

2026-2027 STUDENT HANDBOOK
RADIOGRAPHIC TECHNOLOGY PROGRAM

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I. INTRODUCTION

The Lasell University Radiologic Technology Program is a 65-credit Associate of Science degree program consisting of a sixteen-month, full-time course of study. The program provides students with an education to become eligible to take the national certification exam administered by the American Registry of Radiologic Technologists (ARRT). Upon successful completion of the exam, individuals become entry level registered radiologic technologists certified by the American Registry of Radiologic Technologists (ARRT).

Core Principles

The core principles of Lasell University's Radiologic Technology Program are academic integrity, clinical excellence, and professionalism. Through a combination of classroom instruction, laboratory practice and clinical experience, students gain the knowledge and skills necessary to perform diagnostic imaging procedures and become successful members of their professions.

Mission Statement

The mission of the Radiologic Technology Program is to provide an equitable, experiential, and competency-based education that fosters ethical decision making, social responsibility, and lifelong learning. Through didactic instruction and clinical partnerships, the program prepares graduates for entry-level practice in Radiologic Technology.

Program Goals & Student Learning Outcomes

The five goals of the program are (1) Clinical Competence, (2) Critical Thinking and Problem Solving, (3) Communication Skills, (4) Cultural Competence and Patient-Centered Care, and (5) Professionalism and Lifelong Learning.

Goal 1: Students will be clinically competent.
Student Learning Outcomes:

The student will

1.1 Perform radiographic procedures safely and effectively using appropriate equipment and techniques.

1.2 Demonstrate competency in patient care, positioning, and image acquisition.

1.3 Apply radiation protection principles (ALARA) to patients, self, and others.

1.4 Evaluate images for diagnostic quality and accuracy.

1.5 Use healthcare technologies and information systems in compliance with HIPAA standards.

1.6 Function effectively within the healthcare environment and interdisciplinary team.

Goal 2: Students will demonstrate critical thinking and problem-solving skills.

Student Learning Outcomes:

The student will

2.1 Adapt procedures for non-routine patients and situations.

2.2 Apply analytical thinking to clinical decision-making and image evaluation.

2.3 Prioritize and sequence examinations appropriately.

2.4 Assess image quality and implement corrective actions.

2.5 Identify and address barriers to effective healthcare delivery.

Goal 3: Students will develop effective communication skills.

Student Learning Outcomes:

The student will:

3.1 Communicate effectively and compassionately with patients and healthcare professionals.

3.2 Accurately document patient and clinical information.

3.3 Recognize and address barriers to effective communication.

Goal 4: Students will demonstrate cultural competence and provide patient-centered care.

Student Learning Outcomes*:*

The student will

4.1 Provide inclusive, respectful care to diverse patient populations.

4.2 Recognize and respond to health disparities and individual patient needs.

4.3 Demonstrate empathy, self-awareness, and patient advocacy.

4.4 Adapt care approaches to meet cultural, emotional, and physical needs.

Goal 5: Students will show a commitment to professionalism and lifelong learning.

Student Learning Outcomes:

The student will

5.1 Adhere to ethical, legal, and professional standards (including confidentiality and informed consent).

5.2 Demonstrate accountability, reliability, and professional behavior.
5.3 Engage in self-assessment and continuous professional growth.
5.4 Explore continuing education and career advancement opportunities.

Curriculum Sequence Calendar

65 Credits Total needed for completion

Semester 1		Credits
BIO 205	Anatomy and Physiology I	4
RAD 101	Intro to Radiologic Technology	3
RAD 105	Radiographic Procedures I	3
RAD 112	Radiation Physics	3
RADCP 120	Clinical Practicum I	3
		Credits: 16
Semester 2		
WRT 101	Writing I	3
BIO 206	Anatomy and Physiology II	4
RAD 116	Image Production & Analysis	3
RAD 115	Radiographic Procedures II	3
RADCP 130	Clinical Practicum II	3
		Credits: 16
Semester 3		
WRT 102	Writing II	3
KP IS	Core Curriculum Course (Session I, 8 weeks)	3
RAD 215	Radiographic Procedures III	3
RAD 201	Radiation Biology & Protection	3
RADCP 240	Clinical Practicum III	4
		Credits: 16
Semester 4		

MATH 208	Statistics	3
MDSC 203	Multidisciplinary	3
KP Aesth	Core Curriculum Course (Session II, 8 weeks)	3
RADCP 340	Clinical Practicum IV	4
RAD 202	Radiographic Pathology	3
RAD 350	Radiography Seminar	1
		Credits: 17

Administration and Program Faculty

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Hospital Affiliations & Clinical Offsites:

1. Mass General Hospital, 55 Fruit Street, Boston, MA 02114
    a. Mass General Brigham Imaging, 50 Staniford Street 10th Floor, Boston, MA 02114
    b. Mass General Brigham Imaging, Chelsea Community Health Center, 151 Everett Avenue, Chelsea, MA 02150

c. Mass General Brigham Imaging, 102 Endicott Street, Danvers, MA 01923
d. Mass General Brigham Imaging, Revere Community Health Center,, 300 Ocean Avenue, Revere, MA 02151
e. Mass General Brigham Imaging, 52 Second Avenue Green Building, Waltham, MA 02451

2. Brigham & Women's Hospital, 75 Francis Street, Boston, MA 02115
    a. Mass General Brigham Imaging (Chestnut Hill), 850 Boylston Street, Chestnut Hill, MA 02130
    b. Mass General Brigham Imaging (Foxborough), 20 Patriot Place, Foxborough, MA 02035

3. Boston Medical Center-South, 235 N. Pearl Street, Brockton, MA 02301

4. Cape Cod Hospital, 27 Park Street, Hyannis, MA 02601
    a. Cape Cod Hospital-Fontaine Medical Center, 525 Long Pond Drive, Harwich , MA 02645

5. Falmouth Hospital, 100 Ter Heun Drive, Falmouth, MA 02540
    a. Stoneman Outpatient Center, 2 Jan Sebastian Dr., Sandwich, MA 02563

II. Admissions and Retention

Admission Criteria

Students must meet the following requirements and submit the appropriate materials to apply to the Lasell University Radiologic Technology Program:
1. Completed application form.
2. Official College Transcript if you have completed college-level coursework of 12 credits or more or Official High School transcript or GED record, (if you have not attended college or less than 12 credits of college-level work) is needed, (or a copy of your diploma of High school transcripts/diplomas coursework completed outside the United States, must be evaluated and translated by a third-party documentation service such as CED, WES, or SpanTran.)
3. Personal statement describing your career goals, strengths, and potential for achievement in the program.
4. One letter of recommendation from supervisors, co-workers in a position of leadership or teachers.
5. Resume

Documents can be uploaded to the Lasell Admissions Portal.

Students are expected to meet certain physical requirements which are necessary to perform duties as a radiologic technologist. Radiologic Technologists are routinely required to reach and manipulate equipment to its highest position (6 feet), push a standard wheelchair and/or stretcher to and from hospital departments, transfer patients from wheelchairs and stretchers to examination tables or hospital beds, and help patients to get on and off imaging table. Lift a minimum of 60 pounds and ensure patient safety. Perform CPR. Move from room to room and maneuver in small-enclosed spaces. Radiologic technologists are expected to work an eight-hour clinical day, with a minimum of four to six hours of standing or walking. Working conditions typically involve possible exposure to chemical solutions as well as possible exposure to ionizing radiation.

Before starting clinical rotations, students must

- Be certified by the American Heart Association in Basic Life Support (BLS) for Healthcare Providers CPR Certification and submit certification to Clinical Coordinator. Certification must include an in-person component to demonstrate skills.(see page 12)
- Provide proof of up-to-date, required immunizations, in accordance with state law, hospital policy and University Policy (see IV. Health and Immunization Policy, page 11, for detailed immunization information).
- Obtain an annual Tuberculosis skin test or Tuberculosis blood test. If results are positive, a clear chest x-ray (with laboratory report or physician verification of results).
- Obtain an annual influenza shot (Must be obtained as soon as the vaccine for the annual flu season becomes available each fall).
- Undergo a Criminal Offender Record Information (CORI) check, as required by the Department of Health (DPH), (see page 12)
- Obtain drug testing. (see page 12)
- Sign and submit Pregnancy Policy Form. (See page 32)
- Sign and submit Direct/Indirect Supervision Policy (See page 35)
- Sign and submit Repeat Image Policy (See page 36)
- Complete and sign MRI screening form
- Sign and submit Handbook Acknowledgement Form

Academic Policies

Non-discriminatory Academic Policy

The Radiologic Technology Program strictly adheres to the Lasell University Non-Discrimination Policy. This policy states, “It is the policy of Lasell University that all students, faculty and staff should be able to enjoy a work and/or educational environment that is free from discrimination and harassment. This policy applies to discrimination and harassment on the basis of: (1) age, (2) race, (3) color, (4) national origin/ancestry, (5) ethnicity, (6)religion, (7) sex, (8) sexual orientation, (9) gender identity or expression, (10)mental or physical disability, (11) genetic information, (12)

veteran status, (13) membership in or application to the uniformed services, and (14) any other characteristic protected by applicable law. In accordance with applicable law, Lasell University will not discriminate on the basis of these characteristics in connection with employment, admission or enrollment or participation in any of its programs or activities." Additional information, including policy definitions, instructions on filing a complaint, disciplinary actions, and state and federal remedies can be found in the Lasell University Student Handbook on the institution website: https://www.lasell.edu/campus-life/student-handbook/policies-and-issues-of-general-conduct-x67665.html

Course Withdrawal

After the Add/Drop period, a student may withdraw from one or more courses until the end of the deadline published on the Academic Calendar. A grade designation of "W" will be recorded for official withdrawals that occur prior to the course withdrawal period deadline date published in the Academic Calendar. After that time, a student not attending a course or completing course work receives an "F". In consultation with their academic advisor, the student should review policies regarding full-time status, academic standing, financial aid, and international student visa status before submitting a course withdrawal. Students should consult the policy on course withdrawal and tuition reimbursement.

Military Leave

Students will be allowed to take military leave from the University without penalty. Students will receive a 100 percent tuition refund (less any financial aid which may have been received for the term) upon presenting an original copy of their military orders for active duty to the Office of the Registrar. Alternatively, extension (INC) grades with no tuition reimbursement may be more appropriate when the call for active military duty comes near the end of the semester/session. Students taking military leave should complete the leave of absence form provided by the Office of the Registrar.

Leave of Absence

Students experiencing medical, personal, or professional challenges may take voluntary leave of absence for up to two consecutive semesters after consultation with their Academic Advisor. To receive a leave of absence from the University, the student must complete a leave of absence form and submit it to the Office of the Registrar. Students planning a leave from the institution should check with Student Accounts and the Office of Financial Aid regarding all financial policies and procedures. Students who wish to take a leave of absence after registering for courses must officially drop or withdraw from the courses in addition to completing the leave of absence form. Students should consult the policy on course withdrawal and tuition reimbursement. During this time, students should not study at another college if they plan to return to Lasell and complete their degree. Students on leave due to an official leave of absence from the University should be in contact with their Academic Advisor and the Office of Student Accounts.

University Withdrawal

Any student wishing to withdraw from the University should speak with his or her Academic Advisor to explore the possible alternatives. If withdrawal is a student's final decision, the student should complete a University Withdrawal Form.
https://www.lasell.edu/tuition-and-aid/policies
The student will be asked to speak with various professional staff from Financial Aid and Student Accounts as part of the withdrawal process. Students wishing to return to the College after a withdrawal must reapply. Please refer to the readmissions policy in the University catalog.

Administrative Withdrawal

Students who have not officially been granted a leave of absence and who fail to register for courses over two consecutive semesters will be administratively withdrawn from the University. Students can also be administratively withdrawn for financial reasons. Students wishing to return to the program after being administratively withdrawn should refer to the Readmission Policy in the University catalog.

Readmission

Returning to the University requires an application for readmission to the Office of the Registrar. Students must provide an account of what they have done since leaving Lasell, a clear explanation of why they wish to return and why they feel they will be successful at this point in completing their education. Applications for readmission are reviewed on a case-by-case basis by the Academic Review Committee and the Radiologic Technology Program Director. Students reapplying to the program are informed in writing of the committee's decision regarding their reapplication. Readmission is contingent upon available openings in the program. Currently, the maximum student enrollment per cohort is ten. Students who withdraw in good academic standing are welcome to reapply at any time.

III. Tuition and Fees, Costs and Refund Policies

Tuition and Fees

The Radiologic Technology program tuition is calculated per academic course credit and per clinical course credit. The estimated total tuition cost for the program can be found on the Tuition and Fees webpage:
https://www.lasell.edu/graduate-studies/tuition-and-aid/tuition-and-fees.html

Costs

Students may incur additional costs associated with course materials and supplies, transportation, and parking fees for clinical rotations. Additional program related expenses may include:

Item	Estimated Cost	Notes

Course materials (textbooks, including required ARRT prep book for Radiography Seminar; laptop/computer; Trajecsys clinical tracking platform)	$1,550–2,850	One-time; Trajecsys fee is $150
Uniform (scrubs)	$60–120	One-time; ID badge is provided by the clinical site at no cost
ARRT Registry Exam Fee	$225	One-time, prior to graduation
Transportation to/from clinical sites and associated parking	90–426/month (Boston-area sites); CCRTA fixed routes currently free (Cape Cod sites); or $0.725/mile if driving	Varies by student residence, assigned site, and mode of transportation; parking cost varies by site
Immunizations, TB testing, and/or COVID-19 testing	$0–300	Often covered by student health insurance
CPR/AED certification maintenance	$45–90	Renewal typically required once during the program
Criminal background check (CORI) and drug screening	$200–250	Drug screening confirmed at $171 (Quest Diagnostics expanded panel); CORI cost varies by vendor
ASRT student membership	$37/year	Annual
Trajecsys Clinical Tracking Program	$150	One-time fee; used to track competencies during Clinical Practicum

Refund Policies

Program refund policies are directly aligned with the University Refund Policies. Students who change their status from full time to part time, OR part time students who reduce their number of credits, after the Add/Drop period will be responsible for 100% of tuition and associated fees for the semester. All Withdrawal Adjustment Schedules are listed on the University Financial Services webpage for students: https://undergraduate.catalog.lasell.edu/financial-information/student-financial-services

IV. Health and Clinical Setting Requirements

Lasell University has health requirements and vaccination requirements that are required by both Lasell University and clinical sites. Students accepted to Health Programs must be in compliance with the current immunization requirements specified by the Massachusetts Department of Public Health for Health Care Personnel (HCP) and in accordance with state law, MGL, Chapter 76, Section 15C, and its regulations at 105 CMR 220.000 - 220.700 in order to participate in a clinical experience.

Health Requirements/Vaccinations/Screenings:

1. Students must provide proof of Health Insurance
2. Students must provide proof of a physical examination within the past 12 months.
3. Students must have an up-to-date Meningococcal with the past five years if residing on campus (Lasell requirement)
4. Hepatitis B - Evidence of 3 dose series (Energix-B or Recombivax HB) OR 2 dose series (Heplisav-B given on or after 18 years of age) OR positive titer are acceptable.
5. MMR (Measles, Mumps & Rubella) -Evidence of 2 doses or positive titer results for Measles, Mumps, and Rubella. If any titer is equivocal or not immune, you must submit evidence of an MMR booster.
6. Tdap (Tetanus, Diphtheria, & Pertussis) - Evidence of a Tdap shot once; 10 years after that, a Tetanus or Td booster is required.
7. Varicella (Chickenpox) - Evidence of 2 doses OR primary care provider verification of the disease (month/year) or positive titer results. If your titer is equivocal or not immune, you must submit evidence of a Varicella booster.
8. Influenza (yearly): (clinical requirement)
9. Annual Tuberculosis test: TB test satisfying this requirement include:
    1. Tuberculin Skin Test (TST): PPD
    2. TB Blood Tests :QuantiFERON-TB Gold In-Tube test (QFT-GIT) or T-SPOT TB test (T-Spot). If the test is positive, a chest X-Ray is required every 5 years, and a TB symptom-free note is required annually.

* Some clinical sites may require Covid-19 vaccination.

Proof of immunization and Tuberculosis Screening must be submitted to the Lasell University Program Director before the start of clinical. You cannot participate in Clinical if these items are not submitted. If you are unable to get this documentation from your health care provider or if you are missing the required immunizations, we suggest that you make an appointment with Fenway Health to get the immunizations you need. Fenway Health has three locations, all accessible by public transportation. You can find out more information by visiting their website at www.fenwayhealth.org or call them at 617.267.0900.

Additional clinical setting requirements:

1.. Criminal Background Check & Massachusetts CORI check
2. CPR certification:
https://www.redcross.org/take-a-class/cpr/cpr-training/cpr-for-healthcare-providers . Please be sure to select BLS/CPR for Healthcare Providers. You must complete an in-person component to demonstrate skills.
3. Drug test completed within three weeks of first day of Clinical: see Quest Diagnostics
https://www.questhealth.com/product/drug-screening-test-panel-expanded/13763M.html

- You must select the : “Drug Screening Test Panel -Expanded.”
- Purchase the lab test online

- You will be emailed with a link to register your test and schedule an appointment for your test at a Quest Diagnostics location.
- Complete test in-person at a Quest Diagnostics facility. (You can walk-in to Quest Diagnostics for testing, but will be subject to wait times.)

Clinical travel requirements:

Students are responsible for arranging and funding their own transportation to all clinical education and laboratory sites. Because program coursework is delivered online, students are not required to commute to campus; transportation is required only for scheduled clinical and laboratory sessions.

Clinical sites include Brigham and Women's Hospital, Massachusetts General Hospital, Boston Medical Center (Brockton campus), Cape Cod Hospital, and Falmouth Hospital. Students assigned to Brigham and Women's Hospital or Massachusetts General Hospital attend laboratory sessions together at AFC Urgent Care (Trapelo Road, Waltham); students assigned to Boston Medical Center attend laboratory sessions at their clinical site. Students assigned to Cape Cod Hospital or Falmouth Hospital attend laboratory sessions together, alternating location by semester (Cape Cod Hospital in the first semester, Falmouth Hospital in the second). Because clinical sites are geographically dispersed across the greater Boston area and Cape Cod, travel distance and commute time vary by assignment.

Students may travel by personal vehicle, public transportation (including the MBTA for Boston-area sites and the Cape Cod Regional Transit Authority for Cape Cod sites), or a combination of both, and are expected to plan travel so as to arrive punctually regardless of the method used. Students are responsible for any associated costs, including fuel, parking, tolls, or fares; estimated transportation costs by site are provided in the Program's Additional Program Costs summary. (Student Handbook, pgs. 11-12)

V. Student Resources

For information on Academic Support, Accessibility Services, Diversity, Equity and Inclusion, Counseling, Technology Support, and Title IX Resources, see the Lasell University Student Support Website below:
https://www.lasell.edu/campus-life/student-support.html

VI. Students' Rights and Responsibilities

Confidentiality

In compliance with the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment), Lasell University has committed itself to protecting the privacy rights of its students and to maintaining the confidentiality of its records. Clinical education records are treated as educational records and are protected under FERPA. Clinical preceptors provide

performance assessments to the program through secure processes, and students are afforded appropriate access to their evaluations consistent with institutional policy.

Under the FERPA Act, Students have the right to review and inspect academic records, the right to request to amend academic records, the right to a hearing to challenge the contents of records, the right to refuse designation of directory information, and the right to file a complaint.

Additional Information about student confidentiality can be found here: https://undergraduate.catalog.lasell.edu/policies-information/academic-policies/student-confidentiality.
Information about other students' rights and responsibilities, including information concerning student responsibility, general conduct, and information on how to file an academic grievance can be found online in the Undergraduate Academic Catalog.

Pregnancy Declaration

In the event a female radiography student becomes pregnant, she may choose to officially declare her pregnancy to the Program Director and Clinical Coordinator/Radiation Safety Officer. If a radiography student chooses to officially declare her pregnancy, the student must notify the program in writing of her pregnancy and state the estimated date of conception. If a student decides not to declare her pregnancy, it will result in exemption from the specific state radiation protection regulations limiting the exposure to the embryo/fetus.

If after declaring pregnancy, a student wishes to withdraw the declaration or "undeclare" the pregnancy, the student must submit a written notification to the program director and clinical coordinator. A student may "undeclare" a pregnancy at any time.

Once the student declares herself pregnant, the Clinical Coordinator/Radiation Safety Officer will issue to the student:

- A second badge to be worn during the gestation period at waist level to serve as a measure of embryo/fetus exposure. Exposures to this waist level badge will be limited to less than 50mrem/month (0.5 millisieverts/month).
- A copy of the applicable state regulations (105CMR 120.203, 105CMR120.218, 105CMR120.267) containing information on exposure to the embryo/fetus.
- A copy of the U.S. NRC Regulatory Guide 8.13, Instruction Concerning Prenatal Radiation Exposure and Guide 8.29, Instructions Concerning Risks from Radiation Exposure.

According to the Commonwealth of Massachusetts Regulation 105CMR120.218, the declared pregnant student may continue in the Radiography Program if her embryo/fetal exposures are in conformance with the state requirements. If the student chooses to continue in the program, the following procedure must be followed:

- The student and clinical site must make all possible efforts to ensure that the exposure total to the waist badge does not exceed 500 mrem (5 millisieverts) for the entire gestation period.
- The student and the Program Director are to be notified in writing by the Clinical Coordinator/Radiation Safety Officer if over 80% of this dose (400mrem) is received. The student and the Program Director are to be informed in writing if the monthly recommendation is reached or exceeded.
- If the maximum exposure total for the gestation period is reached, the Program Director and the student will discuss the options available to the student. The three options available to the student are:

(1.) The student may elect to continue in the Radiography Program without modification to her clinical schedule, rotations, or coursework. This option acknowledges that pregnancy declaration and adherence to the recommended fetal dose limit are voluntary, and a declared student retains the right to continue her education as originally scheduled based on her own informed decision, made in consultation with her health care provider.

(2.) The student may request a leave of absence (LOA) from the clinical component of the program. The student may continue with general education courses. All clinical internship coursework and clinical rotations must be completed within the following academic year.

(3.) The student may withdraw from the Radiography Program by submitting a letter to the Radiography Program Director. If readmission is desired, the student must reapply to the program.

These radiation safety guidelines are based on research cited by the Nuclear Regulatory Commission from the United States Nuclear Regulatory Commission (USNRC), and the National Council on Radiation Protection and Measurements (NCRP).

Lasell University complies with all guidelines concerning radiation safety for pregnant students/workers. Lasell University or its affiliates will not be responsible for injury to either the mother or child due to radiation exposure during pregnancy.

Grievance Policy

Any grievance concerning a student's clinical rotation or academic courses should try to be resolved by open communication with the clinical preceptor or program faculty, respectively. The Clinical Preceptor may request the Clinical Coordinator be present for student conferences.

If the student is not satisfied after communicating his/her grievance to the appropriate faculty, the student may present the problem in writing to the Radiography Clinical Coordinator within five business days. If the situation cannot be resolved with the Clinical Coordinator, the issue will be raised to the attention of the Program Director. The Program Director will work with all parties involved to seek an acceptable resolution/outcome. If the grievance cannot be resolved at the Program Director level, it will be escalated to the Vice President of Workforce Development and Graduate Studies. The student may elect to cancel the grievance at any time. Information about this policy can be found using this link:

https://undergraduate.catalog.lasell.edu/policies-information/academic-policies/undergraduate-academic-grievance-process

If the student has exhausted all University channels for resolution of his/her grievance, and the problem represents non-compliance with JRCERT Accreditation Standards, the student should contact:
The Joint Review Committee on Education in Radiologic Technology (JRCERT)
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-02901
Phone: (312) 704-5300
E-mail: mail@jrcert.org

See additional complaint information here:
JRCERT Complaint Information: https://www.jrcert.org/accreditation-for-students/allegations/

VII. Accreditation

The program is currently in the process of review for accreditation by the Joint Review Committee on Education in Radiologic Technology, an accreditation organization recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography.

In order to sit for the national registry examination to become a Registered Radiologic Technologist, an RT (R), a student must possess an associate degree and graduate from an accredited program of study in radiologic technology. The degree must come from an institution accredited by an agency that ARRT recognizes, like the JRCERT. The process of accreditation is due to be completed before the first cohort of students graduates.

In order to achieve accreditation, the JRCERT requires educational programs to meet Six Educational Programmatic Standards. Detailed descriptions of each standard can be read here: https://www.jrcert.org/jrcert-standards/

Six JRCERT Standards for an Accredited Educational Program in Radiography:

- Standard One: Accountability, Fair Practices, and Public Information
  The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

- Standard Two: Institutional Commitment and Resources
  The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

- Standard Three: Faculty and Staff
  The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

- Standard Four: Curriculum and Academic Practices
  The program's curriculum and academic practices prepare students for professional practice.

- Standard Five: Health and Safety
  The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

- Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement
  The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

VIII. Professional Organizations

ASRT

The American Society of Radiologic Technologists (ASRT) is recognized as the oldest and largest international association for medical imaging technologists and radiation therapists. The JRCERT accrediting body requires educational programs follow a JRCERT-adopted curriculum. An adopted curriculum is defined as either the most recent ASRT Radiography curriculum and/or another professional curriculum adopted by the JRCERT Board of Directors.

Lasell University's Radiologic Technology program directly follows the ASRT recommended curriculum in terms of scope and the most recent 2022 ASRT Radiography Curriculum can be viewed here: https://www.asrt.org/educators/asrt-curricula/radiography

The ASRT is also a professional organization that students and registered technologists can join for a yearly membership fee. The ASRT provides publications and opportunities to earn

Continuing Education Units (CEUs), which registered technologists are required to earn and report to the ARRT every two years.

ARRT

The American Registry of Radiologic Technologists (ARRT) is the credentialing organization that provides certification and registration for radiologic technologists by administering the registry examination.

The ARRT Standards of Ethics is one of the ARRT's governing documents and states the types of behavior expected of ARRT registrants. The Standards of Ethics includes the Code of Ethics (a set of guidelines to which registered radiologic technologists should aspire) and the Rules of Ethics (mandatory and enforceable standards for registered technologists).

The ARRT Code of Ethics

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

> *1. The Registered Technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.*
>
> *2. The Registered Technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of humankind.*
>
> *3. The Registered Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.*
>
> *4. The Registered Technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.*

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

The ARRT Rules of Ethics

The Rules of Ethics form the second part of the Standards of Ethics. They are mandatory standards of minimally acceptable professional conduct for all Registered Technologists and Candidates. ARRT certification and registration demonstrates to the medical community and the public that an individual is qualified to practice within the profession. The Rules of Ethics are intended to promote the protection, safety, and comfort of patients. Accordingly, it is essential that Registered Technologists and Candidates act consistently with these Rules. The Rules of Ethics are enforceable. Registered Technologists are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence. Applicants for certification and registration are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence. Registered Technologists and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

<u>Fraud or Deceptive Practices</u>
Fraud Involving Certification and Registration
1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification and registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by ARRT or any state or federal agency, or by indicating in writing certification and registration with ARRT when that is not the case.
Fraudulent Communication Regarding Credentials
2. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding any individual's education, training, credentials, experience, or qualifications, or the status of any individual's state permit, license, or registration certificate in radiologic technology or certification and registration with ARRT.
Fraudulent Billing Practices
3. Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.

<u>Subversion</u>
Examination / CQR Subversion

4. Subverting or attempting to subvert ARRT's examination process, and/or ARRT's Education Requirements, including the Structured Self-Assessments (SSA) that are part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination, Education Requirements and/or CQR or SSA processes, includes but is not limited to:

i.disclosing examination and/or CQR SSA information using language that is substantially similar to that used in questions and/ or answers from ARRT examinations and/or CQR SSA when such information is gained as a direct result of having been an examinee or a participant in a CQR SSA or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or

ii. soliciting and/or receiving examination and/or CQR SSA information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR SSA from an examinee, or a CQR participant, whether requested or not; and/or

iii. copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR SSA materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR SSA participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR SSA materials; and/or

iv. using or purporting to use any portion of examination and/or CQR SSA materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR SSA; and/or

v. selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR SSA materials without authorization; and/or

vi. removing or attempting to remove examination and/or CQR SSA materials from an examination or SSA room; and/or

vii. having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR SSA of ARRT; and/or

viii. disclosing what purports to be, or what you claim to be, or under all circumstances is likely to be understood by the recipient as, any portion of or "inside" information concerning any portion of a future, current, or previously administered examination or CQR SSA of ARRT; and/or

ix. communicating with another individual during administration of the examination or CQR SSA for the purpose of giving or receiving help in answering examination or CQR SSA questions, copying another Candidate's or CQR participant's answers, permitting another Candidate or a CQR participant to copy one's answers, or possessing or otherwise having access to unauthorized materials including, but not limited to, notes, books, mobile

devices, computers and/or tablets during administration of the examination or CQR SSA; and/or

x. impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR SSA on one's own behalf; and/or

xi. using any other means that potentially alters the results of the examination or CQR SSA such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.

Education Requirements Subversion

5. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT's Education Requirements for Obtaining and Maintaining Certification and Registration ("Education Requirements"), including but not limited to, continuing education (CE), clinical experience and competency requirements, structured education activities, and/or Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT's Education Requirements or CQR Requirements includes, but is not limited to:

i. providing false, inaccurate, altered, or deceptive information related to CE, clinical experience or competency requirements, structured education or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or

ii. assisting others to provide false, inaccurate, altered, or deceptive information related to education requirements or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or

iii. conduct that results or could result in a false or deceptive report of CE, clinical experience or competency requirements, structured education activities or CQR completion; and/or

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

Failure to Cooperate with ARRT Investigation

6. Subverting or attempting to subvert ARRT's certification and registration processes by:

i. making a false statement or knowingly providing false information to ARRT; or

ii. failing to cooperate with any investigation by ARRT in full or in part.

<u>Unprofessional Conduct</u>

Failure to Conform to Minimal Acceptable Standards

7. Engaging in unprofessional conduct, including, but not limited to:

i. a departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice or scope of practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice.

ii. any radiologic technology practice that may create unnecessary danger to a patient's life, health, or safety. Actual injury to a patient or the public need not be established under this clause.

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

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

<u>Scope of Practice</u>
Technical Incompetence
10. Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally supervised by someone who is competent (through training and/or education or experience).

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

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

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

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

Improper Management of Patient Records

False or Deceptive Entries

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

Failure to Protect Confidential Patient Information

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

Knowingly Providing False Information

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

Violation of State or Federal Law or Regulatory Rule

Narcotics or Controlled Substances Law

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

Regulatory Authority or Certification Board Rule

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

Criminal Proceedings

20. Convictions, criminal proceedings, or military courts-martial as described below:

i. conviction of a crime, including, but not limited to, a felony, a gross misdemeanor, or a misdemeanor; and/or

ii. criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters an Alford plea, a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; and/or

iii. military courts-martial related to any offense identified in these Rules of Ethics; and/or

iv. required sex offender registration.

Duty to Report

Failure to Report Violation

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

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

Once becoming a registered radiologic technologist, the ARRT requires each technologist to complete CEUs and report them every 2 years, along with a renewal application and a license renewal fee.

Students may also need a state license to work as a radiologic technologist. Massachusetts requires a state license. This license is renewed annually and requires proof of an active ARRT license. Massachusetts hospitals are required to store copies of each technologist's state and ARRT license, and may track CEU completions.

IX. Registry

In order to earn the credential of being a registered Radiologic Technologist, students must pass the ARRT Registry Examination. The ARRT website describes the Primary Eligibility Pathway which includes first earning an associate degree and completing an accredited radiologic technology program before sitting for the registry examination. For an overview of the Primary Eligibility Pathway, students should visit this website and read the Primary Eligibility Pathway Handbook:
https://www.arrt.org/pages/earn-arrt-credentials/credential-options/radiography

Students have 3 attempts to pass the registry, and those 3 attempts must be made within 3 years of the date your exam window opens. Students can find more detailed information about the registry exam, including the format and content of the test on the ARRT website:
https://www.arrt.org/pages/earn-arrt-credentials/initial-requirements/exam/examination-requirement

As stated in the Primary Eligibility Handbook, the ARRT requires that: "Once you meet all educational eligibility requirements—such as completing your educational program and meeting all degree requirements—you have three years to apply for ARRT certification and registration. Once you establish eligibility and apply, you'll have three more years—and three attempts— to pass the ARRT exam. Each exam attempt requires a new application and fee. (As

of Jan. 1, 2025, you'll need to earn your degree and submit your application no more than three years after completing an educational program in your discipline.)"

Students must create an account on the ARRT website: www.arrt.org to schedule his/her examination. Students can then apply for ARRT certification and registration through your online account. Once the account has been created, the Program Director will approve it. Students can submit online applications up to 90 days before completing the program.

X. Program Curriculum

The Radiologic Technology Program requires the student to earn a total of 65 credits to complete the program. The majority of classes are online, didactic and asynchronous. There are 4 Clinical Practicums that are in-person onsite at a predetermined clinical site.

Each course will provide the student with a syllabus with required texts and assignments for the semester as well as mid-term and final examination dates. Course content can be reviewed at a student's preferred time, allowing maximum flexibility for students.

All course descriptions can be viewed in the Academic Catalog.. A grade of B- or better is required in all BIO, PHYS, and RAD courses to successfully receive credit for the course.

Students will be required to have access to a computer or electronic device to complete coursework and view course content. Students will have to submit weekly assignments and will be graded on this work.

All courses are designed to follow the ARRT Requirements for didactic curriculum components. Coursework addresses the topics in the ARRT Content Specifications. These can be viewed on the ARRT website here:
https://www.arrt.org/pages/arrt-reference-documents/by-document-type/examination-content-specifications

A copy of the Content Specifications can also be found posted in Trajecys..

XI. Clinical Education

Requirements

Some of the most valuable learning occurs during a student's clinical rotation to his/her designated clinical site. Each clinical site will offer students access to the exams needed to demonstrate competency. Students will spend two, 8-hour days at their clinical site in the first two semesters and three, 8-hour days at their clinical site in the third and fourth two semesters.

The first week of clinical practice will be an orientation to the hospital and radiology department. Emergency procedures, hospital precautions, and fire safety information will be included in this

orientation. Orientation will need to be completed in order for the student to participate in clinical.

Clinical competency on an examination can only be attempted after the student has the practice lab on the procedure. The student can only attempt competency after they have observed and performed (under direct supervision) the procedure at least one time.
Students must demonstrate competence in the clinical procedures identified below.

As part of the education program, candidates must demonstrate competence in the clinical procedures identified below. These clinical procedures are listed in more detail in the following sections: Eight mandatory general patient care procedures; 35 mandatory imaging procedures; 17 elective imaging procedures selected from a list of 36 procedures; One of the 17 elective imaging procedures must be selected from the head section; and Two of the 17 elective imaging procedures must be selected from the fluoroscopy studies section.

Students must achieve competence of specific exams required by the ARRT. The Clinical Competency Requirements can be viewed on the ARRT website here:
https://www.arrt.org/pages/arrt-reference-documents/by-document-type/didactic-and-clinical-competency-requirements

The list of required exam and patient care procedures competencies that must be completed are included in the Appendix of the Program Handbook. A blank template is provided for students to track their progress.

The Lasell University Clinical Competency Evaluation Form is based on a total point score of 100 points. In order to pass a competency evaluation a student must achieve a score of 85% or higher.

All clinical progress will be tracked using the Trajecys computer program. Students will have accounts where they can enter their activity for each day at clinical. Students will also have their competencies tracked through Trajecys. The Clinical Coordinator and Program Director will post useful program documents in Trajecys for students to view. An orientation to Trajecys will be given in the first week of a student's clinical rotation.

Clinical Supervision

The Joint Review Committee on Education in Radiologic Technology (JRCERT), defines direct supervision of students as "supervision by a qualified radiographer who reviews the procedure in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is physically present during the procedure, and reviews and approves the procedure and the image."

The JRCERT defines indirect supervision as “supervision provided by a qualified radiographer who is immediately available to assist students, regardless of the level of student achievement. The phrase, immediately available, is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiography student is performing a procedure.”

All repeat imaging procedures must be performed under direct supervision, regardless of student competency status.

Clinical sites will maintain a 1:1 student-to-qualified radiographer ratio to ensure appropriate direct and indirect supervision at all times.

Students must have direct supervision during all mobile, c-arm and fluoroscopic procedures.

Failure to adhere to these supervision standards could result in legal consequences for the clinical staff, the student and the educational program.

Dose Monitoring and Radiation Protection

All radiography students must wear a radiation monitor/dosimeter during their clinical rotations and also while at lab sessions in an energized x-ray room. It is a legal requirement that all persons working around radiation wear radiation dosimeters to measure their radiation exposure.

Dosimeters are assigned to students by the Lasell University Clinical Coordinator and used according to state and federal regulations. Instructions will be given by the Clinical Coordinator on the proper use and storage of the dosimeter.

Students must always wear their dosimeters while at their clinical site, even if the site requires an additional monitoring badge. Dosimeter readings are reviewed by the Clinical Coordinator and Dose Reports will be posted in Trajecsys for students to have access to.

According to the Nuclear Regulatory Commission (NRC) Standards for Protection Against Radiation, “the licensee shall control the occupational dose to individual adults to the following dose limits: The total effective dose equivalent (per Year) being equal to 5 rems (0.05 Svi, 5,000 mrem).” NRC: 10 CFR Part 20 – Standards for Protection Against Radiation, subpart C – Occupational Dose Limits. Lasell University has developed its own Radiation Protection Plan and Overexposure Policy which is included in the appendix. This policy sets investigational levels well below the regulatory limits and describes the steps taken when a student’s monitored dose reaches or exceeds those levels.

If a dosimeter is lost or damaged, the Lasell University Clinical Coordinator must be notified immediately so that a replacement can be ordered. Students cannot participate in clinical or lab activities without a dosimeter.

The ALARA (As Low as Reasonably Achievable) principle must be exercised during all radiographic procedures. This principle mandates proper use of shielding and collimation according to radiation protection standards of the profession and clinical site. All female patients of childbearing age will be asked about the chance of possible pregnancy. If the patient indicates there is a possibility of pregnancy, the student should follow the clinical site's established policies regarding patient pregnancy.

Radiography students are never permitted to hold patients during radiographic procedures are prohibited from taking an exposure when a technologist is holding the patient. Similarly, when a patient or image receptor must be held in place during an exposure, mechanical devices must be employed. Student radiographers are prohibited from holding patients or image receptors during exposures.

Whenever possible, students assisting in fluoroscopic or operating room procedures, must remain behind protective lead barriers or wear lead aprons and thyroid shields. Students who are present during fluoroscopic studies or operating room cases will be provided with lead-impregnated protective apparel (apron and thyroid shield) of not less than 0.25 mm Pb equivalence.

A lead apron must be worn by students during all mobile radiographic procedures. No exceptions to this policy will be made.

Students are also responsible for protecting staff members, patients, and visitors in the vicinity of radiographic procedures. Prior to making an exposure, students must announce the impending exposure and allow individuals within the immediate area an opportunity to exit. Individuals who cannot leave must be provided with appropriate shielding. Failure to comply with radiation safety policies may result in removal from the clinical setting and dismissal from the program due to unsafe practice

Dress Code

Radiography students are required to dress in a professional manner at all times when at their respective clinical sites. Students are expected to wear black hospital scrubs and plain white T-shirts are allowed under the scrub top (no logos on the T-shirt). Students may wear a white lab coat or white scrub jacket over their hospital scrubs. All footwear must be clean. No opened toed shoes are allowed. ID badges must be worn on the outside of the student uniform and be visible at all times.

The student's appearance must not be distracting to others (i.e., co-workers, patients, visitors, etc.). Facial piercings, including but not limited to, piercing of the tongue, nose, cheek, eyebrow, lip, or chin are not allowed. Offensive tattoos must be covered up. Hair longer than shoulder length must be tied up/back. Jewelry and make-up must be kept to a minimum. No long necklaces or large/long earrings are allowed. Nails must be kept short and clean; long or false nails are not allowed due to risk of infection and transmission of bacteria. Students must not use strong scented cologne, perfume, aftershave, body spray and body lotion.

Students will be provided with a pair of lead x-ray markers. The standard blue left marker and red right marker with the students initials will be ordered by the program and ready for use on the first day of clinical. Students who do not have their lead markers will not be allowed to take patient images and may have points deducted from their Clinical Practicum Grade.

Technological Device Policy

Students enrolled in online or hybrid courses are expected to adhere to university academic integrity policies. Secure technology platforms are used to support identity verification and assessment integrity.

Students may keep personal devices in their pocket or locker during clinical. Phones or watches should not be used or taken out at any time during clinical, except when using for educational purposes, on break, or in case of emergency. When students are not observing or performing procedures they should be studying Merrill's Pocket Guide to Radiology, which should be kept with the student at all times. If students are observed using technological devices inappropriately during clinical, it may affect their overall grade for Clinical Practicum. Recording or taking photographs of other students or instructors is not allowed unless given express permission. Recording or taking photos of patients or patient information is strictly prohibited.

Timekeeping

Students will sign in/out to their clinical site each day using Trajecsys. Students are expected to be on-time. If excessive tardiness occurs, the student's grade may be affected and a meeting with the Clinical Preceptor and Coordinator may be scheduled to discuss the issue. If a student is repeatedly late, the student may be required to make up clinical time missed. If students miss clinical time for any reason, they will be required to make up the time. The student will arrange with the Clinical Preceptor when they will make up the missed time.

Clinical Rotation Policy VIolation and Clinical Performance Action Plans

The Clinical Rotation Policy Violation outlines the step-by-step process for students who violate Clinical Rotation Expectations and/or Policies. (See Appendix) When academic or clinical performance concerns are identified, a student action plan may be developed collaboratively by the Program Director, Clinical Coordinator, clinical preceptor, and the student. Action plans outline expectations, remediation strategies, and timelines for reassessment.

MRI Safety Orientation/Policy

Students will be working at clinical sites with MRI departments, and prior to the start of their clinical rotations, must complete the MRI safety orientation and MRI screening form which reflects the current American College of Radiology (ACR) MR safety guidelines. (See form under Program Forms, on page 26.) Students must notify the program in writing immediately should there be any change in their personal status.

Holiday/Inclement Weather

Students will not attend clinical on any holidays recognized by Lasell University or on days the university is closed due to inclement weather. All students should be signed-up for University Emergency Alert test notifications. In case of inclement weather, clinical may be canceled or shortened at the discretion of the Clinical Coordinator who will inform the Clinical Preceptor of any change. Students must use their best judgement on their safety in traveling to clinical sites in inclement weather. If a student feels travel would be unsafe, they should not attempt to come to clinical that day.

XII. Credit Hours

A credit hour reflects the amount of time, level, and value of work a student completes toward specific learning outcomes. Lasell University sets this using the Carnegie Unit, the standard used across U.S. higher education: at minimum, one hour of direct instruction plus two hours of work outside class, each week, for approximately fifteen weeks in a semester. The Radiologic Technology Program applies this standard in three ways, depending on how a course is delivered.

Classroom Courses

For each credit hour, students complete:

- 1 hour of class time per week, plus
- 2 hours of coursework outside class per week

over a 15-week semester — 45 hours of total work per credit. For example:

- A 1-credit course = 1 hour of class + 2 hours of outside work per week (3 hours/week total)
- A 3-credit course = 3 hours of class + 6 hours of outside work per week (9 hours/week total)

Online Courses

Online courses require the same total hours as classroom courses, but the hours are spent differently. Rather than a single weekly class period, students engage with course material throughout the week and are evaluated on that ongoing engagement rather than a single exam or project.

A 3-credit online course still requires 9 hours of work per week — for example:

- 3 hours engaging with online instructional modules
- 6 hours reading, studying, and completing assignments, quizzes, or tests

Clinical Courses

Lasell University's Radiologic Technology program awards credit for clinical education courses using a contact-hour formula applied consistently to all clinical courses, in accordance with JRCERT Policy 11.407.

One credit is awarded for a minimum of 80 clinical placement hours. Credits are calculated by dividing a course's total scheduled clinical hours by 80 and rounding down to the nearest whole credit. Each semester is 15 weeks.

Clinical Education I and II each include 16 hours of clinical placement per week (two 8-hour shifts), for a total of 240 hours and 3 credits per course. Clinical Education III and IV each include 24 hours of clinical placement per week (three 8-hour shifts), for a total of 360 hours and 4 credits per course. Across the program, students complete 1,200 clinical hours for 14 credits.

To receive credit, students must complete all scheduled clinical hours, make up any missed hours according to the attendance policy, and achieve the required competencies.

XIII. Appendix & Program Forms

Pregnancy Policy (to be read and signed by female student)
Pregnancy Declaration Form
Direct/Indirect Supervision and Repeat Policy (to be read and signed by student)
Repeat Image Policy (to be read and signed by student)
Radiation Dose Investigational Policy (to be read and signed by student)
MRI Safety Orientation and Safety Acknowledgement Form (to be read and signed by student)
Clinical Educational Requirements Checklists
Contingency Plan
Handbook Acknowledgement Form (to be read and signed by student)

Policy Revised 9/2026

LASELL UNIVERSITY

Radiologic Technology Program

Pregnancy Policy

In the event a female radiography student becomes pregnant, she may choose to officially declare her pregnancy to the Program Director and Clinical Coordinator/Radiation Safety Officer. If a radiography student chooses to officially declare her pregnancy, the student must notify the program in writing of her pregnancy and state the estimated date of conception. If a student decides not to declare her pregnancy, it will result in exemption from the specific state radiation protection regulations limiting the exposure to the embryo/fetus.

If after declaring pregnancy, a student wishes to withdraw the declaration or "undeclare" the pregnancy, the student must submit a written notification to the program director and clinical coordinator. A student may "undeclare" a pregnancy at any time.

Once the student declares herself pregnant, the Clinical Coordinator/Radiation Safety Officer will issue to the student:

- A second badge to be worn during the gestation period at waist level to serve as a measure of embryo/fetus exposure. Exposures to this waist level badge will be limited to less than 50mrem/month (0.5 millisieverts/month).
- A copy of the applicable state regulations (105CMR 120.203, 105CMR120.218, 105CMR120.267) containing information on exposure to the embryo/fetus.
- A copy of the U.S. NRC Regulatory Guide 8.13, Instruction Concerning Prenatal Radiation Exposure and Guide 8.29, Instructions Concerning Risks from Radiation Exposure.

According to the Commonwealth of Massachusetts Regulation 105CMR120.218, the declared pregnant student may continue in the Radiography Program if her embryo/fetal exposures are in conformance with the state requirements. If the student chooses to continue in the program, the following procedure must be followed:

- The student and clinical site must make all possible efforts to ensure that the exposure total to the waist badge does not exceed 500 mrem (5 millisieverts) for the entire gestation period.
- The student and the Program Director are to be notified in writing by the Clinical Coordinator/Radiation Safety Officer if over 80% of this dose (400mrem) is received. The student and the Program Director are to be informed in writing if the monthly recommendation is reached or exceeded.
- If the maximum exposure total for the gestation period is reached, the Program Director and the student will discuss the options available to the student. The **three options** available to the student are:

(1.) The student may elect to continue in the Radiography Program without modification to her clinical schedule, rotations, or coursework. This option acknowledges that pregnancy declaration and adherence to the recommended fetal dose limit are voluntary, and a declared student retains the right to continue her education as originally scheduled based on her own informed decision, made in consultation with her health care provider.

(2.) The student may request a leave of absence (LOA) from the clinical component of the program. The student may continue with general education courses. All clinical internship coursework and clinical rotations must be completed within the following academic year.

(3.) The student may withdraw from the Radiography Program by submitting a letter to the Radiography Program Director. If readmission is desired, the student must reapply to the program.

These radiation safety guidelines are based on research cited by the Nuclear Regulatory Commission from the United States Nuclear Regulatory Commission (USNRC), and the National Council on Radiation Protection and Measurements (NCRP).

Lasell University complies with all guidelines concerning radiation safety for pregnant students/workers. Lasell University or its affiliates will not be responsible for injury to either the mother or child due to radiation exposure during pregnancy.

The program administration and faculty strongly advise that you discuss the technical standards associated with the RT program and how these physical activities may affect the progression of your pregnancy with your health care provider.

I have received and read the above pregnancy policy, understand its content and agree to comply with it.

Signature: _____

Name (Print):_____

Date: _____

LASELL UNIVERSITY

Radiologic Technology Program

Student Voluntary Declaration of Pregnancy Form

I, the undersigned student in the Lasell University Radiologic Technology Program, have thoroughly read and do understand all of the provisions contained in the Pregnancy Policy for the Lasell University Radiologic Technology Student, and hereby voluntarily declare my pregnancy status to the Program Administration.

My estimated day of conception: _____

I understand that my occupational radiation dose during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisieverts). I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

If I find out that I am not pregnant, if my pregnancy is terminated, or wish to undeclare my pregnancy for any reason, I will promptly inform the program, in writing, that my pregnancy has ended.

Signature: _____

Name (Print):_____

Date: _____

LASELL UNIVERSITY

Radiologic Technology Program

JRCERT Standards for Direct/Indirect Supervision of Radiography Students Policy

The Joint Review Committee on Education in Radiologic Technology (JRCERT), defines **direct supervision** of students as **"**supervision by a qualified radiographer who reviews the procedure in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is physically present during the procedure, and reviews and approves the procedure and the image."

The JRCERT defines **indirect supervision** as "supervision provided by a qualified radiographer who is immediately available to assist students, regardless of the level of student achievement. The phrase, immediately available, is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiography student is performing a procedure."

Students must have **direct supervision** during all mobile, c-arm and fluoroscopic procedures.

Failure to adhere to these supervision standards could result in legal consequences for the clinical staff, the student and the educational program.

I have read, understand and agree to comply with Lasell University's Policy concerning direct and indirect supervision, as stated by the Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for Direct/Indirect Supervision of Radiography Students.

Signature: _____

Name (Print):_____

Date: _____

LASELL UNIVERSITY
Radiologic Technology Program
Repeat Image Policy

If a student must repeat an image, they must not proceed with reexposure until there is a qualified radiographer in the room. The student must explain how they will address the problem to the radiographer, before taking a second exposure.

According to the Joint Review Committee on Education in Radiologic Technology(JRECRT), “a qualified radiographer must be physically present during the repeat image procedure and must approve the student’s procedure before re-exposure occurs.”

I have read, and understand, and agree to comply with Lasell University’s Repeat Image Policy.

Signature: _____

Name (Print):_____

Date: _____

LASELL UNIVERSITY

Radiologic Technology Program

Radiation Dose Investigational Level & Overexposure Policy

Effective Date: 09/01/2026 Next Scheduled Review: 01/01/2027

Purpose and Authority

The Lasell University Radiologic Technology Program is committed to keeping student radiation exposure As Low As Reasonably Achievable (ALARA). X-ray producing equipment in the Commonwealth of Massachusetts is regulated by the Massachusetts Department of Public Health Radiation Control Program under 105 CMR 120, and this policy applies the occupational dose limits in 105 CMR 120.211. The program also uses NRC 10 CFR Part 20 and NCRP Report No. 116 as reference standards and meets the radiation safety requirements of JRCERT Standard Five (Objectives 5.1 and 5.2).

This policy sets investigational levels well below the regulatory limits and describes the steps taken when a student's monitored dose reaches or exceeds those levels.

Monitoring

- **Who and where.** All radiography students are issued a personal dosimetry badge through the program's dosimetry provider (Landauer) and must wear it whenever they are exposed to or may be exposed to radiation: in the clinical setting, in any energized laboratory, and during simulation, image production, or quality assurance testing.
- **Badge placement.** The badge is worn at collar level, outside of any protective apron. When a clinical site's Radiation Safety Officer (RSO) requires a second badge worn under the apron at waist level (for example, during fluoroscopy), students wear both badges as directed and in line with the fluoroscopy provisions of 105 CMR 120.211.
- **Exchange and reporting.** Badges are exchanged and read quarterly. Each student receives a copy of their exposure report within thirty (30) school days of the program receiving the data.
- **Records.** The Clinical Coordinator reviews every dosimetry report on receipt and maintains each student's quarterly and cumulative calendar-year dose record in the student's file, retained in accordance with University record retention policy and applicable regulations.

Regulatory Dose Limits

The program applies the following annual limits. Students are held to the adult occupational limits unless a category below applies.

Category	Annual limit	Reference
Whole body (effective dose)	5,000 mrem (5 rem / 50 mSv)	105 CMR 120.211
Embryo/fetus of a declared pregnant student	500 mrem for the entire gestation period	105 CMR 120.218
Students under 18 years of age	10% of the adult limits (500 mrem whole body)	105 CMR 120; NCRP Report No. 116

Investigational Levels

Investigational levels are checked at every quarterly badge reading and also against the cumulative calendar-year total. Whichever trigger is reached first applies. Quarterly levels are set at 10% and 30% of one quarter of the annual limit, which catches elevated exposure promptly rather than only after it has accumulated across the year.

Level	Quarterly dose	Cumulative calendar-year dose	Required action
Level I	125 mrem	500 mrem (10% of annual limit)	Written notification to the student and an ALARA review (time, distance, shielding) by the Clinical Coordinator/RSO. No further action if the trend does not continue.
Level II	375 mrem	1,500 mrem (30% of annual limit)	Formal investigation by the Clinical Coordinator/RSO of clinical assignments and dosimetry practices, with a documented discussion with the student. Program Director notified in writing. Corrective action documented in the student's file.
Regulatory limit	n/a	5,000 mrem (or the applicable limit above)	Immediate removal from all radiation-producing activities pending investigation; written notification to the Program Director and the student; regulatory reporting as described below.

Reaching Level I means a student has used a small fraction of their allowable dose, not that they are near the limit. Level I is an early prompt to review technique and badge-wearing habits. Timelines: Level I notification and ALARA review are completed within thirty (30) school days of receipt of the report, and a Level II investigation is opened within the same period. Corrective actions may include reassignment away from higher-exposure procedures and additional ALARA training. A student removed at the regulatory limit may not resume radiation-producing duties until the investigation is complete and a documented corrective action plan is in place.

Regulatory Reporting

Under 105 CMR 120.283, a licensee or registrant must report any exposure exceeding the applicable occupational limit to the Massachusetts Department of Public Health Radiation Control Program in writing within thirty (30) days of learning of it. The report includes the dose estimate, the cause, and corrective steps.

- **Responsible party.** The registrant of the equipment where the exposure occurred is responsible for filing: the clinical affiliate for clinical exposures, and Lasell University for exposures in a University laboratory.
- **Program role.** The Clinical Coordinator notifies the affiliate's RSO immediately upon learning of a possible reportable exposure, supplies dosimetry data, and confirms that the report is filed within the 30-day period. The Program Director is informed in writing throughout.

Declared Pregnancy

A student may voluntarily declare a pregnancy under the program's Pregnancy Policy, which provides (1) a written notice of voluntary declaration, (2) an option to withdraw the declaration in writing at any time, and (3) an option to continue in the program without modification. Additional options, such as clinical reassignment or a leave of absence, are handled in accordance with Title IX. Once a pregnancy is declared, the embryo/fetus limit in the table above applies and the declared student's dosimetry is reviewed against it at each reading.

Responsibilities

- **Clinical Coordinator / Radiation Safety Coordinator:** reviews each quarterly dosimetry report, distributes reports to students, notifies students and the Program Director when a level is reached, conducts investigations, maintains dose records, and coordinates with each clinical affiliate's RSO.
- **Program Director:** receives written notification at Level II and above, participates in investigations and corrective action planning, ensures regulatory reports are filed, and maintains overall program compliance with JRCERT and state and federal radiation safety requirements.
- **Clinical affiliate RSO:** provides site-specific monitoring requirements, assists with investigations of exposures at the site, and files regulatory reports when the affiliate is the registrant.
- **Student:** wears the assigned badge correctly at all times as described above, promptly reports any known or suspected unusual exposure or lost or damaged badge, and cooperates with any investigation under this policy.

Acknowledgment

I have received and read the above Radiation Dose Investigational Level & Overexposure Policy, understand its content, and agree to comply with it.

Signature: _____

Name (Print): _____

Date: _____

Magnetic Resonance Screening Form for Students

Magnetic resonance (MR) is a medical imaging system in the radiology department that uses a magnetic field and radio waves. This magnetic field could potentially be hazardous to students entering the environment if they have specific metallic, electronic, magnetic, and/or mechanical devices. Because of this, students must be screened to identify any potential hazards of entering the magnetic resonance environment before beginning clinical rotations.

Pregnancy Notice: The declared pregnant student who continues to work in and around the MR environment should not remain within the MR scanner room or Zone IV during actual data acquisition or scanning.

Student Name: _____ Date: _____

	Circle Yes or No	
1. Have you had prior surgery or an operation of any kind?	Yes	No
If yes to question 1, please indicate the date and type of surgery: Date: _____ Surgery Type: _____		
2. Have you had an injury to the eye involving a metallic object (e.g. metallic slivers, foreign body)?	Yes	No
If yes to question 2, please describe: _____ _____		
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?	Yes	No
If yes to question 3, please describe: _____ _____		
Please indicate if you have any of the following:		
Aneurysm clip(s)	Yes	No
Cardiac pacemaker	Yes	No
Implanted cardioverter defibrillator (ICD)	Yes	No
Electronic implant or device	Yes	No
Magnetically-activated implant or device	Yes	No
Neurostimulator system	Yes	No
Spinal cord stimulator	Yes	No
Cochlear implant or implanted hearing aid	Yes	No
Insulin or infusion pump	Yes	No
Implanted drug infusion device	Yes	No
Any type of prosthesis or implant	Yes	No
Artificial or prosthetic limb	Yes	No
Any metallic fragment or foreign body	Yes	No
Any external or internal metallic object	Yes	No
Hearing aid	Yes	No
Other device: _____	Yes	No

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form. Should any of this information change, I will inform my program director.

Student Signature : _____Date _____/_____/_____

☐ The student has not identified any contraindications to entering MR Zone III or IV.

☐ The student has identified contraindications to entering MR Zones III and IV. The student has been advised not to progress past MR Zone II unless screened by an MR Level II Technologist onsite at each clinical setting.

Form Information Reviewed By: _____ - _____ _____ _____
Print name Signature Title Student Initials

This form is provided by the JRCERT as a resource for programs. Programs are encouraged to personalize the form prior to use.

Remember: The magnet is always on!

Clinical Education Requirements *(approved January 2026, in effect March 1, 2027)*

General Patient Care Procedures

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

General Patient Care Procedures	Date Completed	Competence Verified By
BLS or ACLS Certified		
Vital Signs – Blood Pressure		
Vital Signs – Pulse Rate		
Vital Signs – Respiration Rate		
Vital Signs – Pulse Oximetry		
Sterile and Medical Aseptic Technique		
Assisted Patient Transfer (e.g., Slider Board, Mechanical Lift, Gait Belt)		
Care of Patient Medical Equipment (e.g., Oxygen Tank, IV Tubing)		

Imaging Procedures:

As part of the education program, candidates must demonstrate competence in the clinical procedures identified below. These clinical procedures are listed in more detail in the following sections:

- 8 mandatory general patient care procedures;
- 35 mandatory imaging procedures;
- 17 elective imaging procedures selected from a list of 36 procedures;
- One of the 17 elective imaging procedures must be selected from the head section; and
- Two of the 17 elective imaging procedures must be selected from the fluoroscopy studies section.

One patient may be used to document more than one competency. However, each individual procedure may be used for only one competency (e.g.,* a portable femur can only be used for a portable extremity

or a femur but not both). The candidate cannot perform more than three competencies per day on the same patient.

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

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

The chart on the following pages shows all of the Imaging Procedures possible as indicated in Section 4.2.2 in the ARRT Didactic and Clinical Competency Requirements. This chart can be used to track Clinical Competencies and can also be found on the Trajecys platform used at clinical settings.

4.2.2 Imaging Procedures (continued)

Imaging Procedures	Mandatory	Elective	Eligible for Simulation	Date Completed	Competence Verified By
Chest and Thorax					
Chest Routine	✓				
Chest AP (Wheelchair or Stretcher)	✓				
Ribs	✓		✓		
Chest Lateral Decubitus		✓	✓		
Sternum		✓	✓		
Upper Airway (Soft-Tissue Neck)		✓	✓		
Sternoclavicular Joints		✓	✓		
Clavicle	✓		✓		
Upper Extremity					
Thumb or Finger	✓		✓		
Hand	✓				
Wrist	✓				
Forearm	✓				
Elbow	✓				
Humerus	✓		✓		
Shoulder	✓				
Scapula		✓	✓		
AC Joints		✓	✓		
Trauma: Shoulder or Humerus (e.g., Scapular Y, Transthoracic or Axial)**	✓				
Trauma: Upper Extremity (Non-Shoulder)**	✓				
Lower Extremity					
Toes		✓	✓		
Foot	✓				
Ankle	✓				
Knee	✓				
Tibia-Fibula	✓		✓		
Femur	✓		✓		
Patella		✓	✓		
Calcaneus		✓	✓		
Trauma: Lower Extremity**	✓				

** Trauma requires modifications in positioning, tube angle, or detector placement due to injury with monitoring of the patient's condition.

4.2.2 Imaging Procedures (continued)

Imaging Procedures	Mandatory	Elective	Eligible for Simulation	Date Completed	Competence Verified By
Head – Candidates must select at least one elective procedure from this section.					
Skull		✓	✓		
Facial Bones		✓	✓		
Mandible		✓	✓		
Temporomandibular Joints		✓	✓		
Nasal Bones		✓	✓		
Orbits		✓	✓		
Paranasal Sinuses		✓	✓		
Spine and Pelvis					
Cervical Spine	✓				
Thoracic Spine	✓		✓		
Thoracolumbar Spine		✓	✓		
Lumbar Spine	✓				
Cross-Table (Horizontal Beam) Lateral Spine (Patient Recumbent)		✓	✓		
Pelvis	✓				
Hip	✓				
Cross-Table (Horizontal Beam) Lateral Hip (Patient Recumbent)	✓		✓		
Sacrum and/or Coccyx		✓	✓		
Scoliosis Series		✓	✓		
Sacroiliac Joints		✓	✓		
Abdomen					
Abdomen Supine	✓				
Abdomen Upright	✓		✓		
Abdomen Decubitus		✓	✓		
Nasogastric/Enteric or Orogastric/Enteric Tube (e.g., Dobhoff)		✓			

4.2.2 Imaging Procedures (continued)

Imaging Procedures	Mandatory	Elective	Eligible for Simulation	Date Completed	Competence Verified By
Fluoroscopy Studies* –** Candidates must select two procedures from this section and perform per site protocol.					
Upper GI Series, Single or Double Contrast		✓			
Contrast Enema, Single or Double Contrast		✓			
Small Bowel Series		✓			
Esophagus (*NOT* Swallowing Dysfunction Study)		✓			
Cystography/Cystourethrography		✓			
ERCP		✓			
Myelography / Lumbar Puncture / Epidural Injections		✓			
Arthrography / Joint Injection / Aspiration		✓			
Hysterosalpingography		✓			
Mobile C-Arm Studies (e.g., Proper Tilt, Optimal Exposure Factors, Accurate Beam Centering)					
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	✓		✓		
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	✓		✓		
Mobile Radiographic Studies					
Chest	✓				
Abdomen	✓				
Upper or Lower Extremity	✓				
Pediatric Patient (Age 6 Years or Younger)					
Chest Routine		✓			
Upper or Lower Extremity		✓			
Abdomen		✓			
Mobile Study		✓			
Geriatric Patient (At Least 65 Years Old **and** Physically or Cognitively Impaired as a Result of Aging)					
Chest Routine	✓				
Upper or Lower Extremity	✓				
Hip or Spine	✓				

***Fluoroscopy studies can be performed in a fluoroscopy room or with a C-arm. These do not count towards the mobile C-arm studies.

Imaging Procedures	Mandatory	Elective	Eligible for Simulation	Date Completed	Competence Verified By
Subtotal					
Total Mandatory Exams Required	35				
Total Elective Exams Required		17			
Total Number of Simulations Allowed			10		

LASELL UNIVERSITY

Radiologic Technology Program

Clinical Rotation Policy Violation Procedures and Clinical Action Plans

1. Purpose

This policy outlines the formal procedures to be followed when an individual student violates the Associate of Science in Radiologic Technology Clinical Rotation Expectations and Policies during RADCP 120. RADCP 130, RADCP 240, and RADCP 340.

2. Definition of a Violation

A violation includes failure to attend required clinical hours, unreported and/or unexcused lateness or absences, unprofessional conduct, patient safety concerns, or failure to disclose conditions that impede attendance.

3. Identification of a Violation

When a violation occurs, the clinical coordinator documents the incident in the student's file based on reports from the clinical site or direct observation.

4. Immediate Response

If a student is late, leaves early, or is absent without same-day communication, the coordinator contacts the student within 24 hours and assigns required make-up hours. Serious concerns may result in immediate removal from the clinical site.

5. Required Student Meeting

The student must attend a mandatory meeting to review the violation, provide context, and sign an Acknowledgment of Clinical Expectations form. Failure to attend constitutes a second violation.

6. Corrective Action Plan (CAP)

A CAP may include additional hours, professional remediation, mandatory check-ins, or increased evaluation. The plan includes expectations, deadlines, and consequences.

7. Monitoring and Documentation

The coordinator tracks attendance and professionalism, with weekly updates from clinical preceptors. All documentation is retained in the student's file.

8. Excessive Absence Consequences

Exceeding 16 hours (RACP 120 and 130) or 24 hours (RADCP 240 and 340) of missed unexcused clinical time results in automatic course failure.

9. Escalation for Repeated or Serious Concerns

Persistent professionalism or safety violations may lead to removal from the site. If no alternative placement is available, the student cannot continue in the program.

10. Appeal Process

Students may submit a written appeal within five business days to the Program Director, including documentation and a proposed plan. Decisions are final.

11. Final Documentation

All reports, CAP forms, and outcomes are filed in the student's permanent academic record.

Lasell University Radiologic Technology Program

Contingency Plan for Catastrophic Events Affecting Student Learning and Program Operations

Effective Date: September 2026 | Review Cycle: Annual, and following any activation of this plan

I. Purpose and Scope

This plan establishes the procedures Lasell University's Radiologic Technology Program will follow in response to a catastrophic event that disrupts, or threatens to disrupt student learning, clinical education, or program operations.

Lasell University has a comprehensive Emergency Response and Management Plan which is intended to provide direction about emergency responses to the Lasell University community during on campus dangerous situations or significant emergencies. In the event of a significant emergency or dangerous situation, procedures contained in the Lasell University Emergency Response and Management Plan will be implemented as needed. The plan is designed to first and foremost protect people, then property, while bringing the situation under control as safely and as rapidly as possible. It is also designed to help restore the campus to normal operating conditions in the shortest possible time.

This Contingency Plan is intended to address the continuity and quality of the educational experience and to protect student progression toward program completion and ARRT certification eligibility. This plan is maintained internally and is not required to be made available to the public; it is distributed to and acknowledged by all program faculty as required by JRCERT Standard 1, Objective 1.1.

II. Events Covered

Lasell University classifies emergency events into three Levels:

Level I Event: defined as an unforeseen combination of circumstances or the resulting state that calls for immediate action. A Level 1 event is any incident, potential or actual, which will not seriously affect the overall operation of the University.

Level II Event: defined as an unstable or crucial time or state of affairs in which a decisive change is impending, especially one with the distinct possibility of a highly undesirable outcome or a situation that has reached a critical phase. Any potential or actual incident that affects an entire building or buildings or disrupts the overall operation of the University is considered a Level II Emergency. Outside emergency services will probably be required as well as a major response from campus support services.
Some examples of a Level II major emergency include but are not limited to a major power outage, major accident, snow emergency, hazardous material (hazmat) spill, serious injury to student, faculty or staff member, major incidents of student unrest, and bomb threat.

Level III Event: a calamitous event bringing great damage, loss, or destruction; broadly, sudden or great misfortune or failure, any event or occurrence that seriously impairs or halts the operations of the

University. In some cases, mass personnel casualties and heavy property damage may occur. A coordinated effort of all campus-wide resources is required to effectively control the situation. Outside emergency services will be essential. Some examples of a Level III emergencies or disasters include but are not limited to: An active shooter on campus, a hostage situation, a substantial weather event, hurricane, tornado, blizzard, a serious fire, an outbreak of an illness such as a meningitis, or flu (or other types of serious disease).

III. Roles and Responsibilities

- **Program Director** — activates alternate learning plans and serves as the primary point of contact with JRCERT and clinical affiliates, determines the operational response, and communicates with administration, students and faculty.
- **Clinical Coordinator** — coordinates with clinical education settings via Clinical Preceptor on site status, student safety, and alternative clinical scheduling
- **Clinical Preceptors** --- coordinate with Clinical Coordinator on site specific status and relay any disruptions to normal operations at clinical site or conditions that affect students ability to attend clinical site.
- **Vice President of Workforce Development** — serves as the Program Director's designee and institutional escalation point if the Program Director is unavailable, and coordinates University-level resources.
- **Program Faculty** — remain familiar with this plan, redirect students to official communications during an activated event, and support continuity of didactic instruction as directed by the Program Director.
- **Lasell University Campus police**- provide on-campus safety and security and keep students informed during catastrophic events. Police are on duty 24/7 and receive professional active shooter and violent critical incident (VCI) training. The campus police provide ALICE (Alert, Lockdown, Inform, Counter, Evacuate) active shooter training and VCI training on their departmental website: https://my.lasell.edu/offices-and-services/campus-police.

The Campus Police Department sends crime prevention and awareness information throughout the year to all members of the Lasell community and will issue timely warnings (called "Community Advisories") to the University Community when a Clery Act crime is reported to campus or local police.

The Lasell Police Department works closely with the Newton Police Department and is a member of the Boston Area Police Emergency Radio Network. This allows for area-wide or statewide notifications of emergency situations to be made immediately.

- **Crisis Management Team (CMT):** determines the proper response to significant emergencies and dangerous situations that occur on campus. This team consists of those individuals within the Lasell community who hold key positions in departments with the resources necessary to effectively deal with the situation at hand. The CMT always includes the President or designee, the Chief of Police or designee and the Senior Management Team Member (SMT) appropriate for the emergency.

· **Senior Management Team Member (SMT):** The SMT member appropriate for the emergency is responsible for the overall coordination of the University emergency response.
· **Dean of Students-**consults with the Chief of Police, the University President, the Asst. Vice President for Legal Affairs & Title IX Coordinator and members of the Senior Management Team to determine whether to issue a Community Advisory Message.

IV. General Response Procedures

· **Notification.** School closure information is posted on both MyLasell and the main Lasell website, and, additionally, announcements are sent over the Lasell College Emergency Text Message/Email System. Lasell University Text Message/Email Alert System is a mass notification system that enables students, faculty and staff to receive alerts and updates as text messages on cell phones as well as over email. Students are automatically enrolled in the program.

When classes are cancelled or the College is closed due to weather conditions announcements of such cancellations are also made over local radio and television, as well as on the College Emergency Alert/Snow Line (617-243-2208). Students cannot attend clinical if the University is closed.

Community Advisory Messages are issued through the University's email system to students, faculty, and staff. Depending on the nature of the crime or threat, a notice may be sent through text messages, posted on the University's website, or posted on flyers around the campus.

The Program Director notifies affected students and faculty as soon as practicable of a catastrophic event using Lasell email and, where appropriate, the learning management system, with follow-up as new information becomes available.
· **Safety first.** No student is required to report to, or remain in, a clinical or campus setting the Program Director or University has identified as unsafe.
· **Assessment.** The Program Director, in consultation with the Clinical Coordinator and affected clinical sites, assesses the anticipated duration of the disruption and its impact on didactic instruction, clinical hours, and progression timelines.
· **JRCERT notification.** The Program Director notifies JRCERT of any substantive change in program operations resulting from the event, consistent with JRCERT policy on reporting substantive changes.
· **Documentation.** The Program Director documents the event, the response taken, and the resolution for the program's records.

V. Continuity of Learning and Progression & Event-Specific Provisions for Clinical Site Disruptions

Where an event results in disruption of program delivery, total loss of clinical time or total loss of clinical site, the Program Director develops a makeup plan for affected students that preserves the sequence and total hours required by the curriculum and communicates revised timelines to

students. The Program Director evaluates whether the event affects the anticipated graduation date for any student and communicates any change as early as possible.

Level II Weather Emergency Event:

· Didactic instruction continues remotely where possible, given the program's existing online course delivery model.
· If a clinical site is affected, the Clinical Coordinator works with the site and, if necessary, other approved clinical settings to arrange makeup clinical experiences once safe access resumes.
· If the University is closed due to Level II Weather Emergency, then students will not attend clinical rotations.

Level II Hazardous Material Exposure at Clinical Site:

· Students will immediately notify clinical preceptors and follow clinical site/hospital protocol for hazardous material safety and health recommendations. Event will be documented in student records.
· Clinical Preceptors will communicate exposure event to Program Director and indicate the amount of clinical time that is anticipated to be missed.
· Program Director will coordinate with Clinical coordinator and student to arrange make-up of clinical hours missed.
· Students will continue with didactic instruction via the existing online platform without interruption.
· If a clinical site is closed due to Hazardous Material Incident the Clinical Coordinator works with the site and, if necessary, other approved clinical settings to arrange makeup clinical experiences once safe access resumes.

Level III Public Health Emergency Event:

· Didactic instruction continues via the existing online platform without interruption.
· Clinical education continues subject to each clinical site's own public health protocols; if a site suspends student clinical access, the Clinical Coordinator seeks to arrange alternate approved clinical time once access resumes, in accordance with JRCERT policy on clinical education during declared public health emergencies.
· If University closes due to a Level III event, students will not be allowed to report to clinical sites until the University has reopened.

In the event of a <u>Total Loss of a clinical affiliation due to Level III Catastrophic Event:</u>

· The Clinical Coordinator identifies alternate JRCERT-eligible clinical settings and initiates a new or expanded affiliation agreement.
· The Program Director notifies affected students of any change in clinical assignment and works with the University registrar to adjust clinical scheduling with minimal impact to progression.

· The Program Director notifies JRCERT of the substantive change per JRCERT reporting requirements.

If the event of a <u>Total loss of clinical time/hours due to Level III Catastrophic Event:</u>

· The Program Director and Clinical Coordinator will identify aspects of the program that may need to be adjusted dependent on the nature of the catastrophic event and communicate a response plan to students and faculty.

· Students will remain informed through their university email address and Canvas Learning Management Platform on didactic and clinical information. Didactic curriculum will not be affected due to existing online didactic course format.

· The Program Director will determine the resources needed to facilitate an alternative clinical learning plan including but not limited to virtual lab and clinical simulations, case study analysis, and virtual tours of comparable clinical settings.

· The Program Director maintains regular contact with the JRCERT to share updates on clinical curriculum delivery and to stay informed of JRCERT-recommended best practices during this type of event.

Disruption of the online learning platform:

· Faculty use University-approved alternate means (email, recorded content, or an alternate platform designated by University IT) to continue instruction and communicate revised due dates until the primary platform is restored.

· Clinical education is unaffected, as it does not depend on the online platform.

VII. Resuming Normal Operations

· The Program Director stays informed of university-wide plans and policies for normal operations to commence. This includes adjustments to student graduation timelines, grading policy changes, and adjustments to student financial aid or tuition.

· The Program Director confirms that campus spaces and clinical sites are safe and available, announces the return date, resumes courses and clinical assignments, and reconciles each student's hours and competencies.

· All information concerning resuming normal operations is communicated to the student via Lasell email by either the program director or university administration.

VIII. Faculty Awareness and Plan Review

· This plan is distributed to all program faculty upon hire and reviewed with faculty annually. Faculty acknowledge review of the plan using the signature block below.

· The Program Director reviews and updates this plan at least annually and after any activation of the plan and communicates material updates to faculty.

LASELL UNIVERSITY

Radiologic Technology Program

Handbook Acknowledgement Form

I, the undersigned student in the Lasell University Radiologic Technology Program, have thoroughly read and do understand all of the provisions contained in the Lasell University Radiologic Technology Program Handbook.

I agree to abide by all program policies and procedures stated in the Radiologic Technology Program Handbook.

I have been provided with a copy of the Radiologic Technology Program Handbook.

Signature: _____

Name (Print):_____

Date: _____