students wishing to pursue a baccalaureate degree in Radiography must leave the area, attend a private university at considerable cost or forgo furthering their education. Once students leave the region they often do not return.

### **PART III: PROGRAM IMPLEMENTATION AND PROJECTED RESOURCE REQUIREMENTS**

#### **A. Program Administration**

Program administration will be accomplished by a Program Director who meets the standards set forth by the national certifying body, the Joint Review Committee on Education in Radiologic Technology (JRCERT). The Program Director will organize, administer, review, develop and assure program effectiveness through on-going program assessment. This person will participate in the budget process through St. Mary's Medical Center and be responsible for a leadership role in the continued development of the program. It is expected that the Program Director will maintain current knowledge of the professional discipline and educational methodologies.

The proposed organizational chart for Marshall University's College of Nursing and Health Professions illustrates the relationship between St. Mary's Medical Center and Marshall University.



Further delineation of the organizational structure within Marshall University's College of Nursing and Health Professions and the relationship to St. Mary's Medical Center School of Radiography can be noted in the organization charts in Appendix A. A copy of the proposed contract between St. Mary's Medical Center and Marshall University's College of Nursing and Health Professions can be found in Appendix B.

#### **B. Program Projections**

The demand is such in the tri-state area that projected program enrollment for year one would be 12-15 students. As the program becomes established, enrollment projections suggest classes of 17-20 per year.

#### **C. Faculty Instructional Requirements**

St. Mary's Medical Center will be responsible for additional faculty resources and benefits upon implementation of a BSRT program.

#### **D. Library Resources and Instructional Materials**

Existing Library sources are adequate to meet the needs of students pursuing a BSRT degree. St. Mary's Medical Center will be responsible for additional resources are needed. As MU students, radiology students can access all Marshall University electronic databases and other library resources.

#### **E. Support Service Requirements**

All support services are available to MU students through St. Mary's Medical Center.

#### **F. Facilities Requirements**

St. Mary's Medical Center recognizes the need for more classrooms and offices and is taking steps to increase classrooms and library resources.

#### **G. Operating Resource Requirements**

No additional resources are needed; St. Mary's Medical Center is responsible for the operating costs. The program can be operated within the current operating resources of St. Mary's Medical Center School of Radiography.

#### **H. Source of Operating Resources**

Faculty, personnel and facility resources are the responsibility of St. Mary's Medical Center.

## **PART IV: OFFERING EXISTING PROGRAMS AT NEW LOCATIONS**

Not Applicable

## **PART V: PROGRAM EVALUATION**

### **A. Evaluation Procedures**

#### **Internal Evaluation:**

Evaluation is a critical component to effective programs. Marshall University has a systematic and on-going evaluation process. All departments must submit an annual evaluation and program evaluation through the Office of Program Review and Assessment. A systematic evaluation plan will be developed to evaluate the cooperative program. The areas for evaluation will be based on the JRCERT accreditation standards found in Appendix C.

All faculty members must meet JRCERT requirements as set forth in the accreditation standards. Faculty are employed through St. Mary's Medical Center which conducts annual evaluations. Faculty of the School of Radiology are considered Marshall University faculty as non-paid, non-tenured clinical faculty. All courses developed will be submitted through the appropriate committees for approval by Marshall University.

Student satisfaction with and effectiveness of the didactic component of the BSRT program will be assessed in a variety of ways. Each semester, students will complete computer-scored anonymous surveys for all courses in which they are enrolled. The Office of Institutional Research will compile survey results and disseminate to the Dean and Program Director.

Further, all students will complete an exit survey upon finishing the BSRT program. In this survey, students will be asked to rate the quality of courses and provide input for program improvement. Additionally, graduate scores on the Registry Examination will provide further feedback for program enhancement. Alumni surveys will be sent to the graduates at six and twelve months after graduation.

Throughout the BSRT program, a variety of measures are employed to assess student learning and comprehension. Among the measures utilized in the classroom setting include, but are not limited to, written objectives= examinations. In the clinical setting, student competence will be formally evaluated by the faculty at the mid-point and the end of each clinical rotation. Students will be assigned on a 1:1 preceptor/student ratio in the clinical setting to provide continuous informal evaluation and safeguard patient safety.

Another common practice of measuring competence is through student GPA. The BSRT program policies state that a student must maintain a GPA of 2.75 throughout the program. If the student's GPA falls below a 2.75, they will be placed on academic probation and have one semester to bring it to an acceptable level or be dismissed from the program.

**External Evaluation**

One outcome utilized to measure the adequacy of internship graduates for advanced practice is the pass rate for first-time test takers on the Registry Examination.

The Graduate Survey, which has been discussed above, is another method utilized to measure preparedness for advanced practice. After working in the field for six and twelve months, graduates will be asked to complete a survey that solicits their feedback on the program's effectiveness in preparing them for practice.

Graduates of the program will be asked to submit the name of their employer upon securing professional employment. For the alumni who supply this information, a survey will be sent to their employer to solicit information on their ability to perform in their current capacity. This provides additional feedback to enhance program content.

**B. Accreditation Status**

The St. Mary's Medical Center School of Radiography is currently accredited by the Joint Review Committee on Education in Radiological Technology. The cost of the accreditation visit will be the responsibility of St. Mary's Medical Center.

**PART VI: TERMINATION OF PROGRAM**

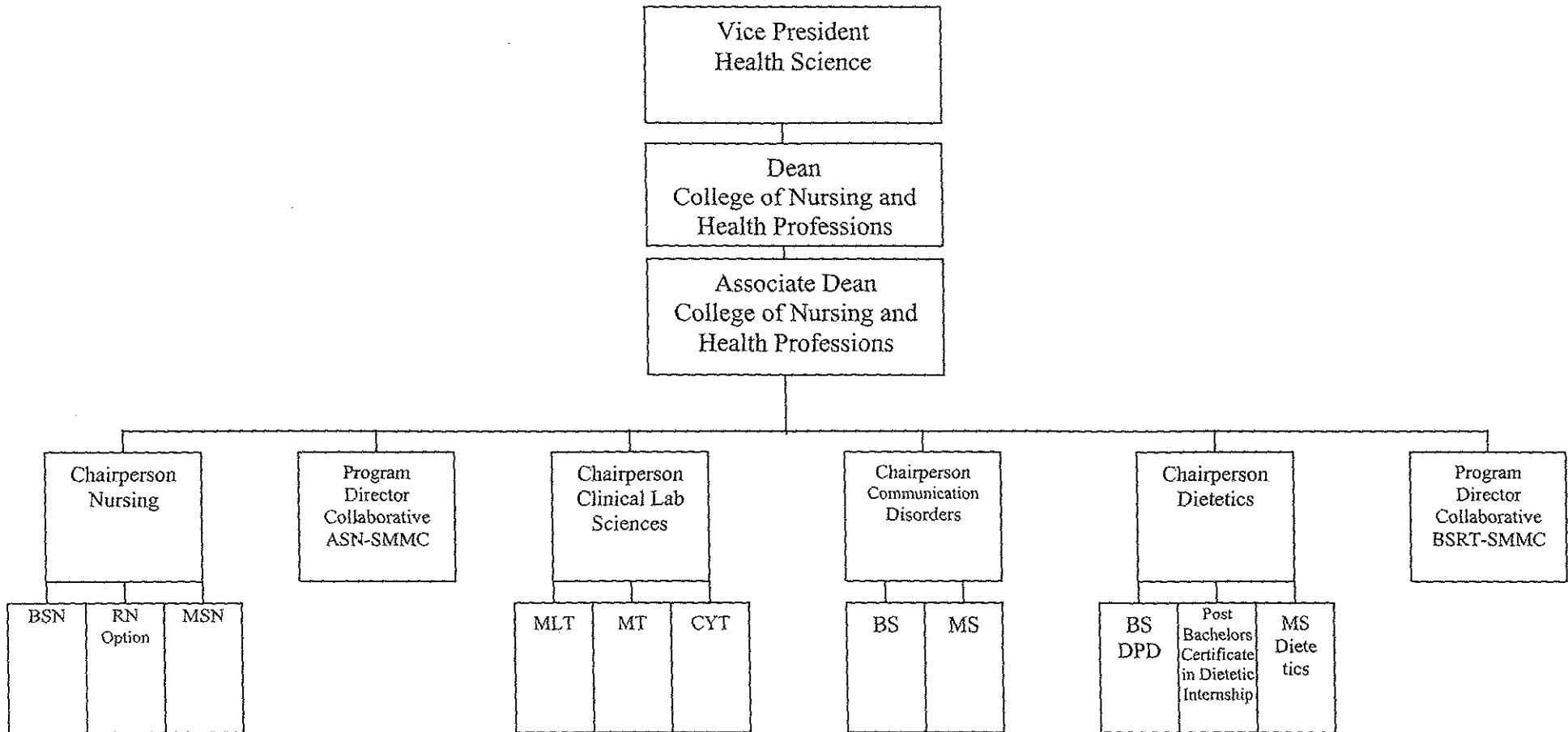
Not Applicable

3/1/2004

**APPENDIX A**

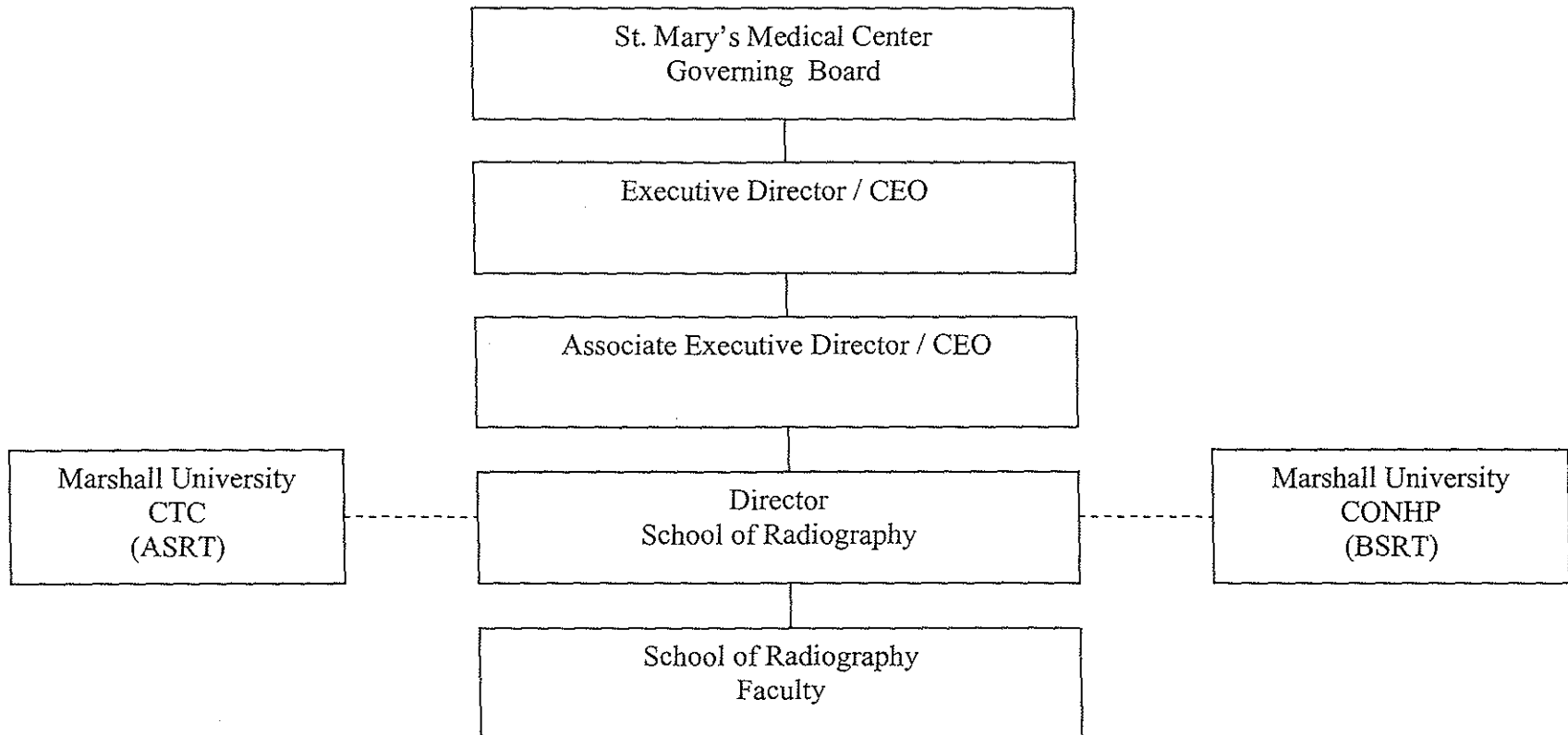
MARSHALL UNIVERSITY  
COLLEGE OF NURSING AND HEALTH PROFESIONS

PROPOSED  
ORGANIZATIONAL CHART



ST, MARY'S MEDICAL CENTER  
SCHOOL OF RADIOGRAPHY / MARSHALL UNIVERSITY CONHP

PROPOSED  
ORGANIZATIONAL CHART



## APPENDIX B

## AGREEMENT

**THIS AGREEMENT** is made and entered into this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between **ST. MARY'S MEDICAL CENTER, INC.**, hereinafter referred to as "St. Mary's", and **MARSHALL UNIVERSITY**, hereinafter referred to as "Marshall", with St. Mary's and Marshall referred to sometimes individually as the "Party" and sometimes collectively as the "Parties".

**WHEREAS**, St. Mary's operates a School of Radiology, hereinafter "SMMC School of Radiology"; and

**WHEREAS**, Marshall offers an accredited curriculum of core courses in the humanities and physical and behavioral sciences required for an Bachelor of Science in Radiological Science Degree; and

**WHEREAS**, St. Mary's and Marshall have entered into successive affiliation agreements for the provision of core curricular courses in the humanities and physical and behavioral sciences required by SMMC School of Radiology for its students pursuing an Associate of Science degree; and

**WHEREAS**, St. Mary's desires to expand its affiliation with Marshall by establishing a joint Bachelor of Science in Radiological Science Degree with Marshall; and

**WHEREAS**, Marshall desires to expand its affiliation with St. Mary's by establishing a joint Bachelor of Science in Radiological Science Degree program with St. Mary's; and

**WHEREAS**, the affiliation of St. Mary's and Marshall for the purpose of establishing a joint Bachelor of Science in Radiological Science Degree program, hereinafter the "Program," will benefit the general public served by graduates of the Program; and

**WHEREAS**, the Parties desire to enter into this Agreement for the express purpose of setting forth clearly and accurately a complete and detailed statement of their respective covenants, agreements and understandings;

**NOW, THEREFORE, WITNESSETH**, that, for an in consideration of the premises, which are not mere recitals, but are consideration for this Agreement, and of the covenants, agreements, and understandings hereinafter contained, the sufficiency of all of which is acknowledged by the Parties, it is understood and agreed by and between the Parties as follows:

### **I. TERMS OF AGREEMENT**

- A. The term of this Agreement shall be for a period of one (1) year commencing \_\_\_\_\_ and ending \_\_\_\_\_ hereinafter the "Initial Term."



- B. This Agreement shall be automatically renewed following the Initial Term for successive and (1) year terms, unless either Party gives to the remaining Party written notice of its desire to terminate the same not less than six (6) months prior to:
- 1) the expiration of the Initial Term, or
  - 2) the expiration of any subsequent renewal.
- C. It is the express understanding of the Parties that the notice required by Paragraph of I (B) is intended to allow adequate time for the respective Parties to modify the Program for the benefit and protection of the enrolled students.

## II. CONTINGENCIES

The Parties understand that the commencement of this Agreement is contingent upon the approval of the Program by the Joint Review Committee on Education in Radiological Technology and the Board of Trustees for the University of West Virginia System.

## III. OWNERSHIP AND CONTROL OF THE SCHOOL OF RADIOLOGY

It is the express understanding and intent of the Parties that this Agreement is purely an agreement of affiliation. Nothing in this Agreement is intended to remove the financial or managerial responsibility and control of the programs from their respective institutions or ownership of the SMMC School of Radiology from St. Mary's. Nothing in this Agreement shall create an employer/employee or independent contractor/agency relationship between the parties.

## IV. FACULTY AND STAFF

- A. The faculty and staff of the program shall be:
- 1) employees of St. Mary's;
  - 2) entitled to all benefits available to employees of St. Mary's
  - 3) governed by personnel policies established by St. Mary's
  - 4) of a size and number of adequate to implement the accredited program; and
  - 5) report to the Director of the SMMC School of Radiology on issues regarding administrative matters.

- B. The Director of the SMMC School of Radiology shall report to the Vice President, Patient Services of St. Mary's who shall in turn report to the President/CEO of St. Mary's. The Director of the SMMC School of Radiology shall report to the Dean of the MU through the Associate Dean for the Undergraduate in matters of BSRT curriculum and student records.
- C. Faculty of the BSRT program shall have clinical unsalaried appointments with Marshall University for full time or part time non-tenured positions.
- D. Faculty rank at Marshall University shall be determined according to the University of West Virginia System policies and procedures and MU policies and procedures.
- E. Nothing in this Article IV shall be interpreted to imply that Marshall is responsible for salaries or other compensation for faculty, nor to diminish St. Mary's responsibility or control over Program faculty.

**V. CURRICULAR AND ACADEMIC POLICIES**

- A. Program faculty shall determine all matters related to the curricular and academic policies of the Program.
- B. All curricular and academic policies shall be consistent with Marshall's academic policies and procedures and shall be subject to review by the Marshall University College of Nursing and Health Professions Faculty and Executive Committees.
- C. In the event that the Marshall University College of Nursing and Health Professional's Faculty and/or Executive Committees reviews an academic policy or procedure and determines that it does not conform with Marshall's academic policies and procedures, or otherwise requires revision, correction or retraction, then the Marshall University College of Nursing and Health Professions Faculty and/or Executive Committees shall return the policy to the Program faculty with directions for corrective action.

**VI. SUPPORT SERVICES AND FACILITIES**

- A. St. Mary's shall be responsible for providing and maintaining necessary facilities, resources and support for all BSRT curriculum activities.
- B. Marshall shall be responsible for providing and maintaining necessary facilities, resources and support for all non radiology core curriculum activities.
- C. St. Mary's shall provide adequate computer hardware to connect administrative offices at the SMMC School of Radiology to the

appropriate offices at Marshall. St. Mary's personnel, duly designated and authorized by the Chief Executive Office of Marshall University shall have reasonable access to records of students enrolled in the BSRT program.

- D. In the event that the software necessary to network the computers between St. Mary's and Marshall is subject to a licensing fee, such fee shall be paid by St. Mary's.

#### **VII. ADMISSION PROCESS**

- A. Students enrolled in the Program must meet the admission requirements of both Marshall University and the SMMC School of Radiology.
- B. The admission requirements of the SMMC School of Radiology shall meet all requirements for accreditation and shall be developed by the BSRT Admission and Progression Committee of the Program.
- C. The BSRT Admission and Progression Committee also shall be responsible for making all decisions regarding individual student admission and promotion in the program.
- D. The status of students in the Program as full-time or part-time students shall be governed by the policies of Marshall.

#### **VIII. TUITION AND COSTS**

- A. St. Mary's shall be responsible for billing students and collecting monies from students for tuition for all radiology curriculum courses in the BSRT program, as well as fees related to participation in the Program, including but not limited to those fees identified at Paragraph X (B).
- B. Marshall shall waive tuition fees for all BSRT radiology courses which are taught by St. Mary's faculty.
- C. St. Mary's shall pay an indirect cost fee for all BSRT radiology courses as identified at Paragraph X (B).
- D. Marshall shall be responsible for billing individual St. Mary's School of Radiology students the standard cost of MU non-radiology courses and collecting monies from students for tuition and all student fees for enrollment in non-radiology courses.
- E. Students in the BSRT Program shall be entitled to those benefits available to Marshall students.
- F. Students in the BSRT Program shall be subject to all Marshall University policies regarding student financial aid.

**IX. CURRICULUM**

- A. The radiology curriculum courses provided by the Program shall include those courses identified in Exhibit A, attached hereto and incorporated herein by reference.
- B. The core curriculum course in the humanities and behavioral sciences provided by the Program shall include those courses identified in Exhibit B, attached hereto and incorporated herein by reference.
- C. Marshall shall list in its catalogue all courses, both radiology curriculum and core curriculum, available to students in the Program.

**X. REGISTRATION**

- A. Students shall register at Marshall for any and all classes provided through the Program in accordance with the registration policies and procedures at Marshall.
- B. Marshall shall bill St. Mary's a fee per student for costs incidental to providing registration and recordkeeping services. The Parties understand that the terms governing the payment of these fees shall be negotiated and governed by a separate agreement.

**XI. RISK OF LOSS**

Each Party shall bear the risk of loss or damage to their respective equipment and property which may occur during the Initial Term and any subsequent renewals.

- XII.** The Parties agree that neither Party may assign any of its rights or obligation under this Agreement without the written consent of the other Party.

**XIII. BINDING AGREEMENT**

This agreement shall be for the benefit of and binding upon the Parties and their respective successors and any entity claiming under or through the respective Parties. The Parties agree to execute any instruments in writing which may be necessary or proper in the carrying out of the purposes and intent of this Agreement.

**XIV. NOTICES**

All notices which are required or permitted under this Agreement shall be sufficient if given in writing and delivered personally or by registered or certified United States mail, postage prepaid, and addressed as follows:

(A) To St. Mary's:

ST. MARY'S MEDICAL CENTER, INC.  
2900 First Avenue  
Huntington, West Virginia 25701  
Attn: Director, School of Radiology

(B) To Marshall:

MARSHALL UNIVERSITY  
400 Hal Greer Boulevard  
Huntington, West Virginia 25755  
Attn: Dean, School of Nursing

**XV. HEADINGS**

The Article and other headings contained in this Agreement are for reference purposes only and shall not in any way affect the meaning or interpretation of this Agreement.

**XVI. CONTROLLING LAW**

The interpretation, construction, and performance of this Agreement shall be governed by the laws of the State of West Virginia.

**XVII. WAIVER**

No waiver of any default under this Agreement shall be implied from any omission to take any action on account of such default in the event such default persists or is repeated. One or more waiver shall not be construed as a waiver of a subsequent breach of the same or any other covenant, term, or condition.

**XIX. ENTIRE AGREEMENT**

This agreement constitutes the entire agreement between the Parties. No representatives, warranties, promises, or agreements pertaining to this Agreement have been made by or shall be binding on either Party, except as expressly set forth in this Agreement.

**XX. MODIFICATION**

This Agreement may not be modified or changed orally, but only by an agreement in writing signed by both Parties.

**XXI. COUNTERPARTS**

This Agreement may be executed by any number of counterparts and all said counterparts together constitute one and the same agreement.

WHEREFORE, the corporate Parties have authorized and executed this Agreement and attached their corporate seals on the date first above written.

**XXII. INSURANCE**

The parties agree that they will each maintain insurance in amounts not to exceed \$1 million dollars per occurrence and \$3 million dollars in the aggregate. Each party shall provide the other with a certificate of insurance indicating maintenance of said insurance.

**XXIII. COMPLIANCE WITH LAWS AND REGULATIONS**

The St. Mary's Standards of Behavior and Standards of Conduct will be provided for the University by the Facility. Access to St. Mary's Policies and Procedures is available via the Medical Center Intranet and access may be granted under the supervision of the Director of Staff Development, St. Mary's Medical Center.

ST. MARY'S MEDICAL CENTER, INC.

By: Ruth Johnson

Its: V.P. Patient Svc.

(Seal)

MARSHALL UNIVERSITY

By: \_\_\_\_\_

Its: \_\_\_\_\_

(Seal)

## APPENDIX C



# **Standards for an Accredited Educational Program in Radiologic Sciences**

**EFFECTIVE JANUARY 1, 2002**

Adopted by:  
**The Joint Review Committee on Education  
in Radiologic Technology: January 1996; Revised 2001**

Essentials initially adopted:

Radiography-1944; Revised 1955, 1969, 1978, 1983, 1990, 1994

Radiation Therapy-1968; Revised 1976, 1981, 1988, 1994

The logo for the Joint Review Committee on Education in Radiologic Technology (JRCERT). It features the letters "JRCERT" in a stylized, serif font. The "J" and "R" are large and prominent, while the "C", "E", "R", and "T" are smaller and positioned below the "J" and "R" respectively. The logo is underlined with a thick, double-line border.

The Joint Review Committee on Education in Radiologic Technology is dedicated to excellence in education and to quality and safety of patient care through the accreditation of educational programs in radiation and imaging sciences.

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is recognized by the United States Department of Education to accredit educational programs in radiography and radiation therapy. The JRCERT awards accreditation to programs demonstrating substantial compliance with these **STANDARDS**.

## Statement on Assessment of Program Effectiveness <sup>1</sup>

The Joint Review Committee on Education in Radiologic Technology (**JRCERT**) believes that the accreditation process offers a means of providing public assurance that a program meets standards and of stimulating programmatic improvement. The **JRCERT Standards for an Accredited Educational Program in Radiologic Sciences (STANDARDS)** require a program to articulate its purposes; to demonstrate that it has adequate human, financial, and physical resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing its purposes; and to provide assurance that it can continue to meet accreditation standards. A variety of assessment approaches in its evaluation processes strengthens a program's ability to document its effectiveness.

The **JRCERT** believes that assessment leads to programmatic improvement. The **JRCERT** does not prescribe a specific approach to assessment. That determination should be made by the program in terms of its own purposes and resources. Assessment is not an end in itself but a means of gathering information that can be used in evaluating the program's ability to accomplish its purposes. An effective assessment process provides information that assists program officials in making useful decisions about the program and in developing plans for its improvement.

The **JRCERT** expects programs to develop a system of planning and evaluation to demonstrate its effectiveness in relation to student achievement. The program is expected to describe and document student learning outcomes and the pursuit of academic excellence.

### Introduction

The **Standards for an Accredited Educational Program in Radiologic Sciences** are directed at the assessment of program and student outcomes. Using these **STANDARDS**, the goals of the accreditation process are to: protect the student and the public, stimulate programmatic improvement, provide protective measures for federal funding or financial aid, and promote academic excellence.

Each **STANDARD** is titled and includes a narrative statement, supported by objectives, describing the outcome required for compliance with the **STANDARD**. Selected key terms are underlined and defined in the Glossary to clarify the meaning. The definitions contained in the Glossary are considered a component of the **STANDARDS** and, as such, must be satisfied to comply with the **STANDARDS**.

<sup>1</sup>This Statement is based on a similar Statement developed by the Commission on Institutions of Higher Education, North Central Association of Colleges and Schools. The **JRCERT** acknowledges, with thanks, the permission of the North Central Association for its use.

# Standards for an Accredited Educational Program in Radiologic Sciences

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## Standard One: Mission/Goals, Outcomes, and Effectiveness

The program, in support of its mission and goals, develops and implements a system of planning and evaluation to determine its effectiveness and uses the results for program improvement.

### Objectives:

In support of Standard One, the program:

- 1.1 Has a mission statement that defines its purpose and scope.
- 1.2 Has written goals that outline what the program is designed to achieve.
- 1.3 Makes its mission statement and goals readily available to students, faculty, administrators, and the general public.
- 1.4 Develops and implements an assessment plan that identifies benchmarks for the measurement of outcomes in relation to its mission statement and goals and includes:
  - program completion rate;
  - clinical performance and clinical competence;
  - problem solving skills and critical thinking;
  - communication skills;
  - professional development and growth;
  - graduate satisfaction; and
  - employer satisfaction.
- 1.5 Documents outcomes consistent with each of the following JRCERT policies:
  - over the past five years, credentialing examination pass rate average of not less than 75% at first attempt; and
  - over the past five years, job placement rate of not less than 75% within six months of graduation.
- 1.6 Regularly solicits feedback from students, faculty, radiologists/radiation oncologists, graduates, employers, and other communities of interest.
- 1.7 Analyzes and uses feedback from communities of interest and outcome data for continuous improvement of its policies, procedures, and educational offerings.
- 1.8 Periodically evaluates its mission statement, goals, and assessment plan and makes revisions as necessary to achieve continuous quality improvement.

## **Standard Two: Program Integrity**

**The program demonstrates integrity in representations to communities of interest and the public, in pursuit of educational excellence, and in treatment of and respect for students, faculty, and staff.**

### **Objectives:**

In support of **Standard Two**, the program:

- 2.1 Adheres to high ethical standards in relation to students, faculty, and staff.
- 2.2 Has program faculty recruitment and employment practices that are nondiscriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, and national origin.
- 2.3 Publishes statements accurately reflecting the program's offerings.
- 2.4 Has due process procedures that are readily accessible, fair, and equitably applied.
- 2.5 Has a policy that assures timely and appropriate resolution of complaints regarding allegations of non-compliance with JRCERT **STANDARDS** and maintains a record of such complaints and their resolution.
- 2.6 Regularly evaluates program policies, procedures, and publications and revises as appropriate.
- 2.7 Documents the continuing accreditation of the sponsoring institution.
- 2.8 Documents the continuing recognition of each clinical education setting by applicable regulatory agencies.
- 2.9 Maintains JRCERT recognition of all clinical education settings.
- 2.10 Maintains JRCERT recognition of all applicable faculty appointments.
- 2.11 Complies with requirements to achieve and maintain JRCERT accreditation.

### **Standard Three: Organization and Administration**

**Organizational and administrative structures support quality and effectiveness of the educational process.**

#### **Objectives:**

In support of **Standard Three**, the program:

- 3.1 Has organizational and administrative structures that support the program's mission and student learning outcomes.
- 3.2 Establishes and maintains affiliation agreements with clinical education settings.
- 3.3 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.
- 3.4 Assures an appropriate relationship between program length and the subject matter taught and the objectives for the degree or credential offered.
- 3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

#### **Standard Four: Curriculum and Academic Practices**

**The program's curriculum and academic practices promote the synthesis of theory, use of current technology, competent clinical practice, and professional values.**

#### **Objectives:**

In support of **Standard Four**, the program:

- 4.1 Maintains a master plan of education.
- 4.2 Follows a JRCERT recognized and accepted curriculum that prepares the student to practice in the professional discipline.
- 4.3 Provides a curriculum that promotes professional values, life-long learning, and competency in critical thinking and problem solving skills.
- 4.4 Provides a well-structured, competency based curriculum that supports the program's mission and goals.
- 4.5 Has a curriculum that reflects assessment of affective, cognitive, and psychomotor domains.
- 4.6 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.
- 4.7 Provides equitable learning opportunities.

## **Standard Five: Resources and Student Services**

**The program's learning resources, learning environments, and student services are sufficient to support its mission and goals.**

### **Objectives:**

In support of **Standard Five**, the program:

- 5.1 Provides classrooms, laboratories, clinical education settings, administrative and faculty offices, and other facilities to support its mission and goals.
- 5.2 Provides clinical observation sites, as appropriate.
- 5.3 Has clinical education settings that provide students with a variety and volume of procedures for competency achievement.
- 5.4 Reviews, evaluates, and maintains learning resources to assure the achievement of student learning outcomes and program goals.
- 5.5 Reviews, evaluates, and maintains student services to assure the achievement of student learning outcomes and program goals.



## Standard Six: Human Resources

The program has sufficient qualified faculty and staff with delineated responsibilities to support program mission and goals.

### Objectives:

In support of **Standard Six**, the program:

6.1 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

- Full-time Program Director:

Holds, at a minimum, a masters degree;

Is proficient in curriculum design, program administration, evaluation, instruction, and counseling;

Documents the equivalent of three years full-time experience in the professional discipline;

Documents two years experience as an instructor in a JRCERT accredited program;

Holds American Registry of Radiologic Technologists certification or equivalent and registration in the pertinent discipline.

- Didactic Program Faculty:

Is qualified to teach the subject;

Is knowledgeable of course development, instruction, evaluation, and academic counseling;

Holds appropriate professional credentials, if applicable.

- Full-Time Clinical Coordinator:

Holds, at a minimum, a baccalaureate degree;

Is proficient in curriculum development, supervision, instruction, evaluation, and counseling;

Documents the equivalent of two years full-time experience in the professional discipline;

Documents a minimum of one year of experience as an instructor in a JRCERT accredited program;

Holds American Registry of Radiologic Technologists certification or equivalent and registration in the pertinent discipline.

- Radiography Clinical Instructor(s) or Radiation Therapy Clinical Supervisor(s):

Is proficient in supervision, instruction, and evaluation;

Documents the equivalent of two years full-time experience in the professional discipline;

Holds American Registry of Radiologic Technologists certification or equivalent and registration in the pertinent discipline.

- Clinical Staff:

Hold American Registry of Radiologic Technologists certification or equivalent and registration in the pertinent discipline.

6.2 Documents administrative, faculty, and clinical staff responsibilities are delineated and support the fulfillment of the program's mission and goals.

- Program Director:

Organizes, administers, reviews, develops, and assures program effectiveness;

Conducts on-going program assessment;

Participates in budget planning;

Evaluates and assures clinical education effectiveness;

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

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

- Didactic Faculty:

Prepare and maintain course outlines and objectives, instruct and evaluate students, and report progress;

Cooperate with the program director in periodic review and revision of course materials;

Maintain appropriate expertise and competencies through continuing professional development.

- Clinical Coordinator:

Correlates clinical education with didactic education;

Evaluates students;

Coordinates clinical education and evaluates its effectiveness;

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

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

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

- Radiography Clinical Instructor(s) or Radiation Therapy Clinical Supervisor(s):

Is knowledgeable of program goals;

Understands the clinical objectives and clinical evaluation system;

Provides students with clinical instruction/supervision;

Evaluates students' clinical competence;

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

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

- Clinical Staff:

Understand the clinical competency system;

Support the educational process;

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

- 6.3 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.
- 6.4 Provides support services to meet all educational, program, and administrative requirements.
- 6.5 Provides faculty with opportunities for continued professional development.
- 6.6 Evaluates didactic and clinical faculty performance regularly to assure instructional responsibilities are performed.

## **Standard Seven: Students**

**The program's and sponsoring institution's policies and procedures serve and protect the rights, health and educational opportunities of all students.**

### **Objectives:**

In support of **Standard Seven**, the program:

- 7.1 Has student recruitment and admission practices that are consistent with published policies of the program and sponsoring institution.
- 7.2 Uses student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, and national origin.
- 7.3 Makes available to prospective students accurate information about admission policies, transfer credit, tuition and fees, refund policies, academic calendars, academic policies, graduation requirements, and student services.
- 7.4 Makes available to enrolled students accurate information about admission policies, transfer credit, tuition and fees, refund policies, academic calendars, academic policies, grading policies, graduation requirements, and student services.
- 7.5 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.
- 7.6 Provides student academic and clinical activities that are educationally valid and support attainment of student learning outcomes.
- 7.7 Safeguards the health and safety of students associated with educational activities through implemented policies and procedures in regard to workplace hazards, harassment, communicable diseases, and substance abuse.
- 7.8 Limits required clinical and academic involvement for students to not more than 40 hours per week.

## Standard Eight: Radiation Safety

**Program policies and procedures are in compliance with federal and state radiation protection laws.**

### Objectives:

In support of **Standard Eight**, the program:

- 8.1 Safeguards the health and safety of students associated with educational activities through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.
- 8.2 Has a pregnancy policy that is published and made known to accepted and enrolled female students that:
  - is consistent with applicable federal regulations and state laws;
  - includes notice of voluntary disclosure; and
  - provides options for student continuance in the program.
- 8.3 Assures that students use equipment and accessories, employ techniques, and perform procedures in accordance with accepted equipment use and radiation safety practices to minimize radiation exposure to patients, selves, and others.
- 8.4 Assures that radiation therapy procedures are performed under the direct supervision of a qualified practitioner.
- 8.5 Assures that medical imaging procedures are performed under the direct supervision of a qualified practitioner until a radiography student achieves competency.
- 8.6 Assures that medical imaging procedures are performed under the indirect supervision of a qualified practitioner after a radiography student achieves competency.
- 8.7 Assures that radiography students repeating unsatisfactory radiographs are under the direct supervision of a qualified practitioner.
- 8.8 Maintains documentation that learning environments are in compliance with applicable state and federal radiation safety laws.

**Standard Nine: Fiscal Responsibility**

**The program and the sponsoring institution have adequate financial resources, demonstrate financial stability, and comply with obligations for Title IV federal funding, if applicable.**

**Objectives:**

In support of **Standard Nine**, the program:

- 9.1 Has sufficient on-going financial resources to support the program's mission and goals.
- 9.2 Provides the program director an opportunity to participate in the budget planning process.
- 9.3 For those institutions and programs for which the JRCERT or a mixed accreditor serves as gatekeeper for Title IV financial aid, maintains compliance with USDE policies and procedures.

## Glossary

**Affiliation Agreement** - A formal written understanding between an institution sponsoring the program and an independent clinical education setting.

**American Registry of Radiologic Technologists Certification or Equivalent** - Certification by the American Registry of Radiologic Technologists or unrestricted state license to operate radiation producing equipment.

**Assessment** - The systematic collection, review, and use of information to improve student learning, educational quality, and program effectiveness.

**Assessment Plan** - Provides direction for actions and is a way to determine progress. At a minimum, an assessment plan should include goals, evaluation criteria and benchmarks, outcomes, and a plan of action.

**Clinical Coordinator** - Required if the program has 6 or more clinical education settings or more than 30 students enrolled in the clinical component. The clinical coordinator may not serve as program director. The clinical coordinator position may be considered equal to a full-time equivalent but may be shared by no more than four appointees.

**Clinical Instructor(s)** - In radiography one full-time equivalent clinical instructor for every 10 students involved in the competency achievement process.

**Clinical Supervisor(s)** - In radiation therapy, one clinical supervisor for each clinical education setting.

**Clinical Education Setting** - A facility recognized by the JRCERT as meeting appropriate qualifications for delivering clinical education and evaluation of clinical competency. A minimum of one clinical instructor/supervisor is designated at each site.

**Clinical Observation Site** - An observation site is used for student observation of the operation of equipment and/or procedures.

**Clinical Staff** - For radiography, the ratio of students to staff prior to student competency achievement in a given examination or procedure shall not exceed 1:1. For radiation therapy, the ratio of students to staff shall always be 1:1.

**Communities of Interest** - Institutions, organizations, groups and/or individuals interested in educational activities in radiologic sciences.

**Competency Based** - Student attainment of a specified level of proficiency.

**Credentialing Examination Pass Rate** - The number of graduates who pass the American Registry of Radiologic Technologists Credentialing examination or an unrestricted state licensing examination compared with the number of graduates who take the examination.

**Direct Supervision** - Student supervision by a qualified practitioner who reviews the procedure in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the procedure, and reviews and approves the procedure. A qualified radiographer is present during student performance of a repeat of any unsatisfactory radiograph.

**Due Process** - The formal procedure for resolution of a grievance or complaint that identifies timeframes for completion of each step and provides for a final appeal to a source external to the program.

**Gatekeeper** - An agency with responsibility for oversight of the distribution, record keeping, and repayment of Title IV financial aid.

**Goals** - Ends or results the program wants to achieve.

**Indirect Supervision** - For radiography, that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

**Job Placement Rate** - The number of students employed in the radiologic sciences compared to the number of students actively seeking employment in the radiologic sciences.

**Learning Environment** - Places, surroundings or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms, laboratories and clinical education settings.

**Learning Resources** - Media and reference materials utilized to support and enhance the educational program and scholarly activity.

**Master Plan of Education** - Documentation of the entire course of study that includes at a minimum: didactic and clinical curricula, program policies and procedures, and strategies for assessing program effectiveness.

**Mission Statement** - A means to communicate an educational vision and purpose.

**Mixed Accreditor** - An accrediting agency whose responsibilities for accreditation include situations where the agency accredits the only educational program in an institution. Where there are multiple educational programs in an institution, the agency selected as the institutional accreditor.

**Outcomes** - Results, end products, or actual consequences resulting from the educational process. Outcomes include what the students demonstrated/accomplished or what the program achieved.

**Program Completion Rate** - The number of students who complete the program compared to the number of students initially enrolled in the program.

**Program Length** - Duration of the program which may be stated as total academic or calendar year(s), or total semesters, trimesters, or quarters.



**Qualified Practitioner** - A radiation therapist or radiographer possessing American Registry of Radiologic Technologists certification or equivalent and active registration in the pertinent discipline and practicing in the profession.

**Recognized and Accepted Curriculum** - 1) The latest American Society of Radiologic Technologists professional curriculum and/or 2) other professional curriculum adopted by the JRCERT Board of Directors following review and recommendation by the JRCERT Standards Committee.

**Sponsoring Institution** - The facility or organization that has primary responsibility for the educational program and grants the terminal award. A sponsoring institution must be accredited by a recognized agency or meet equivalent standards. Educational programs may be established in: community and junior colleges; senior colleges and universities, hospitals, medical schools, postsecondary vocational/technical schools and institutions; military/governmental facilities; proprietary schools; and consortia (two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an educational program). Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

**Title IV Financial Aid**- Monies for education loaned or granted by the Federal government, e.g. Perkins loans, Stafford loans, PLUS loans, Pell grants, Supplemental Educational Opportunity grants and work-study programs.

## Awarding, Maintaining, and Administering Accreditation

### A. Program/Sponsoring Institution Responsibilities

#### 1. Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

This process is initiated by submitting an application and self-study report, prepared according to JRCERT guidelines, to:

Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive, Suite 900  
Chicago, IL 60606-2901

#### 2. Administrative Requirements for Maintaining Accreditation

- a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.
- b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.
- c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, and clinical supervisor(s) or clinical instructor(s).
- d. Paying JRCERT fees within a reasonable period of time.
- e. Returning, by the established deadline, a completed Annual Report.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available from the JRCERT.

Program failure to meet administrative requirements for maintaining accreditation may lead to being placed on Administrative Probationary Accreditation and ultimately to Withdrawal of Accreditation.

**B. JRCERT Responsibilities**

1. Administering the Accreditation Review Process

The JRCERT reviews educational programs to assess compliance with the **Standards for an Accredited Educational Program in Radiologic Sciences**.

The accreditation process includes a site visit.

Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.

The JRCERT is responsible for recognition of clinical education settings.

2. Accreditation Actions

JRCERT accreditation actions for Probation may be reconsidered following the established procedure.

JRCERT accreditation actions for Accreditation Withheld or Accreditation Withdrawn may be appealed following the established procedure.

All other JRCERT accreditation actions are final.

Procedures for reconsideration and appeal are published in the JRCERT Accreditation Handbook and are available upon request.

A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

Educators may wish to contact the following organizations for additional information and materials:

accreditation: Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive, Suite 900  
Chicago, IL 60606-2901  
(312) 704-5300  
[www.jrcert.org](http://www.jrcert.org)

curriculum: American Society of Radiologic Technologists  
15000 Central Avenue, N.E.  
Albuquerque, NM 87123-3917  
(505) 298-4500  
[www.asrt.org](http://www.asrt.org)

certification: American Registry of Radiologic Technologists  
1255 Northland Drive  
St. Paul, MN 55120-1155  
(651) 687-0048  
[www.arrt.org](http://www.arrt.org)

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**JRCERT**

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Suite 900  
Chicago, IL 60606-2901  
(312) 704-5300  
(312) 704-5304 (Fax)  
email: [mail@jrcert.org](mailto:mail@jrcert.org)  
[www.jrcert.org](http://www.jrcert.org)

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# Introduction and Instructions

## I. Overview of the STANDARDS

The Joint Review Committee on Education in Radiologic Technology (JRCERT) believes that the accreditation process offers a means of providing public assurance that a program meets standards and of stimulating programmatic improvement. The JRCERT **Standards for an Accredited Educational Program in Radiologic Sciences (STANDARDS)** require a program to articulate its purposes and scope; demonstrate that it has adequate human, financial, and physical resources effectively organized for the accomplishment of its purposes; document its effectiveness in accomplishing its purposes; and provide assurance that it can continue to meet accreditation standards. Using these **STANDARDS**, the goals of the accreditation process are to protect the student and the public, stimulate programmatic improvement, provide protective measures for federal funding or financial aid, and promote academic excellence.

There are nine (9) standards a program is expected to meet. Each standard includes a series of objectives that the program must meet to demonstrate compliance with the standard and to maintain accreditation.

Key words and phrases in the **STANDARDS** are underlined and defined in the Glossary of key terms (page 106). These definitions are considered a component of the **STANDARDS** and, as such, must be satisfied to comply with the **STANDARDS**.

## II. Overview of the Guide for Program Analysis

*The Guide for Program Analysis (GPA)* has been designed to facilitate and integrate the accreditation and site visit processes.

- A program will use the GPA to guide the review of its program, to demonstrate compliance with the **STANDARDS**, and to prepare the program's Self-Study Report.
- Site visitors will use the GPA to assess the information and materials provided by the program prior to and during the site visit. The findings of the site visit team will be recorded on a separate document, the *Report of Site Visit Team Findings*.

The GPA contains the following elements:

- Explanation - clarification of the intent of the objective
- Rationale - the reason for the objective and its potential benefit to the program
- Suggested compliance documentation - specific suggestions of how a program can document that it meets the objective
- Possible site assessment methods - additional materials that may be examined and personnel who may be interviewed by members of the site visit team

The GPA also contains the **STANDARDS**, including corresponding objectives and the Glossary of key terms.

The GPA also includes instructions for programs and site visitors. Program officials and site visitors should review both sets of instructions to gain a thorough understanding of the entire accreditation and site visit process.

provide a brief description that discusses steps taken to implement a procedure or meet an objective (narrative). For each objective, the GPA specifies whether (1) an assurance is sufficient (e.g., reference appropriate sections of a student handbook to confirm that a given policy exists) and/or (2) a narrative is required (e.g., describe how a policy is implemented). In some cases, no program response is required. The level of response required by program officials is indicated on the lower left-hand corner of the page.

**Suggested Compliance Documentation.** For each objective, the GPA lists suggested evidence a program may use to document that the objective has been met. Programs are not required to use these suggestions. However, if the suggested items are not used, programs must identify the evidence they prefer to use to demonstrate compliance with the objectives. The suggested evidence for a given objective may be a document, a narrative description, or both. When providing a document, programs should clearly indicate where the appropriate materials can be found.

**Possible Site Assessment Methods.** The GPA is also designed to provide guidance regarding additional materials that may be examined and personnel who may be interviewed by members of the site visit team. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

**Summary.** Following the narrative for each standard, the program must list the major strengths and major concerns of the program relevant to the standard. A plan must be provided for addressing each concern. The plan must include a description of any progress already achieved and any constraints in implementing improvements.

#### **IV. Instructions for Site Visitors**

The site visit team is required to use the GPA to prepare for and conduct the site visit.

- Prior to the site visit, team members use the GPA to review the program's Self-Study Report and other materials supplied by the program.
- During the site visit, team members use the GPA to outline areas for follow-up.
- At the end of the site visit, the GPA can assist site visitors in summarizing a program's strengths and concerns.

**Prior to the site visit,** team members will use the GPA to review the narratives and materials supplied by the program, i.e., application form, curricula vitae, Self-Study Report, and supporting documents. This review should incorporate the following factors:

- **Level of Effort.** For some objectives, programs are required to provide or make available materials that verify an objective has been met (assurance). For other objectives, however, programs are required to prepare a brief description that demonstrates steps taken to implement a procedure or meet an objective (narrative). For each objective, the GPA specifies whether (1) an assurance is sufficient to demonstrate compliance (e.g., reference appropriate sections of a student handbook to confirm that a given policy exists) and/or (2) a narrative is required (e.g., describe how a policy is implemented). In some cases, no program response is required. The level of response required by the program is indicated on the lower left-hand corner of the page. If a program supplies only an exhibit when a narrative is required, site visitors may need to obtain more detailed information about the objective during the site visit.

**Standard One:**  
*Mission/Goals, Outcomes, and Effectiveness*



***Explanation:***

The program's mission statement should be a broad statement of purpose or intent and may range in length from one sentence to a few paragraphs. The program's mission statement should be consistent with that of its sponsoring institution.

***Rationale:***

Having a clear statement of the purpose or intent toward which a program's efforts are directed assists the program in prioritizing its resources and efforts.

***Compliance May Be Demonstrated by:***

Providing a copy of the program's mission statement.

***Possible Site Assessment Methods:***

- Review of published program materials
- Review of master plan of education
- Interviews with faculty

Level of Effort	Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
----- Narrative		Yes	No

***Explanation:***

The program can make its mission statement and goals available in a variety of ways, including program publications and/or a Web site.

***Rationale:***

Program accountability is enhanced by making its mission statement and goals available to the program's communities of interest.

***Compliance May Be Demonstrated by:***

- Describing how the program makes its mission statement and goals available to each of these communities of interest.
- Providing a copy of publications that contain the program's mission statement and goals. If the program makes its mission statement and goals available via a Web site, the program must provide the Web page address in its self-study report.

***Possible Site Assessment Methods:***

- Review of published program materials
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

***Compliance May Be Demonstrated by:***

Providing a copy of the program's assessment plan.

***Possible Site Assessment Methods:***

- Review of assessment tools
- Review of outcome data to support the assessment plan
- Interviews with faculty

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

***Explanation:***

The program can use a variety of tools to obtain information from its communities of interest regarding activities and accomplishments. Communities of interest are defined by the JRCERT as institutions, organizations, groups, and/or individuals interested in educational activities in radiologic sciences.

***Rationale:***

Obtaining feedback from these individuals/groups allows the program to determine if it is meeting the expectations of its communities of interest and to assess the program's efforts in meeting its own desired outcomes.

***Compliance May Be Demonstrated by:***

Providing representative samples of appropriate meeting minutes, evaluations (e.g., of courses and faculty), and surveys (e.g., of graduates and employers of graduates).

***Possible Site Assessment Methods:***

- Review of meeting minutes
- Review of evaluations
- Review of surveys
- Interviews with members of various communities of interest

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

**make revisions as necessary to achieve continuous quality improvement?**

***Explanation:***

As part of the assessment cycle, the program should review its mission statement and goals to assure that they are appropriate and useful. The assessment plan should be reviewed to assure that assessment measures are adequate and that the assessment process is effective in measuring student learning outcomes.

***Rationale:***

Identifying and implementing needed improvement(s) in the mission statement, goals, and/or assessment plan leads to programmatic improvement and renewal.

***Compliance May Be Demonstrated by:***

- Describing how this review has occurred.
- Providing meeting minutes and/or other relevant documentation.

***Possible Site Assessment Methods:***

- Review of meeting minutes
- Interviews with faculty

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

**Standard Two:**  
*Program Integrity*

***Explanation:***

Policies and procedures must be made known to students, faculty, and staff and be equitably applied.

***Rationale:***

High ethical standards help assure the rights of students, faculty, and staff are protected.

***Compliance May Be Demonstrated by:***

- Describing the procedure for making policies and procedures known.
- Providing copies of policies or procedures that assure students, faculty, and staff are treated equitably.

***Possible Site Assessment Methods:***

- Review of employee/faculty handbook
- Review of student handbook
- Review of course catalog
- Review of student records
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

***Explanation:***

The program's published documents should reflect current information about the program's offerings.

***Rationale:***

Maintaining current published information regarding the program's offerings provides interested parties with an accurate overview of program requirements and expectations.

***Compliance May Be Demonstrated by:***

Providing program publications that reflect program offerings.

***Possible Site Assessment Methods:***

- Review of published program materials
- Interviews with faculty
- Interviews with students

**Level of Effort**

**Attach Additional Pages If Necessary**

**Has Program Met Objective?**  
*(for site visitor use only)*



regarding allegations of non-compliance with JRCERT STANDARDS and maintain a record of such complaints and their resolution?

***Explanation:***

Students must be made aware of the JRCERT STANDARDS and must be provided with a specific policy for resolution of allegations of non-compliance. The program must maintain a record of complaints and their resolution.

***Rationale:***

A policy for addressing complaints of non-compliance with the STANDARDS helps assure students have knowledge of the STANDARDS and an identified avenue to pursue allegations. USDE regulations require a record of such complaints.

***Compliance May Be Demonstrated by:***

- Providing a copy of the policy.
- Describing the procedure for making students aware of the STANDARDS.

***Possible Site Assessment Methods:***

- Review of complaint records
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

***Explanation:***

The sponsoring institution is the facility or organization having primary responsibility for the educational program and granting the terminal award. A sponsoring institution must be accredited by a recognized agency or meet equivalent standards.

***Rationale:***

Accreditation helps assure educational quality.

***Compliance May Be Demonstrated by:***

Providing letters or certificates demonstrating the current accreditation status of the sponsoring institution.

***Possible Site Assessment Methods:***

- Review of documentation of appropriate accreditation

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Accuracy	Narrative		Yes	No

***Explanation:***

A clinical education setting is a facility recognized by the JRCERT as meeting appropriate criteria for delivering clinical education and evaluation of clinical competency. Initial recognition of a clinical education setting requires submission of JRCERT Forms 104 and 102. A minimum of one (1) clinical instructor/supervisor must be identified for each recognized clinical education setting.

***Rationale:***

JRCERT recognition helps assure an appropriate clinical education environment for student clinical education.

***Compliance May Be Demonstrated by:***

Listing the clinical education settings used by the program.

***Possible Site Assessment Methods:***

- Review of JRCERT database
- Review of clinical records
- Interviews with faculty
- Interviews with clinical instructor(s)/supervisor(s)
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Accuracy	Narrative		Yes	No

***Explanation:***

Programs must comply with JRCERT policies and procedures to maintain accreditation.

**No program response required.**

**Level of Effort**

**Attach Additional Pages If Necessary**

**Has Program Met Objective?**  
*(for site visitor use only)*

Assurance

Narrative

Yes

No

**Standard Three:**  
*Organization and Administration*

***Explanation:***

It is the program's prerogative to determine its organizational and administrative structure. These structures should facilitate the program's mission and goals as they relate to student learning outcomes.

***Rationale:***

Organizational and administrative structures affect a program's ability to meet its mission.

***Compliance May Be Demonstrated by:***

- Providing an institution's and/or program's organizational chart.
- Describing the program's organizational and administrative structures and how they support the program's mission and identified learning outcomes.

***Possible Site Assessment Methods:***

- Review of organizational charts of institution and program
- Review of meeting minutes
- Review of published program materials
- Review of master plan of education
- Interviews with faculty
- Interviews with clinical instructor(s)/supervisor(s)

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

**materials, and other appropriate program materials?**

***Explanation:***

Student records must be maintained in accordance with the Family Education Rights and Privacy Act (Buckley Amendment).

***Rationale:***

Appropriately maintaining records and other materials protects students' right to privacy.

***Compliance May Be Demonstrated by:***

Describing how the program's policies/procedures for assuring the security, maintenance, and retention of program records are consistent with state and federal laws.

***Possible Site Assessment Methods:***

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

**Level of Effort**

**Attach Additional Pages If Necessary**

**Has Program Met Objective?**  
*(for site visitor use only)*

Assurance

Narrative

Yes

No

***Explanation:***

The clock hours or credit hours assigned to each didactic and clinical course must be identified.

***Rationale:***

Defining the length of didactic and clinical courses facilitates student transfer of credit and the awarding of financial aid.

***Compliance May Be Demonstrated by:***

Providing a list of all didactic and clinical courses with corresponding clock or credit hours.

***Possible Site Assessment Methods:***

- Review of published program materials
- Review of clinical and class schedules
- Interviews with faculty
- Interviews with students

Level of Effort

Attach Additional Pages If Necessary

Has Program Met Objective?  
*(for site visitor use only)*



**Standard Four:**  
*Curriculum and Academic Practices*

***Explanation:***

The plan must provide documentation of the entire course of study and, at a minimum, must include didactic and clinical curricula, program policies and procedures, and strategies for assessing program effectiveness.

The plan may also contain the following documentation:

institutional and program philosophies and goals, curriculum sequence, course descriptions, course outlines and performance objectives, textbooks assigned by course, competency-based clinical education plan demonstrating integration and correlation with the didactic component, performance objectives for clinical education, graduate competencies, strategies and instruments used for evaluation of student behaviors in the cognitive, psychomotor and affective domains, and grading policy/derivation. While there is no prescribed format for the master plan, the component parts should be identified and readily accessible.

***Rationale:***

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

***Compliance May Be Demonstrated by:***

- Providing a Table of Contents for the program's master plan.
- Listing the component parts of the master plan of education and their locations.

***Possible Site Assessment Methods:***

- Review of master plan of education
- Interview with program director
- Interviews with faculty

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

***Explanation:***

The program's curriculum must be designed to identify and foster professional values, instill life-long learning, and promote student development of competencies in critical thinking and problem solving skills. The curriculum should also promote the development of intellectual skills such as the ability to apply fundamental theory to practice, assess situations and make appropriate judgments, interact effectively in a culturally diverse world, and increase knowledge through continuing education.

***Rationale:***

These qualities are necessary for students/graduates to practice competently, make good decisions, assess situations, provide appropriate patient care, and keep abreast of current advancements within the profession.

***Compliance May Be Demonstrated by:***

Describing how the program promotes student development of professional values and life-long learning and competencies in critical thinking and problem solving.

***Possible Site Assessment Methods:***

- Review of master plan of education
- Review of curriculum competencies
- Review of course descriptions, outlines, syllabi, lesson plans
- Review of analysis of student, graduate, and employer surveys
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

**domains:**

***Explanation:***

The curriculum must provide for evaluation of the extent to which students have learned desired behaviors.

***Rationale:***

Assessment of student performance is necessary to promote student achievement.

***Compliance May Be Demonstrated by:***

- Describing how the evaluation system assesses the affective, cognitive, and psychomotor domains.
- Providing examples of completed evaluation tools.

***Possible Site Assessment Methods:***

- Review of master plan of education
- Review of course descriptions, outlines, syllabi, and lesson plans
- Review of student competency evaluations
- Review of tools used for evaluation of the domains
- Review of grading policies/derivations
- Interviews with faculty
- Interviews with students

**Level of Effort**

**Attach Additional Pages If Necessary**

**Has Program Met Objective?**  
*(for site visitor use only)*

Assurance

Narrative

Yes

No

***Explanation:***

The program must provide equitable learning opportunities for all students. For example, if an objective is for students to perform breast imaging and/or therapeutic procedures, then both genders must be provided the same opportunities to attain the requirement.

***Rationale:***

The provision of equitable learning activities promotes fair and impartial education and reduces institutional and/or program liability.

***Compliance May Be Demonstrated by:***

Describing how the program assures equitable learning opportunities.

***Possible Site Assessment Methods:***

- Review of master plan of education
- Review of performance objectives
- Review of published program materials
- Review of student clinical assignment schedules
- Interviews with faculty
- Interviews with students

**Level of Effort**

**Attach Additional Pages If Necessary**

**Has Program Met Objective?**  
*(for site visitor use only)*

Assurance

Narrative

**Standard Five:**  
*Resources and Student Services*

and faculty offices, and other facilities to support its mission and goals?

***Explanation:***

Although a dedicated classroom and/or laboratory is not required, scheduled accessibility to facilities conducive to student learning must be assured. Faculty office space should be conducive to planning and scholarly activities.

***Rationale:***

Provision of appropriate learning environments and learning resources facilitates achievement of program outcomes.

***Compliance May Be Demonstrated by:***

Describing how classrooms, laboratories, clinical education settings, observation sites, and administrative and faculty offices support the program's mission and goals.

***ossible Site Assessment Methods:***

- Tour of the didactic and clinical education settings
- Interviews with faculty
- Interviews with students

Level of Effort

Attach Additional Pages If Necessary

Has Program Met Objective?  
*(for site visitor use only)*

***Explanation:***

It is the program's prerogative to identify student outcomes for competency achievement; however, clinical education settings must provide a sufficient variety and volume to allow all students to achieve required program competencies. Clinical education settings may include hospitals, clinics, specialty/imaging centers, orthopedic centers, radiation oncology facilities, and other facilities.

***Rationale:***

Students must have access to an adequate variety and volume of procedures to become competent in clinical practice.

***Compliance May Be Demonstrated by:***

Providing assurance that all students have access to a sufficient variety and volume of procedures to achieve competency.

***Possible Site Assessment Methods:***

- Review of published program materials
- Review of student clinical rotation assignments
- Review of student clinical records
- Review of surveys
- Interviews with faculty
- Interviews with clinical instructor(s)/supervisor(s)
- Interviews with clinical staff
- Interviews with students

**Level of Effort**

**Attach Additional Pages If Necessary**

**Has Program Met Objective?**  
*(for site visitor use only)*

Assurance

Negative



***Explanation:***

Student services are provided at the discretion of the program; however, they should be sufficient to assure that student learning outcomes and program goals are met.

***Rationale:***

The provision of appropriate student services promotes student achievement.

***Compliance May Be Demonstrated by:***

Describing the correlation between available student services and the achievement of student learning outcomes and program goals.

***Possible Site Assessment Methods:***

- Review of surveys
- Review of meeting minutes
- Review of outcome assessment data
- Interviews with faculty
- Interviews with students

**Level of Effort**

**Attach Additional Pages If Necessary**

**Has Program Met Objective?**  
*(for site visitor use only)*

Assurance

Narrative

**Standard Six:**  
*Human Resources*

- Clinical Staff:

Holds American Registry of Radiologic Technologists certification or equivalent and registration in the pertinent discipline.

6.2 Documents administrative, faculty, and clinical staff responsibilities are delineated and support the fulfillment of the program's mission and goals.

- Program Director:

Organizes, administers, reviews, develops, and assures program effectiveness;

Conducts on-going program assessment;

Participates in budget planning;

Evaluates and assures clinical education effectiveness;

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

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

- Didactic Faculty:

Prepare and maintain course outlines and objectives, instruct and evaluate students, and report progress;

Cooperate with the program director in periodic review and revision of course materials;

Maintain appropriate expertise and competencies through continuing professional development.

- Clinical Coordinator:

Correlates clinical education with didactic education;

Evaluates students;

Coordinates clinical education and evaluates its effectiveness;

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

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

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

***Explanation:***

Faculty and staff must possess academic and professional qualifications appropriate for the assigned responsibility(ies).

***Rationale:***

Appropriate knowledge, proficiency, and certification (if appropriate) provide a foundation that promotes a sound educational environment.

***Compliance May Be Demonstrated by:***

Providing curricula vitae and copies of relevant professional credentials for individuals not identified in the program's application for continuing accreditation (JRCERT Form 100).

***Possible Site Assessment Methods:***

- Review of published program materials
- Review of position descriptions for faculty and staff
- Interviews with faculty
- Interviews with clinical staff
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

***Explanation:***

Faculty teaching loads must be consistent with those of comparable faculty in other health professions in the same institution. A clinical coordinator is required if the program has six or more clinical education settings or more than 30 students enrolled in the clinical component. A minimum of one clinical instructor/supervisor must be designated at each recognized clinical education setting. The radiography student to clinical staff ratio prior to student competency achievement must be 1:1. In radiation therapy the student to clinical staff ratio must always be 1:1.

***Rationale:***

An adequate number of faculty promotes sound educational practices.

***Compliance May Be Demonstrated by:***

Describing the adequacy of the number of faculty to meet identified accreditation requirements and program needs.

***Possible Site Assessment Methods:***

- Review of master plan of education
- Review of program's staffing plan
- Review of position descriptions
- Interviews with faculty
- Interviews with clinical instructor(s)/clinical supervisor(s)
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

***Explanation:***

Opportunities that enhance and advance educational, technical, and professional knowledge must be available to program faculty.

***Rationale:***

Continued development results in more knowledgeable, competent, and proficient faculty.

***Compliance May Be Demonstrated by:***

Documenting that continued professional development opportunities are available to faculty.

***Possible Site Assessment Methods:***

- Review of institutional and program policies
- Review of program budget
- Review of evidence of faculty participation in professional development activities
- Interviews with administrative personnel
- Interviews with faculty

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

1. List the major strengths of **Standard Six**, in order of importance.
2. List the major concerns of **Standard Six**, in order of importance.
3. Provide the program's plan for addressing each concern identified.
4. Describe any progress already achieved in addressing each concern.
5. Describe any constraints in implementing improvements.

Attach additional pages if necessary.

## Objectives:

In support of **Standard Seven**, the program:

- 7.1 Has student recruitment and admission practices that are consistent with published policies of the program and sponsoring institution.
- 7.2 Uses student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, and national origin.
- 7.3 Makes available to prospective students accurate information about admission policies, transfer credit, tuition and fees, refund policies, academic calendars, academic policies, graduation requirements, and student services.
- 7.4 Makes available to enrolled students accurate information about admission policies, transfer credit, tuition and fees, refund policies, academic calendars, academic policies, grading policies, graduation requirements, and student services.
- 7.5 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.
- 7.6 Provides student academic and clinical activities that are educationally valid and support attainment of student learning outcomes.
- 7.7 Safeguards the health and safety of students associated with educational activities through implemented policies and procedures in regard to workplace hazards, harassment, communicable diseases, and substance abuse.
- 7.8 Limits required clinical and academic involvement for students to no more than forty (40) hours per week.



**non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, and national origin?**

***Explanation:***

If statistical information such as age, race, etc., is collected, it must be done in such a way that students' right to non-discriminatory practices is not violated.

***Rationale:***

Non-discriminatory practices assure applicants have equal opportunity for admission.

***Compliance May Be Demonstrated by:***

Describing how students' right to non-discriminatory admission practices is assured.

***Possible Site Assessment Methods:***

- Review of published program materials
- Review of students records
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

***Explanation:***

The institutional and program policies must be published and distributed to students enrolled in the program. Policy changes must be made known to students in a timely fashion.

***Rationale:***

Making information available to enrolled students assures that they are adequately informed.

***Compliance May Be Demonstrated by:***

Describing how program and institutional policies are made known to enrolled students.

***Possible Site Assessment Methods:***

- Review of institutional materials
- Review of published program materials
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

**and support attainment of student learning outcomes?**

***Explanation:***

Student activities must be supported by objectives consistent with the program's stated outcomes. If students participate in clinical education during evenings and weekends, the program must have a plan for such assignments that includes objectives correlated with an assessment tool. Activities that have minimal educational value must be limited in scope.

***Rationale:***

Requiring educational validity for student activities assures that there is a meaningful plan for student education and prevents the use of students as replacements for employees.

***Compliance May Be Demonstrated by:***

Describing how academic and clinical activities support the attainment of student learning outcomes.

***Possible Site Assessment Methods:***

- Review of published program materials
- Review of student assignment records
- Interviews with faculty
- Interviews with clinical instructor(s)/clinical supervisor(s)
- Interviews with clinical staff
- Interviews with students

Level of Effort

Attach Additional Pages If Necessary

Has Program Met Objective?  
*(for site visitor use only)*

Assurance

Narrative

Yes

No

than 40 hours per week?

***Explanation:***

Combined assigned clinical and academic hours cannot exceed forty (40) hours per week. Make-up time cannot be scheduled in a manner that would require more than forty (40) contact hours pre week unless such scheduling is voluntary on the student's part.

***Rationale:***

This limitation helps assure that students are treated ethically and do not take the place of professional staff.

***Compliance May Be Demonstrated by:***

Providing documentation that required student clinical and academic involvement in the program does not exceed forty (40) hours per week.

***Possible Site Assessment Methods:***

- Review of master plan of education
- Review of published program materials
- Review of student schedules
- Interviews with faculty
- Interviews with clinical instructor(s)/supervisor(s)
- Interviews with clinical staff
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

**Standard Eight:**  
*Radiation Safety*

**Nuclear Regulatory Commission regulations and state law as applicable?**

***Explanation:***

The program must maintain and monitor student radiation exposure data. The program must have a protocol for incidents in which dose limits are exceeded.

***Rationale:***

Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA).

***Compliance May Be Demonstrated by:***

- Providing copies of appropriate policies.
- Describing how the policies are made known to accepted and enrolled students.

***Possible Site Assessment Methods:***

- Review of published program materials
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

***Explanation:***

Students must understand basic radiation safety practices prior to assignment to the clinical education setting. As students progress in the program, they must become knowledgeable of practices to minimize radiation exposure.

***Rationale:***

These practices assure radiation exposure to patients, students, and others is kept as low as reasonably achievable (ALARA).

***Compliance May Be Demonstrated by:***

Describing the curriculum sequence and content as it relates to preparing students for safe clinical practice.

***Possible Site Assessment Methods:***

- Review of program curriculum
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with clinical instructor(s)/supervisor(s)
- Interviews with clinical staff
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

***Explanation:***

The JRCERT defines direct supervision as student supervision by a qualified practitioner who: reviews the procedure in relation to the student's achievement; evaluates the condition of the patient in relation to the student's knowledge; is present during the conduct of the procedure; and reviews and approves the procedure and/or image. Students must be directly supervised until competency is achieved.

***Rationale:***

Direct supervision assures patient safety and proper educational practices.

***Compliance May Be Demonstrated by:***

Describing how the program's direct supervision requirement is monitored and enforced in the clinical education setting.

***Possible Site Assessment Methods:***

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No



***Explanation:***

A qualified practitioner must be present during the conduct of a repeat radiograph.

***Rationale:***

The presence of a qualified radiographer during the repeat of an unsatisfactory radiograph assures patient safety and proper educational practices.

***Compliance May Be Demonstrated by:***

Describing how the program's direct supervision requirement for repeat radiographs is monitored and enforced in the clinical education setting.

***Possible Site Assessment Methods:***

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

1. List the major strengths of **Standard Eight**, in order of importance.
2. List the major concerns of **Standard Eight**, in order of importance.
3. Provide the program's plan for addressing each concern identified.
4. Describe any progress already achieved in addressing each concern.
5. Describe any constraints in implementing improvements.

Attach additional pages if necessary.

**Objectives:**

In support of **Standard Nine**, the program:

- 9.1 Has sufficient on-going financial resources to support the program's mission and goals.
- 9.2 Provides the program director an opportunity to participate in the budget planning process.
- 9.3 For those institutions and programs for which the JRCERT or a mixed accreditor serves as gatekeeper for Title IV financial aid, maintains compliance with USDE policies and procedures.

***Explanation:***

An opportunity must exist for the program director to have input into budgetary decisions related to the program.

***Rationale:***

As the individual responsible for the overall effectiveness of the program, the program director is responsible for assuring that there are sufficient human and physical resources to accomplish the program's mission and goals.

***Compliance May Be Demonstrated by:***

Describing the opportunities for program director participation in the budget planning process.

***Possible Site Assessment Methods:***

- Interviews with program and institutional officials

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

1. List the major strengths of **Standard Nine**, in order of importance.
2. List the major concerns of **Standard Nine**, in order of importance.
3. Provide the program's plan for addressing each concern identified.
4. Describe any progress already achieved in addressing each concern.
5. Describe any constraints in implementing improvements.

Attach additional pages if necessary.

The program, in support of its mission and goals, develops and implements a system of planning and evaluation to determine its effectiveness and uses the results for program improvement.

### Objectives:

In support of **Standard One**, the program:

- 1.1 Has a mission statement that defines its purpose and scope.
- 1.2 Has written goals that outline what the program is designed to achieve.
- 1.3 Makes its mission statement and goals readily available to students, faculty, administrators, and the general public.
- 1.4 Develops and implements an assessment plan that identifies benchmarks for the measurement of outcomes in relation to its mission statement and goals and includes:
  - program completion rate;
  - clinical performance and clinical competence;
  - problem solving skills and critical thinking;
  - communication skills;
  - professional development and growth;
  - graduate satisfaction; and
  - employer satisfaction.
- 1.5 Documents outcomes consistent with each of the following JRCERT policies:
  - over the past five years, credentialing examination pass rate average of not less than 75% at first attempt; and
  - over the past five years, job placement rate of not less than 75% within six months of graduation.
- 1.6 Regularly solicits feedback from students, faculty, radiologists/radiation oncologists, graduates, employers, and other communities of interest.
- 1.7 Analyzes and uses feedback from communities of interest and outcome data for continuous improvement of its policies, procedures, and educational offerings.
- 1.8 Periodically evaluates its mission statement, goals, and assessment plan and makes revisions as necessary to achieve continuous quality improvement.

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

#### **Standard Four: Curriculum and Academic Practices**

**The program's curriculum and academic practices promote the synthesis of theory, use of current technology, competent clinical practice, and professional values.**

##### **Objectives:**

In support of **Standard Four**, the program:

- 4.1 Maintains a master plan of education.
  - 4.2 Follows a JRCERT recognized and accepted curriculum that prepares the student to practice in the professional discipline.
  - 4.3 Provides a curriculum that promotes professional values, life-long learning, and competency in critical thinking and problem solving skills.
  - 4.4 Provides a well-structured, competency based curriculum that supports the program's mission and goals.
  - 4.5 Has a curriculum that reflects assessment of affective, cognitive, and psychomotor domains.
  - 4.6 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.
  - 4.7 Provides equitable learning opportunities.
- 

#### **Standard Five: Resources and Student Services**

**The program's learning resources, learning environments, and student services are sufficient to support its mission and goals.**

##### **Objectives:**

In support of **Standard Five**, the program:

- 5.1 Provides classrooms, laboratories, clinical education settings, administrative and faculty offices, and other facilities to support its mission and goals.

Is proficient in curriculum development, supervision, instruction, evaluation, and counseling;

Documents the equivalent of two years full-time experience in the professional discipline;

Documents a minimum of one year of experience as an instructor in a JRCERT accredited program;

Holds American Registry of Radiologic Technologists certification or equivalent and registration in the pertinent discipline.

▪ Radiography Clinical Instructor(s) or Radiation Therapy Clinical Supervisor(s):

Is proficient in supervision, instruction, and evaluation;

Documents the equivalent of two years full-time experience in the professional discipline;

Holds American Registry of Radiologic Technologists certification or equivalent and registration in the pertinent discipline.

▪ Clinical Staff:

Hold American Registry of Radiologic Technologists certification or equivalent and registration in the pertinent discipline.

6.2 Documents administrative, faculty, and clinical staff responsibilities are delineated and support the fulfillment of the program's mission and goals.

▪ Program Director:

Organizes, administers, reviews, develops, and assures program effectiveness;

Conducts on-going program assessment;

Participates in budget planning;

Evaluates and assures clinical education effectiveness;

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

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



- 6.6 Evaluates didactic and clinical faculty performance regularly to assure instructional responsibilities are performed.
- 

### **Standard Seven: Students**

**The program's and sponsoring institution's policies and procedures serve and protect the rights, health and educational opportunities of all students.**

#### **Objectives:**

In support of **Standard Seven**, the program:

- 7.1 Has student recruitment and admission practices that are consistent with published policies of the program and sponsoring institution.
- 7.2 Uses student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, and national origin.
- 7.3 Makes available to prospective students accurate information about admission policies, transfer credit, tuition and fees, refund policies, academic calendars, academic policies, graduation requirements, and student services.
- 7.4 Makes available to enrolled students accurate information about admission policies, transfer credit, tuition and fees, refund policies, academic calendars, academic policies, grading policies, graduation requirements, and student services.
- 7.5 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.
- 7.6 Provides student academic and clinical activities that are educationally valid and support attainment of student learning outcomes.
- 7.7 Safeguards the health and safety of students associated with educational activities through implemented policies and procedures in regard to workplace hazards, harassment, communicable diseases, and substance abuse.
- 7.8 Limits required clinical and academic involvement for students to not more than 40 hours per week.

**Objectives:**

In support of **Standard Nine**, the program:

- 9.1 Has sufficient on-going financial resources to support the program's mission and goals.
- 9.2 Provides the program director an opportunity to participate in the budget planning process.
- 9.3 For those institutions and programs for which the JRCERT or a mixed accreditor serves as gatekeeper for Title IV financial aid, maintains compliance with USDE policies and procedures.

**Indirect Supervision** - For radiography, that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

**Job Placement Rate** - The number of students employed in the radiologic sciences compared to the number of students actively seeking employment in the radiologic sciences.

**Learning Environment** - Places, surroundings or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms, laboratories and clinical education settings.

**Learning Resources** - Media and reference materials utilized to support and enhance the educational program and scholarly activity.

**Master Plan of Education** - Documentation of the entire course of study that includes at a minimum: didactic and clinical curricula, program policies and procedures, and strategies for assessing program effectiveness.

**Mission Statement** - A means to communicate an educational vision and purpose.

**Mixed Accreditor** - An accrediting agency whose responsibilities for accreditation include situations where the agency accredits the only educational program in an institution. Where there are multiple educational programs in an institution, the agency selected as the institutional accreditor.

**Outcomes** - Results, end products, or actual consequences resulting from the educational process. Outcomes include what the students demonstrated/accomplished or what the program achieved.

**Program Completion Rate** - The number of students who complete the program compared to the number of students initially enrolled in the program.

**Program Length** - Duration of the program which may be stated as total academic or calendar year(s), or total semesters, trimesters, or quarters.

**Qualified Practitioner** - A radiation therapist or radiographer possessing American Registry of Radiologic Technologists certification or equivalent and active registration in the pertinent discipline and practicing in the profession.

**Recognized and Accepted Curriculum** - 1) The latest American Society of Radiologic Technologists professional curriculum and/or 2) other professional curriculum adopted by the JRCERT Board of Directors following review and recommendation by the JRCERT Standards Committee.

Name of Program: \_\_\_\_\_

Program Number: \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

Telephone: \_\_\_\_\_

The Guide for Program Analysis-MR (GPA-MR) is designed to facilitate and integrate the accreditation and site visit processes. It is based on the Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Magnetic Resonance**, adopted May 2002; implemented January 1, 2003.

Programs will use the GPA-MR to demonstrate compliance with the **STANDARDS-MR** and to prepare the Self-Study Report. Site visitors will use the GPA-MR to assess the information and materials provided by programs prior to and during the site visit.



Joint Review Committee on Education in Radiologic Technology  
20 N. Wacker Drive, Suite 900, Chicago, IL 60606-2901  
Tel: (312) 704-5300, Fax: (312) 704-5304  
[www.jrcert.org](http://www.jrcert.org)

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The Joint Review Committee on Education in Radiologic Technology (JRCERT) believes that the accreditation process offers a means of providing public assurance that a program meets standards and of stimulating programmatic improvement. The **JRCERT Standards for an Accredited Educational Program in Magnetic Resonance (STANDARDS-MR)** require a program to articulate its purposes and scope; demonstrate that it has adequate human, financial, and physical resources effectively organized for the accomplishment of its purposes; document its effectiveness in accomplishing its purposes; and provide assurance that it can continue to meet accreditation standards. Using these **STANDARDS-MR**, the goals of the accreditation process are to protect the student and the public, stimulate programmatic improvement, provide protective measures for federal funding or financial aid, and promote academic excellence.

There are nine (9) standards a program is expected to meet. Each standard includes a series of objectives that the program must meet to demonstrate compliance with the standard and to maintain accreditation.

Key words and phrases in the **STANDARDS-MR** are underlined and defined in the Glossary of key terms (page 102). These definitions are considered a component of the **STANDARDS-MR** and, as such, must be satisfied to comply with the **STANDARDS-MR**.

## II. Overview of the Guide for Program Analysis

*The Guide for Program Analysis-MR (GPA-MR)* has been designed to facilitate and integrate the accreditation and site visit processes.

- A program will use the GPA-MR to guide the review of its program, to demonstrate compliance with the **STANDARDS-MR**, and to prepare the program's Self-Study Report.
- Site visitors will use the GPA-MR to assess the information and materials provided by the program prior to and during the site visit. The findings of the site visit team will be recorded on a separate document, the *Report of Site Visit Team Findings-MR*.

The GPA-MR contains the following elements:

- Explanation - clarification of the intent of the objective
- Rationale - the reason for the objective and its potential benefit to the program
- Suggested compliance documentation - specific suggestions of how a program can document that it meets the objective
- Possible site assessment methods - additional materials that may be examined and personnel who may be interviewed by members of the site visit team

The GPA-MR also contains the **STANDARDS-MR**, including corresponding objectives and the Glossary of key terms.

The GPA-MR also includes instructions for programs and site visitors. Program officials and site visitors should review both sets of instructions to gain a thorough understanding of the entire accreditation and site visit process.

(narrative). For each objective, the GPA-MR specifies whether (1) an assurance is sufficient (e.g., reference appropriate sections of a student handbook to confirm that a given policy exists) and/or (2) a narrative is required (e.g., describe how a policy is implemented). In some cases, no program response is required. The level of response required by program officials is indicated on the lower left-hand corner of the page.

**Suggested Compliance Documentation.** For each objective, the GPA-MR lists suggested evidence a program may use to document that the objective has been met. Programs are not required to use these suggestions. However, if the suggested items are not used, programs must identify the evidence they prefer to use to demonstrate compliance with the objectives. The suggested evidence for a given objective may be a document, a narrative description, or both. When providing a document, programs should clearly indicate where the appropriate materials can be found.

**Possible Site Assessment Methods.** The GPA-MR is also designed to provide guidance regarding additional materials that may be examined and personnel who may be interviewed by members of the site visit team. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

**Summary.** Following the narrative for each standard, the program must list the major strengths and major concerns of the program relevant to the standard. A plan must be provided for addressing each concern. The plan must include a description of any progress already achieved and any constraints in implementing improvements.

#### **IV. Instructions for Site Visitors**

The site visit team is required to use the GPA-MR to prepare for and conduct the site visit.

- Prior to the site visit, team members use the GPA-MR to review the program's Self-Study Report and other materials supplied by the program.
- During the site visit, team members use the GPA-MR to outline areas for follow-up.
- At the end of the site visit, the GPA-MR can assist site visitors in summarizing a program's strengths and concerns.

**Prior to the site visit,** team members will use the GPA-MR to review the narratives and materials supplied by the program, i.e., application form, curricula vitae, Self-Study Report, and supporting documents. This review should incorporate the following factors:

- **Level of Effort.** For some objectives, programs are required to provide or make available materials that verify an objective has been met (assurance). For other objectives, however, programs are required to prepare a brief description that demonstrates steps taken to implement a procedure or meet an objective (narrative). For each objective, the GPA-MR specifies whether (1) an assurance is sufficient to demonstrate compliance (e.g., reference appropriate sections of a student handbook to confirm that a given policy exists) and/or (2) a narrative is required (e.g., describe how a policy is implemented). In some cases, no program response is required. The level of response required by the program is indicated on the lower left-hand corner of the page. If a program supplies only an exhibit when a narrative is required, site visitors may need to obtain more detailed information about the objective during the site visit.

**Standard One:**  
*Mission/Goals, Outcomes, and Effectiveness*



The program's mission statement should be a broad statement of purpose or intent and may range in length from one sentence to a few paragraphs. The program's mission statement should be consistent with that of its sponsoring institution.

***Rationale:***

Having a clear statement of the purpose or intent toward which a program's efforts are directed assists the program in prioritizing its resources and efforts.

***Compliance May Be Demonstrated by:***

Providing a copy of the program's mission statement.

***Possible Site Assessment Methods:***

- Review of published program materials
- Review of master plan of education
- Interviews with faculty

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X				

***Explanation:***

The program can make its mission statement and goals available in a variety of ways, including program publications and/or a Web site.

***Rationale:***

Program accountability is enhanced by making its mission statement and goals available to the program's communities of interest.

***Compliance May Be Demonstrated by:***

- Describing how the program makes its mission statement and goals available to each of these communities of interest.
- Providing a copy of publications that contain the program's mission statement and goals. If the program makes its mission statement and goals available via a Web site, the program must provide the Web page address in its self-study report.

***Possible Site Assessment Methods:***

- Review of published program materials
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X	X			

***Compliance May Be Demonstrated by:***

Providing a copy of the program's assessment plan.

***Possible Site Assessment Methods:***

- Review of assessment tools
- Review of outcome data to support the assessment plan
- Interviews with faculty

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X				

***Explanation:***

The program can use a variety of tools to obtain information from its communities of interest regarding activities and accomplishments. Communities of interest are defined by the JRCERT as institutions, organizations, groups, and/or individuals interested in educational activities in radiologic sciences.

***Rationale:***

Obtaining feedback from these individuals/groups allows the program to determine if it is meeting the expectations of its communities of interest and to assess the program's efforts in meeting its own desired outcomes.

***Compliance May Be Demonstrated by:***

Providing representative samples of appropriate meeting minutes, evaluations (e.g., of courses and faculty), and surveys (e.g., of graduates and employers of graduates).

***Possible Site Assessment Methods:***

- Review of meeting minutes
- Review of evaluations
- Review of surveys
- Interviews with members of various communities of interest

<b>Level of Effort</b>		<b>Attach Additional Pages If Necessary</b>	<b>Has Program Met Objective?</b> <i>(for site visitor use only)</i>	
<b>Assurance</b>	<b>Narrative</b>		<b>Yes</b>	<b>No</b>
<b>X</b>				

***Explanation:***

As part of the assessment cycle, the program should review its mission statement and goals to assure that they are appropriate and useful. The assessment plan should be reviewed to assure that assessment measures are adequate and that the assessment process is effective in measuring student learning outcomes.

***Rationale:***

Identifying and implementing needed improvement(s) in the mission statement, goals, and/or assessment plan leads to programmatic improvement and renewal.

***Compliance May Be Demonstrated by:***

- Describing how this review has occurred.
- Providing meeting minutes and/or other relevant documentation.

***Possible Site Assessment Methods:***

- Review of meeting minutes
- Interviews with faculty

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X	X			

**Standard Two:**  
*Program Integrity*

**Explanation:**

Policies and procedures must be made known to students, faculty, and staff and be equitably applied.

**Rationale:**

High ethical standards help assure the rights of students, faculty, and staff are protected.

**Compliance May Be Demonstrated by:**

- Describing the procedure for making policies and procedures known.
- Providing copies of policies or procedures that assure students, faculty, and staff are treated equitably.

**Possible Site Assessment Methods:**

- Review of employee/faculty handbook
- Review of student handbook
- Review of course catalog
- Review of student records
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
Y	Y			

***Explanation:***

The program's published documents should reflect current information about the program's offerings.

***Rationale:***

Maintaining current published information regarding the program's offerings provides interested parties with an accurate overview of program requirements and expectations.

***Compliance May Be Demonstrated by:***

Providing program publications that reflect program offerings.

***Possible Site Assessment Methods:***

- Review of published program materials
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
v				



**2.5 Does the program have a policy that assures timely and appropriate resolution of complaints regarding allegations of non-compliance with JRCERT STANDARDS-MR and maintain a record of such complaints and their resolution?**

***Explanation:***

Students must be made aware of the JRCERT STANDARDS-MR and must be provided with a specific policy for resolution of allegations of non-compliance. The program must maintain a record of complaints and their resolution.

***Rationale:***

A policy for addressing complaints of non-compliance with the STANDARDS-MR helps assure students have knowledge of the STANDARDS-MR and an identified avenue to pursue allegations. USDE regulations require a record of such complaints.

***Compliance May Be Demonstrated by:***

- Providing a copy of the policy.
- Describing the procedure for making students aware of the STANDARDS-MR.

***Possible Site Assessment Methods:***

- Review of complaint records
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X	X			

**2.7 Does the program document the continuing accreditation of the sponsoring institution?**

***Explanation:***

The sponsoring institution is the facility or organization having primary responsibility for the educational program and granting the terminal award. A sponsoring institution must be accredited by a recognized agency or meet equivalent standards.

***Rationale:***

Accreditation helps assure educational quality.

***Compliance May Be Demonstrated by:***

Providing letters or certificates demonstrating the current accreditation status of the sponsoring institution.

***Possible Site Assessment Methods:***

- Review of documentation of appropriate accreditation

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X				

**2.9 Does the program maintain JRCERT recognition of all clinical education settings?**

***Explanation:***

A clinical education setting is a facility recognized by the JRCERT as meeting appropriate criteria for delivering clinical education and evaluation of clinical competency. Initial recognition of a clinical education setting requires submission of JRCERT Forms 104MR and 102MR. A minimum of one (1) clinical preceptor must be identified for each recognized clinical education setting.

***Rationale:***

JRCERT recognition helps assure an appropriate clinical education environment for student clinical education.

***Compliance May Be Demonstrated by:***

Listing the clinical education settings used by the program.

***Possible Site Assessment Methods:***

- Review of JRCERT database
- Review of clinical records
- Interviews with faculty
- Interviews with clinical preceptors
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X				

**2.11 Does the program comply with requirements to achieve and maintain JRCERT accreditation?**

***Explanation:***

Programs must comply with JRCERT policies and procedures to maintain accreditation.

**No program response required.**

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No

**Standard Three:**  
*Organization and Administration*

**3.1 Do the institution's and program's organizational and administrative structures support the program's mission and student learning outcomes?**

***Explanation:***

It is the program's prerogative to determine its organizational and administrative structure. These structures should facilitate the program's mission and goals as they relate to student learning outcomes.

***Rationale:***

Organizational and administrative structures affect a program's ability to meet its mission.

***Compliance May Be Demonstrated by:***

- Providing an institution's and/or program's organizational chart.
- Describing the program's organizational and administrative structures and how they support the program's mission and identified learning outcomes.

***Possible Site Assessment Methods:***

- Review of organizational charts of institution and program
- Review of meeting minutes
- Review of published program materials
- Review of master plan of education
- Interviews with faculty
- Interviews with clinical preceptor(s)

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X	X			

**3.3 Does the program assure the security and confidentiality of student records, instructional materials, and other appropriate program materials?**

***Explanation:***

Student records must be maintained in accordance with the Family Education Rights and Privacy Act (Buckley Amendment).

***Rationale:***

Appropriately maintaining records and other materials protects students' right to privacy.

***Compliance May Be Demonstrated by:***

Describing how the program's policies/procedures for assuring the security, maintenance, and retention of program records are consistent with state and federal laws.

***Possible Site Assessment Methods:***

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

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
	X			

**3.5 Does the program measure the length of all didactic and clinical courses in clock hours or credit hours?**

***Explanation:***

The clock hours or credit hours assigned to each didactic and clinical course must be identified.

***Rationale:***

Defining the length of didactic and clinical courses facilitates student transfer of credit and the awarding of financial aid.

***Compliance May Be Demonstrated by:***

Providing a list of all didactic and clinical courses with corresponding clock or credit hours.

***Possible Site Assessment Methods:***

- Review of published program materials
- Review of clinical and class schedules
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X				



**Standard Four:**  
*Curriculum and Academic Practices*

**4.1 Does the program maintain a master plan of education?**

***Explanation:***

The plan must provide documentation of the entire course of study and, at a minimum, must include didactic and clinical curricula, program policies and procedures, and strategies for assessing program effectiveness.

The plan may also contain the following documentation:

institutional and program philosophies and goals, curriculum sequence, course descriptions, course outlines and performance objectives, textbooks assigned by course, competency-based clinical education plan demonstrating integration and correlation with the didactic component, performance objectives for clinical education, graduate competencies, strategies and instruments used for evaluation of student behaviors in the cognitive, psychomotor and affective domains, and grading policy/derivation. While there is no prescribed format for the master plan, the component parts should be identified and readily accessible.

***Rationale:***

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

***Compliance May Be Demonstrated by:***

- Providing a Table of Contents for the program's master plan.
- Listing the component parts of the master plan of education and their locations.

***Possible Site Assessment Methods:***

- Review of master plan of education
- Interview with program director
- Interviews with faculty

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X				

**4.3 Does the program provide a curriculum that promotes professional values, life-long learning, and competency in critical thinking and problem solving skills?**

***Explanation:***

The program's curriculum must be designed to identify and foster professional values, instill life-long learning, and promote student development of competencies in critical thinking and problem solving skills. The curriculum should also promote the development of intellectual skills such as the ability to apply fundamental theory to practice, assess situations and make appropriate judgments, interact effectively in a culturally diverse world, and increase knowledge through continuing education.

***Rationale:***

These qualities are necessary for students/graduates to practice competently, make good decisions, assess situations, provide appropriate patient care, and keep abreast of current advancements within the profession.

***Compliance May Be Demonstrated by:***

Describing how the program promotes student development of professional values and life-long learning and competencies in critical thinking and problem solving.

***Possible Site Assessment Methods:***

- Review of master plan of education
- Review of curriculum competencies
- Review of course descriptions, outlines, syllabi, lesson plans
- Review of analysis of student, graduate, and employer surveys
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
	X			

**4.5 Does the program's curriculum reflect the evaluation of affective, cognitive, and psychomotor domains?**

***Explanation:***

The curriculum must provide for evaluation of the extent to which students have learned desired behaviors.

***Rationale:***

Assessment of student performance is necessary to promote student achievement.

***Compliance May Be Demonstrated by:***

- Describing how the evaluation system assesses the affective, cognitive, and psychomotor domains.
- Providing examples of completed evaluation tools.

***Possible Site Assessment Methods:***

- Review of master plan of education
- Review of course descriptions, outlines, syllabi, and lesson plans
- Review of student competency evaluations
- Review of tools used for evaluation of the domains
- Review of grading policies/derivations
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X	X			

**4.7 Does the program provide equitable learning opportunities for all students?**

***Explanation:***

The program must provide equitable learning opportunities for all students.

***Rationale:***

The provision of equitable learning activities promotes fair and impartial education and reduces institutional and/or program liability.

***Compliance May Be Demonstrated by:***

Describing how the program assures equitable learning opportunities.

***Possible Site Assessment Methods:***

- Review of master plan of education
- Review of performance objectives
- Review of published program materials
- Review of student clinical assignment schedules
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
	X			

**Standard Five:**  
*Resources and Student Services*

**5.1 Does the program provide classrooms, laboratories, clinical education settings, administrative and faculty offices, and other facilities to support its mission and goals?**

***Explanation:***

Although a dedicated classroom and/or laboratory is not required, scheduled accessibility to facilities conducive to student learning must be assured. Faculty office space should be conducive to planning and scholarly activities.

***Rationale:***

Provision of appropriate learning environments and learning resources facilitates achievement of program outcomes.

***Compliance May Be Demonstrated by:***

Describing how classrooms, laboratories, clinical education settings, and administrative and faculty offices support the program's mission and goals.

***Possible Site Assessment Methods:***

- Tour of the didactic and clinical education settings
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
	X			

**5.3 Does the program review, evaluate, and maintain learning resources to assure the achievement of student learning outcomes and program goals?**

***Explanation:***

Learning resources are media and reference materials utilized to support and enhance the educational program. If a print library is a primary resource, it must have a variety of materials published within the last five years. If computers are a primary learning resource, access must be assured. The JRCERT does not endorse any specific learning resource.

***Rationale:***

The review and maintenance of learning resources assure student knowledge of current and developing magnetic resonance technologies.

***Compliance May Be Demonstrated by:***

- Identifying available learning resources.
- Describing the procedure for review, evaluation, and maintenance of learning resources.

***Possible Site Assessment Methods:***

- Tour of learning facilities
- Review of learning resources
- Review of surveys
- Review of outcome assessment data
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
	X			



### Summary for Standard Five

1. List the major strengths of **Standard Five**, in order of importance.
2. List the major concerns of **Standard Five**, in order of importance.
3. Provide the program's plan for addressing each concern identified.
4. Describe any progress already achieved in addressing each concern.
5. Describe any constraints in implementing improvements.

Attach additional pages if necessary.

**Standard Six:**

**The program has sufficient qualified faculty and staff with delineated responsibilities to support program mission and goals.**

**Objectives:**

In support of **Standard Six**, the program:

6.1 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

▪ **Full-time Program Director:**

Holds, at a minimum, a masters degree;

Is proficient in curriculum design, program administration, evaluation, instruction, and counseling;

Documents experience in the radiologic sciences;

Documents one year experience as an instructor in a JRCERT accredited program;

At a minimum, holds American Registry of Radiologic Technologists certification or equivalent and registration in radiologic sciences.

Holds American Registry of Radiologic Technologists certification or equivalent and registration in magnetic resonance; if the program director does not meet this qualification, an educational coordinator is required.

▪ **Educational Coordinator:**

Holds, at a minimum, a baccalaureate degree;

Is proficient in curriculum development, supervision, instruction, evaluation, and counseling;

Documents the equivalent of two years full-time experience in the professional discipline;

Holds American Registry of Radiologic Technologists certification or equivalent and registration in magnetic resonance.

▪ **Didactic Program Faculty:**

Is qualified to teach the subject;

Is knowledgeable of course development, instruction, evaluation, and academic counseling;

Holds appropriate professional credentials, if applicable.

▪ **Clinical Preceptor(s):**

Is proficient in supervision, instruction, and evaluation;

- Clinical Preceptor(s):

Is knowledgeable of program goals;

Understands the clinical objectives and clinical evaluation system;

Provides students with clinical instruction/supervision;

Evaluates students' clinical competence;

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

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

- Clinical Staff:

Understand the clinical competency system;

Support the educational process;

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

- 6.3 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.
- 6.4 Provides support services to meet all educational, program, and administrative requirements.
- 6.5 Provides faculty with opportunities for continued professional development.
- 6.6 Evaluates didactic and clinical faculty performance regularly to assure instructional responsibilities are performed.

**6.2 Are the responsibilities of administrative, faculty, and clinical staff delineated and do they support the fulfillment of the program's mission and goals?**

***Explanation:***

Administrative, faculty, and clinical staff responsibilities must be clearly delineated and must support the program's mission and goals.

***Rationale:***

The clear delineation of responsibilities facilitates accountability.

***Compliance May Be Demonstrated by:***

Providing documentation that administrative, faculty, and clinical staff positions are clearly delineated and support the program's mission and goals.

***Possible Site Assessment Methods:***

- Review of position descriptions
- Review of handbooks
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

<b>Assurance</b>	<b>Narrative</b>	<b>Yes</b>	<b>No</b>
X	X		

**6.4 Does the program provide support services to meet all educational, program, and administrative requirements?**

***Explanation:***

Support services necessary to assist the program in meeting educational, program, and administrative requirements of the program must be provided.

***Rationale:***

Support services allow faculty to focus on academic and related organizational responsibilities.

***Compliance May Be Demonstrated by:***

Describing the availability and use of support services.

***Possible Site Assessment Methods:***

- Review of program's staffing plan
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
	X			

**6.6 Are didactic and clinical faculty performance regularly evaluated to assure instructional responsibilities are performed?**

***Explanation:***

The performance of didactic and clinical faculty must be regularly evaluated.

***Rationale:***

Evaluation assures instructional responsibilities are performed and provides faculty and leadership with information to assess performance. Evaluation promotes proper educational methodology and increases program effectiveness.

***Compliance May Be Demonstrated by:***

Providing samples of evaluations of didactic and clinical faculty.

***Possible Site Assessment Methods:***

- Review of faculty evaluation materials
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X				

**Standard Seven:**  
*Students*

**7.1 Are the program's and institution's recruitment and admission practices consistent with published policies of the program and sponsoring institution?**

***Explanation:***

In considering applicants for admission, the program must follow published policies and procedures.

***Rationale:***

Defined admission practices facilitate objective student selection.

***Compliance May Be Demonstrated by:***

Providing program and institutional admission policies and describing the implementation of these policies.

***Possible Site Assessment Methods:***

- Review of published program materials
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X	X			



**7.3 Does the program make available to prospective students accurate information about potential workplace hazards associated with magnetic fields?**

***Explanation:***

Information regarding the potential dangers of metallic implants or foreign bodies in students should be published and provided to program applicants.

***Rationale:***

The provision of this information to prospective students assures that they have appropriate information on which to base decisions about whether or not to pursue education in magnetic resonance.

***Compliance May Be Demonstrated by:***

- Providing a copy of published materials.
- Describing how this information is made known to prospective students.

***Possible Site Assessment Methods:***

- Review of published program materials
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X	X			

**7.5 Does the program make available to enrolled students accurate information about admission policies, transfer credit, tuition and fees, refund policies, academic calendar, academic policies, grading policies, graduation requirements, and student services?**

***Explanation:***

The institutional and program policies must be published and distributed to students enrolled in the program. Policy changes must be made known to students in a timely fashion.

***Rationale:***

Making information available to enrolled students assures that they are adequately informed.

***Compliance May Be Demonstrated by:***

- Providing a copy of published program materials.
- Describing how program and institutional policies are made known to enrolled students.

***Possible Site Assessment Methods:***

- Review of institutional materials
- Review of published program materials
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X	X			

**7.7 Are enrolled students provided timely and supportive academic, behavioral, and clinical advisement?**

***Explanation:***

Student advisement should be both formative and summative.

***Rationale:***

Appropriate advisement promotes student achievement.

***Compliance May Be Demonstrated by:***

- Describing procedures for advisement.
- Providing sample records of student advisement.

***Possible Site Assessment Methods:***

- Review of students records
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X	X			

**7.9 Does the program limit required clinical and academic involvement for students to not more than 40 hours per week?**

***Explanation:***

Combined assigned clinical and academic hours cannot exceed forty (40) hours per week. Make-up time cannot be scheduled in a manner that would require more than forty (40) contact hours per week unless such scheduling is voluntary on the student's part.

***Rationale:***

This limitation helps assure that students are treated ethically and do not take the place of professional staff.

***Compliance May Be Demonstrated by:***

Providing documentation that required student clinical and academic involvement in the program does not exceed forty (40) hours per week.

***Possible Site Assessment Methods:***

- Review of master plan of education
- Review of published program materials
- Review of student schedules
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X	X			

**Standard Eight:**  
*Health and Safety*

**8.1 Does the program assure the health and safety of students associated with educational activities through implemented policies and procedures in regard to workplace hazards, harassment, communicable diseases, and substance abuse?**

***Explanation:***

Policies and procedures should meet federal and/or state requirement as applicable. Enrolled students must be informed of policies and procedures.

***Rationale:***

Appropriate policies and procedures assure that students are aware of and protected from workplace hazards, harassment, communicable disease, and substance abuse.

***Compliance May Be Demonstrated by:***

- Providing program policies that safeguard the health and safety of students.
- Describing how the program monitors and enforces these policies.

***Possible Site Assessment Methods:***

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X	X			

**8.3 Are all magnetic resonance procedures performed under the direct supervision of a qualified practitioner until a student achieves competency?**

***Explanation:***

The JRCERT defines direct supervision as student supervision by a qualified practitioner who: reviews the procedure in relation to the student's achievement; evaluates the condition of the patient in relation to the student's knowledge; is present during the conduct of the procedure; and reviews and approves the procedure and/or image. Students must be directly supervised until competency is achieved.

***Rationale:***

Direct supervision assures patient safety and proper educational practices.

***Compliance May Be Demonstrated by:***

Describing how the program's direct supervision requirement is monitored and enforced in the clinical education setting.

***Possible Site Assessment Methods:***

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
	X			

**8.5 Are learning environments in compliance with applicable state and federal safety laws?**

***Explanation:***

Records of compliance (JCAHO, state, or equivalent) must be maintained for clinical education settings and laboratories.

***Rationale:***

Compliance with applicable laws promotes a safe environment for patients, students, and others.

***Compliance May Be Demonstrated by:***

Providing certificates and/or letters documenting learning environments' compliance with state and federal safety laws.

***Possible Site Assessment Methods:***

- Review of certificates and/or letters

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X				



**Standard Nine:**  
*Fiscal Responsibility*

**9.1 Does the program have sufficient on-going financial resources to support the program's mission and goals?**

***Explanation:***

The sponsoring institution must demonstrate on-going financial commitment to the program and its students by providing adequate human and physical resources.

***Rationale:***

Adequate on-going funding is necessary to accomplish the program's stated mission and goals and to support student learning.

***Compliance May Be Demonstrated by:***

Providing copies of the program's budget and/or expenditure records and describing the adequacy of financial resources.

***Possible Site Assessment Methods:***

- Review of program budget
- Interviews with administrative personnel
- Interviews with faculty

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X	X			

**9.3 For those institutions and programs for which the JRCERT or a mixed accreditor serves as gatekeeper for Title IV financial aid, does the institution and/or program maintain compliance with USDE policies and procedures?**

***Explanation:***

The program must comply with USDE requirements to participate in Title IV financial aid.

***Rationale:***

If the program has elected to participate in Title IV financial aid and the JRCERT is identified as the program's mixed accreditor, the JRCERT serves as the program's gatekeeper and is responsible for oversight of the distribution, record keeping, and repayment of Title IV financial aid.

***Compliance May Be Demonstrated by:***

Providing evidence that Title IV financial aid is managed and distributed according to the U.S. Department of Education (USDE) regulations.

***Possible Site Assessment Methods:***

- Review of records
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

Level of Effort		Attach Additional Pages If Necessary	Has Program Met Objective? <i>(for site visitor use only)</i>	
Assurance	Narrative		Yes	No
X	X			

**JRCERT Standards  
for an Accredited Educational Program  
in Magnetic Resonance**

**Standard Two:      The program demonstrates integrity in representations to communities of interest and the public, in pursuit of educational excellence, and in treatment of and respect for students, faculty, and staff.**

**Objectives:**

In support of **Standard Two**, the program:

- 2.1 Adheres to high ethical standards in relation to students, faculty, and staff.
- 2.2 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, and national origin.
- 2.3 Publishes statements accurately reflecting the program's offerings.
- 2.4 Has due process procedures that are readily accessible, fair, and equitably applied.
- 2.5 Has a policy that assures timely and appropriate resolution of complaints regarding allegations of non-compliance with **JRCERT STANDARDS-MR** and maintains a record of such complaints and their resolution.
- 2.6 Regularly evaluates program policies, procedures, and publications and revises as appropriate.
- 2.7 Documents the continuing accreditation of the sponsoring institution.
- 2.8 Documents the continuing recognition of each clinical education setting by applicable regulatory agencies.
- 2.9 Maintains JRCERT recognition of all clinical education settings.
- 2.10 Maintains JRCERT recognition of all applicable faculty appointments.
- 2.11 Complies with requirements to achieve and maintain JRCERT accreditation.

**Standard Five: The program's learning resources, learning environments, and student services are sufficient to support its mission and goals.**

**Objectives:**

In support of **Standard Five**, the program:

- 5.1 Provides classrooms, laboratories, clinical education settings, administrative and faculty offices, and other facilities to support its mission and goals.
  - 5.2 Has clinical education settings that provide students with a variety and volume of procedures for competency achievement.
  - 5.3 Reviews, evaluates, and maintains learning resources to assure the achievement of student learning outcomes and program goals.
  - 5.4 Reviews, evaluates, and maintains student services to assure the achievement of student learning outcomes and program goals.
- 

**Standard Six: The program has sufficient qualified faculty and staff with delineated responsibilities to support program mission and goals.**

**Objectives:**

In support of **Standard Six**, the program:

- 6.1 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.
    - Full-time Program Director:
      - Holds, at a minimum, a masters degree;
      - Is proficient in curriculum design, program administration, evaluation, instruction, and counseling;
      - Documents experience in the radiologic sciences;
- Documents one year experience as an instructor in a JRCERT accredited program;
- At a minimum, holds American Registry of Radiologic Technologists certification or equivalent and registration in radiologic sciences.
- Holds American Registry of Radiologic Technologists certification or equivalent and registration in magnetic resonance; if the program director does not meet this qualification, an educational coordinator is required.

- Educational Coordinator:

Cooperates with the program director in design and implementation of the curriculum;

Correlates clinical education with didactic education;

Coordinates clinical education and evaluates its effectiveness;

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

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

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

- Didactic Faculty:

Prepare and maintain course outlines and objectives, instruct and evaluate students, and report progress;

Cooperate with the program director in periodic review and revision of course materials;

Maintain appropriate expertise and competencies through continuing professional development.

- Clinical Preceptor(s):

Is knowledgeable of program goals;

Understands the clinical objectives and clinical evaluation system;

Provides students with clinical instruction/supervision;

Evaluates students' clinical competence;

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

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

- Clinical Staff:

Understand the clinical competency system;

Support the educational process;

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

**Standard Eight:**        **The program's and sponsoring institution's policies and procedures serve to protect the health and safety of students.**

**Objectives:**

In support of **Standard Eight**, the program:

- 8.1     Safeguards the health and safety of students associated with educational activities through the implementation of published policies and procedures relating to magnetic resonance safety.
  - 8.2     Safeguards the health and safety of students associated with educational activities through implemented policies and procedures in regard to workplace hazards, harassment, communicable diseases, and substance abuse.
  - 8.3     Assures that students use equipment and accessories, employ techniques, and perform procedures in accordance with accepted equipment use to minimize risk to patients, selves, and others.
  - 8.4     Assures that magnetic resonance procedures are performed under the direct supervision of a qualified practitioner until a student achieves competency.
  - 8.5     Assures that magnetic resonance procedures are performed under the indirect supervision of a qualified practitioner until a student achieves competency.
  - 8.6     Maintains documentation that learning environments are in compliance with applicable state and federal safety laws.
- 

**Standard Nine:**        **The program and the sponsoring institution have adequate financial resources, demonstrate financial stability, and comply with obligations for Title IV federal funding, if applicable.**

**Objectives:**

In support of **Standard Nine**, the program:

- 9.1     Has sufficient on-going financial resources to support the program's mission and goals.
- 9.2     Provides the program director an opportunity to participate in the budget planning process.
- 9.3     For those institutions and programs for which the JRCERT or a mixed accreditor serves as gatekeeper for Title IV financial aid, maintains compliance with USDE policies and procedures.



**Learning Environment** - Places, surroundings or circumstances where knowledge, understanding or skills are studied or observed such as classrooms, laboratories and clinical education settings.

**Learning Resources** - Media and reference materials utilized to support and enhance the educational program and scholarly activity. A variety of learning resources are available to programs and students; however, if a print library is a primary resource, the library must have a variety of materials published within the last five years. The JRCERT does not endorse any specific learning resource.

**Master Plan of Education** - Documentation of the entire course of study that includes at a minimum: didactic and clinical curricula, program policies and procedures, and strategies for assessing program effectiveness.

**Mission Statement** - A means to communicate an educational vision and purpose.

**Mixed Accreditor** - An accrediting agency whose responsibilities for accreditation include situations where the agency accredits the only educational program in an institution. Where there are multiple educational programs in an institution, the agency selected as the institutional accreditor.

**Outcomes** - Results, end products, or actual consequences resulting from the educational process. Outcomes include what the students demonstrated/accomplished or what the program achieved.

**Program Completion Rate** - The number of students who complete the program compared to the number of students initially enrolled in the program.

**Program Length** - Duration of the program which may be stated as total academic or calendar year(s), total semesters, trimesters, or quarters.

**Qualified Practitioner** - A technologist possessing American Registry of Radiologic Technologists certification or equivalent and registration in magnetic resonance or a qualified physician.

**Recognized and Accepted Curriculum** - 1) The latest American Society of Radiologic Technologists or Association of Educators in Radiological Sciences curriculum and/or 2) other professional curriculum adopted by the JRCERT Board of Directors following review and recommendation by the JRCERT Standards Committee.

**Sponsoring Institution** - The facility or organization that has primary responsibility for the educational program and grants the terminal award. A sponsoring institution must be accredited by a recognized agency or meet equivalent standards. Educational programs may be established in: community and junior colleges; senior colleges and universities, hospitals, medical schools, postsecondary vocational/technical schools and institutions; military/governmental facilities; proprietary schools; consortia (two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an educational program). A consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

**Title IV Financial Aid** - Monies for education loaned or granted by the Federal government, e.g. Perkins loans, Stafford loans, PLUS loans, Pell grants, Supplemental Educational Opportunity grants and work-study programs. Programs participating in Title IV financial aid must: maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources; have a monitoring process for student loan default rates; have an appropriate accounting system providing documentation for management of Title IV financial aid and expenditures; inform students of responsibility for timely repayment of Title IV financial aid.