RADIATION THERAPY PROGRAM

THE COMMUNITY COLLEGE OF BALTIMORE COUNTY

STUDENT HANDBOOK

2025 – 2027

This handbook is divided into two parts. The first section is program specific items and the second section is the School of Health Professions manual. Please be advised that all School of Health Professions policies and procedures may supersede program policies and procedures.

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This is to verify that I have received the Radiation Therapy Program Student Handbook on _____ and accept responsibility for adhering to these policies and procedures. I understand the policies contained in this handbook supersede any previous policy manuals.

_____
Signature

_____
Print Name

Student Copy

****

Remove, sign, and return to Adrienne M. Dougherty, Ed.D., RT (T)

This is to verify that I have received the Radiation Therapy Program Student Handbook on _____ and accept responsibility for adhering to these policies and procedures. I understand the policies contained in this handbook supersede any previous policy manuals.

_____
Signature

_____
Print Name

Program Copy

Radiation Therapy
Advisory Board

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Program Director, Medical Laboratory Technology Program
Chair of Advisory Board

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Program Director, Radiation Therapy Program
The Community College of Baltimore County

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Program Assistant

Clinical Supervisor and Preceptors
Affiliated Clinical Sites

Program Faculty

Adrienne M. Dougherty, Ed.D., RT(T)
Program Director

Kristin A. Goetz, M.A., RT(T)
Clinical Coordinator

Program Objectives

The Radiation Therapy Program is designed to meet JRCERT guidelines for Radiation Therapy education and Middle States requirements for the Associate in Applied Science Degree:

1. Prepare the graduate to work as an entry-level radiation therapist providing care to primarily cancer patients in radiation oncology departments.
2. Prepare the graduate to be eligible to take the certification exam in radiation therapy given by the ARRT.

Program Goals

1. Students will be clinically competent
2. Students will demonstrate the ability to analyze diverse types of information in order to choose an appropriate course of action as a Radiation Therapist.
3. Students will demonstrate effective communication.
4. Students/Graduates will demonstrate professional behaviors for the profession.
5. The Program will effectively meet the needs of the students and the community.

Program Mission

The mission of The Community College of Baltimore County, Essex Campus Radiation Therapy Program, is to prepare qualified students to be competent Radiation Therapists.

Standards

The standards for an Accredited Education Program for Radiation Therapy are available for review in Appendix A.

The standards present the minimum accreditation standards for an educational program and include all requirements for which an accredited program is held accountable.

Program Standings

Students who fail an exam, quiz or other assignment must meet with the course instructor for ongoing assessment and guidance. It is imperative that the student seek assistance and make up all missed work or failed tests and assignments, if allowed by the instructor, before the course ends. Course difficulties must be resolved by semester's end in order for the student to continue in the program in good standing.

Students failing **one** course at the end of any given session due to academic deficiencies, will be allowed to take an additional comprehensive exam. The minimum passing score on this exam is 75. The maximum a grade reward will be is a "C" regardless of the passing numerical grade. Students failing **one** course at the end of any given session due to clinical deficiencies will be dismissed from the program. Students failing **two or more** courses at the end of the any given session will be dismissed from the program.

Because the faculty is committed to students' successful completion of the program, remediation opportunities will be provided at the student's request. If after remediation, a student does not achieve a minimum grade of "C" in any RTTT course, he/she will be dismissed from the program. Any student who is dismissed for academic reasons has the option of applying for readmission to the next available class.

Radiation Therapy Course Failure and Re-admission Policy

1. If a student fails one course during the program because of academic reasons, the student will be given the opportunity to take a comprehensive exam for that course. If the course the student fails involves a clinical rotation and the failure is a result of their lab practical, evaluation, or competencies the student may be required to successfully complete additional clinical time or lab practical
    a. The student must receive a grade of 75% or higher on the comprehensive exam in order to continue in the program. If a 75% or higher is not achieved the student must follow the guidelines set forth in numbers 2 thru 4 depending on your length in the program. This will result in program dismissal.
    b. If the student repeats clinical rotations, competencies or lab practical they must receive a satisfactory grade of 75% or higher. If standards are not met the student must follow the guidelines set forth in number 2 thru 4 depending on your length in the program. This will result in dismissal from the program.
2. If a student fails two courses during the 1st year of the program (RTTT 103; RTTT 105; RTTT 107; RTTT 111; RTTT 113; RTTT 125; RTTT 127) they will be dismissed from the program. The student will be allowed to reapply to the program. All courses are to be repeated regardless of prior grade.
3. If a student fails RTTT 109 during the summer session, the student will be dismissed from the program. This is the only course during the summer and is a summation of all 1st year courses. The student will be given the opportunity to sit before a re-admission committee to join the incoming class. Please refer to 4a.
4. If a student fails two courses during the 2nd year of the program (RTTT 129; RTTT 150; RTTT 202; RTTT 204; RTTT 206; RTTT 208; RTTT 212; RTTT 214) they will be dismissed from the program. The student will be allowed to sit before a re-admission committee to be considered for re-admission with the upcoming 2nd year cohort. All courses are to be repeated regardless of prior grade.
    a. Re-admission criteria may include:
        1. Availability of clinical spaces is necessary
        2. Passage of a cumulative comprehensive exam (75 % or higher) if warranted
        3. Submission of a detailed plan of action for success must be submitted to the program director no later than June 1st of admission year
            a. Include reasoning for initial failure
            b. Include the steps taken to be successful in the program
            c. Examples:
                1. Medical Terminology Course/Review
                2. Math and Science Courses/Review
                3. Testing Resources
                4. Financial Preparation
                5. Schedule changes
                6. Etc.
    b. This plan will be evaluated by the program Director and a readmission committee. The readmission committee will be composed of: two non-radiation therapy students and three non-radiation therapy faculty
        1. The Committee may make any or all the following recommendations:
            a. The student may be required to appear before the committee to discuss the plan
            b. Other recommendations may be made by either the committee or the Program Director
            c. Given the opportunity to return students will be given a detailed contract stipulating specific agreements and policies. The student will automatically be placed on academic probation for 1 year.
5. Readmission to the program will not be granted for students dismissed for unprofessionalism.
6. Readmission to the program will not be granted for students dismissed for Honor Code Violations.
    a. The student maintains the right to appeal to the decision of the program director through the SHP Honor Council
7. The student maintains the right to appeal the decision of the Program Director through the SHP Academic Appeals Committee.

Administrative Policies

The policies of the Radiation Therapy Program are in the interest of the student and take into consideration the role the Department of Radiation Therapy performs in the area of patient care. The Clinical Facility and the College expect every student to strive for competency and efficiency in the performance of his/her clinical and classroom assignments. Most of these policies are common sense rules which require fair play with instructors, supervisors, staff, fellow students, and most of all, the patients served. As a student and member of the health care team, it is important that the policies and rules of the College are understood. Cooperation in observing them is required.

Student Supervision

It is the policy of the clinical facility that students are under supervision at all times while in their clinical assignments. Supervision is provided by a staff member at each assignment. If a student fails to obey their clinical supervisor they will be given a written warning for insubordination. If a student is having a moral or ethical dilemma in the clinic they are to discuss this with their clinical coordinator and/or program director immediately. If you receive a second complaint of insubordination you will be dismissed from the program.

Attendance

The program requires full-time attendance of all students. Attendance at all clinical assignments at the scheduled time is mandatory. Please note that clinic hours will vary from 7am to 6pm, it is your responsibility to make arrangements. Some clinical sites may finish earlier than your scheduled end time, do not go to clinic with the expectation that you will always get to leave early, plan to be there for at least 8 hours. In order to begin clinic earlier than 8am patients must be under treatment at that time. A student may not take it upon themselves to arrive early to clinic in order to leave early to suit their own personal schedule, any occurrences as such will warrant a written warning. Students have a professional commitment and obligation to the clinical sites to which they are assigned. If personal illness, emergency or extenuating circumstances prevents the student from attending the clinical site or any courses at the College, the clinical coordinator and clinical supervisor must be notified prior to the student's scheduled arrival time. The clinical coordinator and program director are to be emailed. The clinical site must be telephoned, not texted. For an absence due to illness a doctor's note must be provide within 24 hours of the occurrence, this includes when the site sends you home for suspected illness. An absence occurring due to the illness of a family member is not considered an excused absence. Three written warnings will result in dismissal from the program.

Prompt classroom attendance at the college is also mandatory. Students who arrive late for class or who leave early will be penalized accordingly. For example you may not come to class and complete your quiz and then leave, in such a case your quiz will not be counted. Students who anticipate absence from or lateness to class must notify the course instructor before the scheduled start of the class session or as soon as possible thereafter. Faculty is not obligated to provide make-up work for students who miss class since some course work cannot be made up. Students should consult course syllabi for specific instructions and policies regarding make-ups, absence and lateness. It is the student's responsibility to get any work or notes from their classmates.

Students encountering difficulty in completing academic work or maintaining professional commitment due to extended illness or extenuating circumstances are required to notify and meet with the program director. Students who must take Medical Leave for longer than 2 weeks for class and/or 8 weeks for clinic will be advised to withdraw from the program and return when they are able to meet the commitments of the program fully. All missed work must be made up by the end of the course for the student to remain in the program in good standing. The responsibility for making up missed work rests entirely upon the student. By virtue of the nature of the program, some assignments and laboratories cannot be made up and it is therefore incumbent upon the student to be present at those times. Failure to make up missed work, for any reason, by semester's end, will result in course failure.

Required Clinical Hours

Semester 1 (RTTT 105): Mondays and Wednesday for 15 weeks – 240 hours
Semester 2 (RTTT 107): Mondays and Wednesdays for 15 weeks – 240 hours
Semester 3 (RTTT 109): Tuesdays, Wednesdays and Thursdays for 7 weeks – 160 hours
Semester 4 (RTTT 206): Tuesdays, Thursdays and Fridays for 15 weeks – 360 hours
Semester 5 (RTTT 208): Tuesdays, Thursdays and Fridays for 15 weeks – 360 hours

Dress Code

The students will wear a designated uniform while assigned to a clinical site. This is the only approved style of dress while on clinical rotation. Students will wear black shoes made of material that can be easily wiped cleaned. Shoes must be completely closed and have non-slip soles. Sneakers and Danskos are allowed, if you have questions please ask.

- **Clinical Site Dress Code Policies supersede that of the program**
  - **For example while attending clinic at RadAmerica sites male students are not to wear earrings.**
- Smart watches are not to worn in clinic – you will receive a written warning if you are found to be wearing a smart watch during clinic or during an exam.
- Underwear must not be visible through clothing or above the waist band of slacks.
- Jewelry worn in the clinic should be minimal. Earrings should be no longer or wider than one inch. Multiple bangles that make noise should not be worn while caring for patients. Stricter guidelines related to wearing jewelry may be implemented and enforced for reasons related to safety, patient care and/or infection control by the clinical site. Pins, rings or studs may not be worn in the nose, eyebrows, tongue, or in or around the lips. The following maximums apply: two earrings per ear, pendants on necklaces no bigger than one and one-half inches, two necklaces, two rings per hand (wedding sets count as one ring).
- The chewing of gum during direct patient care activities is unacceptable.
- Wearing or carrying cell-phones during clinic time for the sole purpose of making or receiving personal calls is prohibited and will be strictly enforced.
- No artificial fingernails or nail enhancements, including but not limited to overlays, wraps, tips or attached decorations, are permitted. In addition, nail length cannot exceed 1/4 inch.
- Fingernails must be clean and short. Adhesive decorations such as rhinestones and fluorescent colors are not permitted.
- The use of perfume, cologne or after-shave is discouraged as it may cause respiratory problems for patients, visitors or co-workers.
- Hair must be neat and clean. Hairstyles that obstruct eye contact and/or extreme colors or styles are not acceptable. For example, long-spiked or Mohawk haircuts are not acceptable.
- Long hair should be tied back.
- Facial hair must be neatly trimmed and beards may not be longer than one inch below the jaw line.
- Tattoos must be covered at all times while in clinic.

Student Employment

Students may obtain part-time employment outside their class and clinical time at your own discretion. This employment should not interfere with needed study time nor may it involve unsupervised treatment or care of patients unless the student is certified to do so.

Audio Recording

Policy regarding audio recording of the instructor(s) for the Radiation Therapy Program: If you wish to record the lecture you must discuss this with the instructor prior to doing so. The material and experiences we discuss in

class should not leave the room due to the nature of the topics. Another common occurrence students experience is the comfort of having the lecture to refer back too, which limits their level of attention while in the classroom.

Cell Phone Use in the Classroom and Clinic

Students are initially treated as adults regarding the use of cell phones in the classroom. If the privilege of keeping your cell phone in your possession is to be maintained, your cell phone should be out of sight – if any student is seen texting, checking email, etc… we will implement the cell phone bin. The cell phone bin will be a bin in which all students will put their cell phones in for the entire class and can retrieve them at the end of class. It is understandable that you will have emergencies in which people need to reach you, however, texting, email, Facebook, Instagram, etc….. are not considered an emergency. Cell phones should be away at all time while in clinic, failure you to do so will result in a written warning.

Identification and Misrepresentation

Radiation therapy students must be clearly identified as such. At minimum, students will introduce themselves to patients and hospital personnel as RTT students. Students must not represent themselves as anything other than a RTT student, regardless of former experience or title, while attending the clinical site. All clinical documents and chart entries must be signed with the student's full name or initials, if appropriate, followed by a staff signature. Failure to identify oneself appropriately may constitute grounds for dismissal from the program. Students will be given an ID badge and Dosimeter at the beginning of the program, if this badge or Dosimeter is lost, stolen, or damaged there may be a $10.00 replacement fee.

Routine Duties

A. Student therapists will be assigned to the various clinical areas in the Department by the Clinical Supervisor.
B. Student therapists will be responsible for all technical assignments given to them by their supervising staff therapist and as outlined in the clinical goals for the assignment.
C. While operating the treatment console, you are to remain at the console at all times supervising your patient during treatment.
D. Students will perform other duties as directed by their immediate supervisor.
E. Insubordination will result in a written warning and referral to Honor Council.

Hours

A. Typical clinical hours are Monday through Friday from 8:00am – 4:30pm, unless specified otherwise. Please note clinic hours can vary between 7am and 6pm.
B. You should arrive prior to your start time and be ready to work at 8am, you should not be putting your things away, getting coffee, etc.…
C. Leave in excess of two (2) days per semester must be made up.
see individual syllabus for specific grading and attendance policy
D. Students are required to call the clinical site directly and email the clinical coordinator and program director whenever absence is anticipated for <u>any reason</u>. On the first day of clinical rotation please obtain the number directly to the machine you are working on.
E. If you are leaving early for any reason you are to notify the clinical coordinator and program director via email.
F. Clinical rotation schedules are tentative and may change at any time.

Lunch Periods

A. Lunch periods for student therapists are of one-hour duration. Lunch schedules are arranged by the immediate supervisor.
B. Taking lunch periods or rest breaks during the end of a tour of duty to shorten the work period is prohibited and will result in a written warning.
C. Staff lunchrooms/lounges may be off limits to students, please communicate with your site to see individual policies.
D. Keep in mind that when you return from lunch, you are expected to be ready to work, therefore take your restroom breaks during your lunch hour, phone calls, attend to any personal matters, etc.….

Acute Illness

A. A doctor's note for any excused absence must be provided within 24 hours of the occurrence.
B. See individual syllabus for specific grading
C. Students are required to call the clinical site whenever absence is anticipated for any reason.
D. Make-up examinations will be given only upon proof of illness and notification must be made prior to the start of the exam.

Inclement Weather Policy

If CCBC is closed for inclement weather, the student will not have to go to the hospital for clinic. The student will also have to contact the clinical site to find out if the clinical site is open during a winter storm. Students are to follow CCBC **not** Baltimore County closing or delay schedule for weather related occurrences. If CCBC is closed due to weather you are not to attend clinic, if CCBC opens at 10am then you are to arrive to clinic at 10am.

Identification Badges

Identification badges must be worn at all times at the clinical sites. ID badges issued by the clinical site must be returned at the end of each clinical rotation. If the ID badge is not received by the clinical site, one letter grade will be deducted from your overall score and the student will receive a written warning.

Telephone Calls

No personal calls are to be initiated or received while on duty, **unless it is an emergency**. Telephones are for official facility calls only.

Professionalism with Patients, Preceptors, and Faculty

Remember the hospital's primary concern is the care of the patients. With this in mind, the following behaviors MUST BE followed:

1. Patients will be addressed by title and name, i.e., Mr. Allen. The same courtesies will be extended to all patients regardless of race or financial status.
2. Patients must be properly draped at all times.
3. Patients are to be monitored at all times, if there is a patient being treated you are not to be studying, you are to be observing, monitoring and learning.
4. Students will not, at any time, administer medication, water or medical treatment of any kind to a patient while in the Department. If a patient suddenly becomes ill or is injured, the nurse on duty must be called. During the absence of a nurse, a department physician should be summoned.

5. Any unprofessional act regarding patients, preceptors, faculty, or fellow peers will result in a written warning and may be referred to Honor Council.
6. There will be no sleeping on the clinic premises. Sleeping at the console will result in dismissal from the program. Sleeping during lunch in public places, such as the lunchroom, or anywhere in the department will result in a written warning.

Student Health

Students must carry some form of health care insurance while attending the program. Neither the college nor its clinical affiliates provide health services to students beyond routine first-aid care. The college shares a campus with the Franklin Square Hospital Center which will for standard fees provide comprehensive medical services to students or students may go to the health care provider of their choice. If a student becomes pregnant during the program, the pregnancy policy as shown in the Appendix will come into effect. Students are responsible for all medical fees incurred while attending the CCBC Radiation Therapy Program.

Incident Reports

Occasionally, accidents will occur at the clinical site. Should any student, patient or other staff member be injured as a result of an accident involving a student, the responsible student must comply with all accident and injury protocols established at the institution. Additionally, students must notify the clinical supervisor and program director by email or in person of any such incident as soon as possible. Failure to notify will be considered dishonest and a Honor Code violation and you will be dismissed from the program.

Textbooks

All required texts are available through CCBC Bookstore. Students may purchase required texts prior to the beginning of classes; however, texts should not be marked and receipts should be saved until final verification with the instructor or course syllabus. In the event a more current edition becomes available or a change of text occurs, refunds and/or exchanges may be attainable with the text in resale condition and an original receipt. Students should be prepared to spend a minimum of $700 on program textbooks.

Students are advised not to rent or sell texts prior to the conclusion of the course since texts are used as references and resources throughout the program.

Statewide Designation

This program has been designated "Statewide" by the Maryland State Board for Community Colleges. This means that currently enrolled out-of-county Maryland residents who are formally admitted to the program **may** be reimbursed for a portion of their out-of-county tuition. Information and necessary forms can be obtained from the records and registration office at CCBC.

Open Labs

Open labs are offered throughout the semester. It is policy that you email the instructor within 24 hours if you plan on attending lab. It is highly recommended that you take advantage of open lab time for both technical and academic aspects of the program.

Gifts

Gifts are prohibited to preceptors and clinical sites. The most you may provide as a "Thank You" is a card.

Written Warnings

A serious of three written warnings for any occurrence will result in dismissal from the program.

Handling of Clinical Documents

- Semester 1 – Program Faculty will conduct evaluations with the clinical preceptors
- Semester 2 – Program Faculty will conduct evaluations with the clinical preceptors
- Semester 3 – Program Faculty will conduct evaluation with the clinical preceptors
    - Competencies will be handed in by the student directly to program faculty
- Semester 4 – Students are responsible for giving their preceptors their clinical evaluation at least two weeks prior to the end of the rotation. The student is then responsible for hand delivering the document to program faculty. If for any reason this is not feasible then program faculty will pick up the evaluation.
    - Competencies will be handed in by the student directly to program faculty
- Semester 4 – Students are responsible for giving their preceptors their clinical evaluation at least two weeks prior to the end of the rotation. The student is then responsible for hand delivering the document to program faculty. If for any reason this is not feasible then program faculty will pick up the evaluation.
    - Competencies will be handed in by the student directly to program faculty
- **Clinical sites that wish to keep copies of the items they fill out you must keep them is a secure locked location.**

Radiation Monitoring Dosimeters

a. The purpose of radiation monitoring dosimeters is to record the exposure of students during the clinical portion of the program. Dosimeters are **NOT** to be worn when students undergo medical radiographic/fluoroscopic examinations ordered by their physicians.
b. Radiation monitoring dosimeters must be worn at all times while on clinical duty and during exposure labs. **NO** student may complete clinical without their dosimeter on. Students may be sent home to retrieve their dosimeters, and will need to make up the missed portion of clinical time at the discretion of the clinical instructor and/or clinical site.

c. Dosimeters are to be worn on the collar of the uniform

d. Dosimeters are to be stored in a designated area when not worn.

e. Loss or accidental exposure to the dosimeter must be reported to the clinical coordinator or program director **immediately**. One replacement dosimeter will be provided free of charge. The second (and any more) replacement will be paid for by the student. While waiting for the replacement dosimeter, the student will be assigned a dosimeter labeled Guest, and that Gust badge must only be worn by that particular student and will be labeled and reported as such when returned.

f. Dosimeters are collected quarterly for processing with Landauer. Students delaying the processing of dosimeters by not turning theirs in on time will be required to mail their dosimeters to Landauer at their own expense.

g. Quarterly reports will be distributed to all students.

h. Quarterly reports will be reviewed by the program director and the program director will initial each sheet of the report. Radiation exposure levels will be monitored as follows:
   Level I: 0 – 250 mrem
   Level II: 251 – 500 mrem
   Level III: over 500 mrem

   Dose equivalents for the quarter that fall under Level I will require no action. Dose equivalents falling in the Level II range will require the program director to counsel the student and discover the student's radiation protection practices. This counseling will be documented in the student's academic record. Dose equivalents falling in the Level III range will require the student to be reassigned clinical duty for the next quarter to rotations where radiation exposure is at a minimum.

i. Fetal dosimeters of declared pregnant radiation therapy students must never exceed 500 mrem for the entire gestational period or 50 mrem in any one month. Any declared pregnant radiation therapy student exceeding these limits will be reassigned clinical duty for the remainder of the pregnancy to rotations where radiation exposure is at a minimum. Students not completing clinical work due to these restrictions will receive a grade of Incomplete and will be allowed to complete the work following the end of the pregnancy.

Radiation Safety

Students must exercise sound radiation protection at all times. At no time may students participate in a procedure using unsafe protection practices. Unsafe radiation practices are grounds for dismissal from the program pending investigation outcome. When students are in the lab on campus utilizing fluoroscopy, they are to wear their dosimeters and must be accompanied by a licensed radiation therapist.

Radiation Therapy Program
Grading Policy

A. The CCBC Radiation Therapy Grading Scale for all courses is as follows:
   A = 100 – 90
   B = 89 – 80
   C = 79 – 75
   D = 74 – 60 (Program Course Failure)
   F = <60 (Failure)

B. Exams in all Radiation Therapy courses must average at least 72% or higher in order for additional work to be included in the final grade.

C. Academic failure **may** require:
   - Repeat of final examination

D. Clinical failure **may** require:
   - Repeat of Clinical Rotation
   - Additional Competencies
   - Lab Practical

E. All concerns not resolved with the faculty/staff within two weeks of the initiation of the problem will be forwarded to the Program Director in the following format:
   - Written in fifty words or less

If a resolution is not reached, it is **Mandatory** that the student go before the Academic Review Board before referring to anyone outside of the School of Health Professions, i.e., CCBC Senior Administrator, JRCERT, or legal representation.

Student Appeals:
Complaints Regarding Non-Compliance with JRCERT Standards

A. The Joint Review Committee on Education in Radiologic Technology (JRCERT) accredits the CCBC Radiation Therapy Program. The JRCERT is the only organization recognized by the U.S. Department of Education to evaluate and accredit education programs in radiography and radiation therapy. JRCERT accreditation demonstrates that a program adheres to the national educational standards that provide students with the knowledge, skills, and attributes needed for entry into the profession of radiation therapy. The Standards are reprinted in the student handbook.

B. In the event a student feels that the radiation therapy program does not comply with the published JRCERT **Standards**, the student has the right to report the allegation of non-compliance directly to the JRCERT.

The JRCERT contact information is as follows:

JRCERT
20 North Wacker Drive
Suite 2850
Chicago, IL 60606-3182
(312) 704-5300 phone
Email: mail@jrcert.org

When written notice is received by CCBC from the JRCERT regarding an allegation of non-compliance with the **Standards,** the following steps will be taken:

1. The Dean of the School of Health Profession, the radiation therapy program director and other appropriate personnel shall meet to develop a plan for investigating the complaint.

2. The complaint is investigated while assuring privacy of involved personnel.

3. If warranted, an action plan is written and implemented to resolve the complaint.

4. Follow-up evaluation is performed to determine if the alleged non- compliance is corrected.

5. Appropriate documentation is forwarded to the JRCERT to assure resolution of non-compliance with the **Standards.**

Bloodborne Infection Control Guidelines

SUBJECT: Universal Blood and Body Fluid Precautions

Purpose: To minimize the risk exposure to blood and body fluids and prevent transmission of infection in the health care setting.

Policy:

Blood and body fluid precautions shall be used whenever there is exposure or possible exposure to ALL blood and body fluids. It will no longer be necessary to label specimens specifically for HIV or isolation. The advantages of applying these precautions universally are:

a. Minimize contact with blood and body fluids by health care workers.
b. Minimize the likelihood of transmission of specific organisms such as Hepatitis B and the Human Immunodeficiency Virus (HIV).
c. Consistent needle and sharp disposal practices.
d. Increased confidentiality for patients as these same precautions shall apply to all patients' blood and body fluids regardless of the patient's diagnosis.
e. Consistent application of infection control principles.

Procedures:

1. HANDS should always be washed before and after contact with patients. Hands should be washed even when gloves have been used. If hands come in contact with blood, body fluids, or human tissue, they should be immediately washed with soap and water.
2. GLOVES should be worn when contact with blood, body fluid, tissues or when contaminated surfaces are anticipated. Gloves should be changed after contact with blood or body secretions.
3. GOWNS or plastic aprons are indicated if blood splattering is likely.
4. MASKS and/or PROTECTIVE GOGGLES should be worn when it is likely that eyes and/or mucous membranes will be splashed with body substances (e.g., when suctioning a patient).
5. Emergency mouth-to-mouth resuscitation, mouthpieces, and other ventilation devices should be accessible and available for use.
6. Needles should be handled in such a manner to prevent accidental cuts or punctures. They should not be bent, broken, reinserted into their original sheath or reused. They should be discarded intact immediately after use into the disposal box.
7. Mucosal splashes or contamination of open wounds with blood should be reported immediately to the Occupational Health Department using an Accident Report Form. The area should be cleaned up promptly with a disinfectant solution (e.g. 1:10 dilution of bleach, phenol, or alcohol).

Contact Information for Clinical Sites
Radiation Therapy Program

Site	Contact for Clinical Information
Greater Baltimore Medical Center Radiation Oncology 6701 North Charles Street Baltimore, MD 21204	Kelly Riddle (443)849-2540(Main #) Approx. 12.15 miles for CCBC Essex
John Hopkins Hospital 401 North Broadway Suite 1440 Baltimore, MD 21287	Annette Souranis 410-502-9779 Michael Matsos and Arika Harrington 410-955-6980 (Main#) Approx. 10 miles from CCBC Essex
RadAmerica II, LLC Inc. – Clinton 7501 Surratts Road Suite 108 Clinton, MD 20735	TBD 301-868-1100 Approx. 60 miles from CCBC Essex
RADAMERICA II, LLC (Franklin Square) 9105 Franklin Square Drive Baltimore, MD 21237	Andrea Kunkle Christopher Osik (410)682-6800 Approx. 1 mile from CCBC Essex
RADAMERICA II, LLC (Good Samaritan) 5601 Loch Raven Blvd. Baltimore, MD 21209	Linda Ciamarra (443)444-5558 Christopher Osik (410)682-6800 Approx. 10 miles from CCBC Essex
Sinai Hospital Lapidus Cancer Institute Radiation Oncology 2401 W. Belvedere Avenue Baltimore, MD 21215-5271	Mike Susa (410)601-5412(machine) Approx. 17 miles from CCBC Essex
St. Agnes Hospital Cancer Center 900 Caton Avenue Baltimore, MD 21229	Jessica Davis 667-234-2920 Debbie Rowlands 667-234-2921(Machine) Approx. 17 miles from CCBC Essex
University of Maryland Medical System Greenbaum Cancer Center 22 South Greene Street Baltimore., MD 21201-1595	Eleni Smedley, Brooke Dodge, and Niki Canning Antigone Apesos (410)328-6080(Main#) Approx. 15 miles from CCBC Essex
UM St. Joseph Medical Center Radiation Oncology 7501 Osler Drive – G03 Towson, MD 21204	Jerry Bowman and Tara Marquess Megan Davidson/Amanda Vollmer 410-427-2509 (machine) Approx. 11 miles from CCBC Essex

York Cancer Center Apple Hill Medical Center 25 Monument Road Suite 194 York, PA 17403	Katelynn Strittmatter 1-717-741-8100 Approx. 49 miles from CCBC Essex
Requard Radiation Oncology (Shorehealth) 509 Idlewild Ave Easton, MD 21601	Lauren Douglas 410-820-6411 Approx. 79 miles from CCBC Essex
Medstar BelAir – RadAmerica Bel Air Oncology Center 12 MedStar Blvd. Bel Air, MD 21015	Stephanie Denhard 410-515-6400 Approx. 18 miles from CCBC Essex
BWMC The Tate Cancer Center 305 Hospital Drive Glen Burnie, MD 21061	April Neuner Christina Welsh/Welton McCready 410-553-8100 Approx. 23 miles from CCBC Essex
Helen P. Denit Center for Rad Therapy Montgomery General – RadAmerica 18105 Prince Phillip Drive Olney, MD 20832	Jamie Wood 301-260-3700 Approx. 44 miles from CCBC Essex
Carroll Hospital, Inc. William E. Kahlert Regional Cancer Ctr. 291 Stoner Ave Westminster, MD 19606	Brandon Mathias and Peggy England 410-871-7186 Approx. 40 miles from CCBC Essex
Capital Radiosurgery Centers 3730 Commerce Drive Suite 1214 Halethorpe, MD 21227	Tayler Marshall 443-884-9350 Approx. 18 miles from CCBC Essex
UMPC – Maryland Proton Center 850 W. Baltimore Street Baltimore, MD 21201	Melissa Albright, Nicole Severson, and Dina Cusatis 410-369-5200 Approx. 16 miles from CCBC Essex
Upper Chesapeake Radiation Oncology at the Kaufman Cancer Center 500 Upper Chesapeake Drive Bel Air, MD 21014	Sara Smith 443-643-1199 Approx. 19 miles from CCBC Essex

Forms

And

Evaluations

The Community College of Baltimore County
Division of Allied Health and Human Performance
Radiation Therapy Program
FACILITY ORIENTATION CHECKLIST

This checklist is to be completed and signed by the individual conducting the orientation and the student. This document is be returned to the Clinical Coordinator/Program Director within two weeks of the start of the rotation. It is the student's responsibility to make sure this is completed and submitted – not the clinical site.

I. POLICIES AND PROCEDURES **DATE COMPLETED**

Chain of Command _____
Fire Extinguisher Locations _____
Fire Code and Drill _____
Time Sheet Location _____
(*Time Sheets are to be kept at the facility at all times)
Personal Article Location _____
Filming Procedures _____
Parking Procedures _____

II. LOCATION OF THE FOLLOWING WITHIN THE RADIATION ONCOLOGY DEPARTMENT AND WITHIN THE FACILITY OR HOSPITAL:

Treatment Rooms _____
Waiting Room _____
Receptionist _____
Dressing Room _____
Physicians Office _____
Physics and Dosimetry Offices _____
Nurses Area (including exam rooms) _____
Conference Room _____
Mold/Block Room _____
Cafeteria _____

III. MISCELLANEOUS

Charting Procedures _____
Patient Numbers/Filing _____
Inpatient Procedures _____
Location of Supplies _____
Linen Disposal _____

Student Signature Date

Clinical Staff Signature Date

CCBC ESSEX CAMPUS
RADIATION THERAPY PROGRAM
STUDENT EVALUATION OF CLINICAL PRECEPTORS

Student Name: _____
Clinical Preceptor: _____ Semester: _____
Clinical Site: _____ Date: _____

Please use the following scale in completing your evaluation of the preceptor:
5 = superior, 4 = above average, 3 = average, 2 = below average, 1 = poor, n/a = not applicable

STATEMENT	RATING
1. Provided an orientation to assigned clinical areas.	
2. Provided positive reinforcement and feedback.	
3. Clarified questions or concerns.	
4. Minimized anxiety.	
5. Motivated students.	
6. Allowed adequate time to complete setups.	
7. Demonstrated willingness to instruct.	
8. Integrated theory to practice.	
9. Monthly evaluations were fair and/or consistent.	
10. Preceptor provided direct supervision at all times.	
OVERALL RATING FOR THIS PRECEPTOR	

COMMENTS:
_____
_____
_____
_____
_____
_____

1st Semester Clinical Expectations:

Technical Abilities:
Students will …

- Identify the correct patient at all times
- Locate, identify, and interpret the radiation prescription
- Properly prepare the treatment room by utilizing information from the patient's chart and/or EMR (Electronic Medical Record)
- Demonstrate proper use of pendant, table, couch, console, computer systems, IGRT (Image Guided Radiation Therapy), record and verify, etc…
- Demonstrate the ability to interpret SAD and SSD
- Demonstrate minimal participation in treatment setups
- Aid the therapist in the position of wedges, blocks, electron cones, bolus, etc…
- Participate in reviewing of x-rays, portal images, IGRT, etc…
- State the location of all emergency buttons and safety switches for the unit and what to do in the event of a Radiation Therapy emergency
- Wear their dosimeter at all times
- Appropriately monitor the patient while under treatment
- Demonstrate use of universal precautions
- Communicate effectively with the patients
- Observe and/or participate in morning warm-up procedures
- Observe and/or participate in shut down procedures
- Observe billing practices

2nd, 3rd, and 4th Semester Clinical Expectations:

Technical Abilities:
Students will…

- Identify the correct patient at all times
- Locate, identify, and interpret the radiation prescription
- Properly prepare the treatment room by utilizing information from the patient's chart and/or EMR (Electronic Medical Record)
- Demonstrate proper use of pendant, table, couch, console, computer systems, IGRT (Image Guided Radiation Therapy), record and verify, etc…
- Demonstrate the ability to interpret SAD and SSD
- ***Actively demonstrates the ability to perform treatment setups correctly and efficiently. Including: properly positioning patients; proper and safe use of immobilization device, proper use of lasers and the field light for positioning***
- ***Demonstrate proper use/positioning of wedges, blocks, electron cones, bolus, etc…***
- ***Demonstrates the ability to obtain images (via port film and/or IGRT system) for review***
- ***Participates in reviewing of x-rays, portal images, IGRT, etc… Must demonstrate proper use of anatomy terms and identification when reviewing x-rays***
- State the location of all emergency buttons and safety switches for the unit and what to do in the event of a Radiation Therapy emergency
- Wear their dosimeter at all times
- Appropriately monitor the patient while under treatment
- Demonstrate use of universal precautions
- Communicate effectively with the patients
- Observe and/or participate in morning warm-up procedures
- Observe and/or participate in shut down procedures
- Observe billing practices

Technical Evaluation

Expectation	Comments	Acceptable/Unacceptable
1. The student takes the initiative and responsibility for their own learning and does not need to be coached or pushed to perform		Acceptable – 1 Point Unacceptable – 0 Points Needs Improvement – .5 N/A – 1 Point
2. The student pays attention to detail regarding the patient's daily treatment chart and is able to interpret the patient's prescription and setup appropriately		Acceptable – 1 Point Unacceptable – 0 Points Needs Improvement – .5 N/A – 1 Point
3. Demonstrate proper use of pendant, table, couch, console, all computer systems associated with the treatment machine, IGRT, Record and Verify, etc . . .		Acceptable – 1 Point Unacceptable – 0 Points Needs Improvement – .5 N/A – 1 Point
4. Actively demonstrates the ability to perform Treatment Setup-ups correctly and efficiently; Including: properly positioning patients; proper and safe use of immobilization devices; proper use of lasers and of the field light for positioning		Acceptable – 1 Point Unacceptable – 0 Points Needs Improvement – .5 N/A – 1 Point
5. Demonstrates proper positioning of wedges, blocks, electron cones, bolus, etc…		Acceptable – 1 Point Unacceptable – 0 Points Needs Improvement – .5 N/A – 1 Point
6. Demonstrates ability to operate control console; must be able to identify MUs, dose rate, energy, field, etc… On the computer and in the chart		Acceptable – 1 Point Unacceptable – 0 Points Needs Improvement – .5 N/A – 1 Point
7. Demonstrates the ability to obtain images (via port film and/or IGRT system) for review and participates in reviewing of x-rays, portal images, IGRT, etc . . . The student must use proper anatomy terms and identification when reviewing x-rays		Acceptable – 1 Point Unacceptable – 0 Points Needs Improvement – .5 N/A – 1 Point
8. The student exhibits the ability multi-task		Acceptable – 1 Point Unacceptable – 0 Points Needs Improvement – .5 N/A – 1 Point

Student Name:
Clinical Site:
Clinical Preceptors:
Date:

Communication and Professionalism Evaluation

Does the student:

1. Maintain eye contact with patients and staff when communicating?	The student consistently maintains eye contact when communicating **4 Points**	The student usually maintains eye contact when communicating **3 Points**	The student rarely maintains eye contact when communicating **2 Points**	The student never maintains eye contact when communicating **1 Point**
2. Speak slowly and clearly at an appropriate volume?	The student speaks at a reasonable pace with a clear and concise volume **4 Points**	The student speaks loudly and at a rapid pace. They are difficult to understand **3 Points**	The student speaks softly and is difficult to understand **2 Points**	The student does not initiate communication **1 Point**
3. Retain information explained to them?	The student retains information explained to them without repetition **4 Points**	The student retains information with little reinforcement **3 Points**	The student consistently needs information explained to them **2 Points**	The student retains little to no information explained to them **1 Point**
4. Exhibit professional nonverbal communication?	The student demeanor is consistently professional and pleasant **4 Points**	The student demeanor is usually professional and pleasant **3 Points**	The student demeanor is offending and often overly confident **2 points**	The student demeanor appears depressing and unhappy **1 Point**
5. Ask appropriate questions at the appropriate time?	The student asks pertinent and appropriate questions at the appropriate time **4 Points**	The student rarely asks questions related to the field **1 Point**	The student continuously asks the same questions repeatedly **2 Points**	The student continuously asks questions at the inappropriate time **1 Point**
6. Accept constructive criticism?	The student accepts criticism and uses it constructively to improve **4 Points**	The student becomes emotional when provided with criticism **3 Points**	The student becomes confrontational and defensive when provided criticism **2 Points**	The student fails to improve upon constructive criticism **1 Point**
7. Follow patient safety and HIPPA guidelines?	The student respects patient safety at all times **4 Points**	The student usually maintains patient safety and privacy with minor corrections **3 Points**	The student displays a lack of knowledge regarding patient safety and privacy **1 Point**	The student continuously disregards patient safety and privacy **0 Points**
8. Accept responsibility for his/her errors?	The student consistently accepts responsibility for their errors **4 Points**	The student usually accepts responsibility for their actions **3 Points**	The student attempts to hide their errors **0 Points**	The student blames others for his/her errors **0 Points**
9. Handle patients with their physical and mental well being in mind?	The student continuously puts the patient first **4 Points**	The student usually puts the patient first **3 Points**	The student does not acknowledge the patients physical and/or mental state **2 Points**	The student completely disregards the patient's physical and mental wellbeing **1 Point**
10. Bring his/her personal problems into the clinic?	The student consistently displays concern over their personal problems **1 Point**	The student rarely brings their personal problems into the clinic **3 Points**	The student never disclosed their personal problems in the clinic **4 Points**	The student displays their personal problems visually **2 Points**
11. Share their personal life with the staff and patients?	The student consistently discusses their personal life and recreational activities **1 Point**	The student rarely shares any personal information **3 points**	The student refrains from recreational/personal conversations at all times **4 Points**	The student maintains minimum and benign disclosure regarding their personal life **4 Points**

The Community College of Baltimore County Radiation Therapy Program
Summer RTTT 109 Clinical Performance Evaluation

This evaluation is designed to provide the student and program faculty feedback regarding his/her clinical performance. The student is responsible for completing a minimum of 5 competencies this semester and in doing so the student should be able to apply objectives cumulatively since progression through the program is expected. In addition, at this point since students are completing competencies, the technical standards are either Acceptable (the student consistently demonstrates) or Unacceptable (the student is inconsistent and needs improvement) or N/A (not applicable). All competencies must be conducted and performed with some form of imaging technique, excluding electrons. Both passing and failing competencies must be documented and turned in. Program faculty will be responsible for completing this evaluation with clinical preceptors.

Student Name: _____ **Clinic Site:** _____ **Preceptors:** _____ **Date:** _____

Technical Expectations	Comments	Acceptable/Unacceptable
1. The student takes the initiative and responsibility for their own learning and does not need to be coached or pushed to perform		Acceptable – 1 point Unacceptable – 0 points N/A – 1 point
2. The student pays attention to detail regarding the patient's daily treatment chart and is able to identify the patient and interpret the patient's prescription		Acceptable – 1 point Unacceptable – 0 points N/A – 1 point
3. Properly prepares the treatment room utilizing information from the chart		Acceptable – 1 point Unacceptable – 0 points N/A – 1 point
4. Demonstrate proper use of pendant, table, couch, console, all computer systems associated with the treatment machine, IGRT, Record and Verify, etc.		Acceptable – 1 point Unacceptable – 0 points N/A – 1 point
5. Actively demonstrates the ability to perform treatment setups correctly and efficiently; including: properly positioning patients; proper and safe use of immobilization devices; proper use of lasers and the field light for positioning		Acceptable – 1 point Unacceptable – 0 points N/A – 1 point
6. Ability to interpret and utilize SAD and SSD		Acceptable – 1 point Unacceptable – 0 points N/A – 1 point
7. Demonstrates proper positioning of wedges, blocks, electron cones, bolus, etc. ...		Acceptable – 1 point Unacceptable – 0 points N/A – 1 point
8. Demonstrates ability to operate control console; must be able to identify Mus, dose rate, energy, field, etc.		Acceptable – 1 point Unacceptable – 0 points N/A – 1 point
9. Demonstrates the ability to obtain images (via port film and/or IGRT system) for review and participates in reviewing of x-rays, portal images, IGRT, etc.... The student must use proper anatomy terms and identification when reviewing x-rays		Acceptable – 1 point Unacceptable – 0 points N/A – 1 point
10. Demonstrates proper monitoring of patient while under treatment		Acceptable – 1 point Unacceptable – 0 points N/A – 1 point
11. The student actively seeks out additional information and is able to apply theoretical knowledge to clinical performance		Acceptable – 1 point Unacceptable – 0 points N/A – 1 point
12. The student exhibits the ability to multi-task		Acceptable – 1 point Unacceptable – 0 points N/A – 1 point
13. Ability to answer questions related to the treatment/simulation competency		Acceptable – 1 point Unacceptable – 0 points N/A – 1 point

The Community College of Baltimore County Radiation Therapy Program
Summer RTTT 109 Clinical Performance Evaluation

Communication and Professionalism Expectations
Does the student:

1. Maintains eye contact with patients and staff when communicating?	The student consistently maintains eye contact when communicating 4 Pts	The student usually maintains eye contact when communicating 3 Pts	The student rarely maintains eye contact when communicating 2 Pts	The student never maintains eye contact when communicating 1 Pt
2. Professionally interact and communicate effectively with patients and staff?	The student consistently interacts/communicates effectively with the patients/staff 4 Pts	The student usually displays this behavior, needs minor correction 3 Pts	The student displays inconsistent behavior or may only be with staff or patients/not both 2 Pts	The student rarely to never displays this behavior 1 Pt
3. Speak slowly and clearly at an appropriate volume?	The student speaks at a reasonable pace with a clear and concise volume 4 Pts	The student speaks loudly and at a rapid pace. They are difficult to understand 2 Pts	The student speaks softly and is difficult to understand 2 Pts	The student does not initiate communication or requires prompting 1 Pt
4. Exhibit professional nonverbal communication?	The student demeanor is consistently professional and pleasant 4 Pts	The student demeanor is usually professional and pleasant 3 Pts	The student demeanor is overly confident and often offends 2 Pts	The student demeanor appears depressing and unhappy 1 Point
5. Retain information explained to them?	The student retains information explained to them without repetition 4 Pts	The student retains information with little reinforcement 3 Pts	The student consistently needs information explained to them 2 Pts	The student retains little to no information explained to them 1 Pt
6. Student uses down time constructively?	The student consistently uses down time constructively 4 Pts	The student usually uses down time constructively 3 Pts	The student inconsistently uses down time properly 2 Pts	The student disregards down time and does not use properly 1 Pt
7. Ask appropriate questions at the appropriate time?	The student asks pertinent and appropriate questions at the appropriate time 4 Pts	The student asks appropriate questions but often the same questions repeatedly 2 Pts	The student continuously asks questions at an inappropriate time 2 Pts	The student rarely asks appropriate questions related to the profession 1 Pt
8. Accept constructive criticism from all preceptors?	The student accepts criticism and uses it constructively to improve 4 Pts	The student becomes emotional when provided with criticism 3 Pts	The student becomes confrontational and defensive when provided criticism 2 Pts	The student fails to improve upon constructive criticism 1 Pt
9. Follow patient safety/Universal precautions and HIPPA guidelines?	The student respects patient safety/Universal Precautions and HIPPA privacy at all times 4 Pts	The student usually maintains patient safety and privacy with minor corrections 3 Pts	The student displays a lack of knowledge regarding patient safety and/or privacy 1 Pt	The student continuously disregards patient safety and privacy 0 Pts
10. Accept responsibility for his/her errors?	The student consistently accepts responsibility for their errors 4 Pts	The student usually accepts responsibility for their actions 3 Pts	The student attempts to hide or defend errors 0 Pts	The student blames self/others for his/her errors 0 Pts
11. Handle patients with their physical and mental well-being in mind?	The student continuously puts the patient first and understands the needs of the patient 4 Pts	The student usually puts the patient first and somewhat understands the needs of the patient 3 Pts	The student does not acknowledge the patients physical and/or mental state 2 Pts	The student completely disregards the patient's physical and mental wellbeing 1 Pt
12. Bring his/her personal problems or excessive recreational conversation into the clinic?	The student never disclosed their personal problems or shared in excessive chit chat in the clinic 4 Pts	The student rarely brings their personal problems or minimally contributed to recreational chit chat in the clinic 3 Pts	The student consistently displays concern over their personal problems and always joined in excessive chit chat in the clinic 1 Pt	The student displays their personal problems visually and/or contributed to excessive chit chat in the clinic 0 Pts
13. Maintained proper clinical attendance record daily?	The student consistently maintained proper daily record with no prompts 4 Pts	The student usually needed reminding to maintain record 3 Pts	The student consistently needed reminding of maintenance of record 1 Pt	The student disregards the proper maintenance of the daily record 0 Pts

The Community College of Baltimore County
Radiation Therapy Program

Clinical Performance Evaluation
4th and 5th Semester Evaluation

This evaluation has been designed to provide the student, clinical coordinator, and the Program Director frequent feedback regarding his/her clinical performance. Please complete the form honestly. The student is responsible for the objectives assigned to their current semester, as well as the previous semester(s) objectives. Please remember that the clinical objectives are cumulative as the student progresses through the program.

Student Name: _____ Date: _____

Clinical Site: _____ Room/Machine: _____

I. Technical Abilities: **S**atisfactory (the student consistently demonstrates), **U**nsatisfactory (the student is non-consistent and needs improvement), or N/A (not applicable) when necessary. At this point in time it is necessary that we know what areas need to be improved upon.

S	U	N/A	1. Identifies the correct patient at all times and is able to locate, identify, and interpret the script
S	U	N/A	2. Properly prepares the treatment room utilizing information from the patient's chart.
S	U	N/A	3. Demonstrates **Proficient** competency in the use of pendant, table, couch, console, all computer systems associated with the treatment machine, IGRT, Record and Verify, etc . .
S	U	N/A	4. Ability to interpret and utilize SAD and SSD
S	U	N/A	5. Actively demonstrates **Proficient** competence to perform Treatment Setup-ups correctly and efficiently; including: properly positioning patients; proper and safe use of immobilization devices; proper use of lasers and of the field light for positioning.
S	U	N/A	6. Demonstrates proper positioning of wedges, blocks, electron cones and bolus
S	U	N/A	7. Demonstrates ability to operate control console independently/minimal assistance; must be able to identify MUs, dose rate, energy, field, etc… On the computer and in the chart.
S	U	N/A	8. Demonstrates the ability to obtain images (via port film and/or IGRT system) for review
S	U	N/A	9. Participates in reviewing of x-rays, portal images, IGRT etc . . . The student must use proper anatomy terms and identification when reviewing x-rays. At this point the student should demonstrate the ability to critique a port film without assistance and make correct moves to achieve an approved port/IGRT image
S	U	N/A	10. States the location of all emergency buttons and safety switches for the unit and what to do in the event of a radiation therapy emergency.
S	U	N/A	11. Wears film badge consistently
S	U	N/A	12. Monitors the patient while under treatment
S	U	N/A	13. Demonstrates use of universal precautions
S	U	N/A	14. Communicates effectively with the patients; Including explaining the treatment procedure to the patient.
S	U	N/A	15. Participates in morning warm-up procedures
S	U	N/A	16. Participates in shut down procedures
S	U	N/A	17. Demonstrates a basic level of understanding of billing practice

Clinical Performance Evaluation

Rating Scale

4.0 Exceeds the behavior consistently (Outstanding)
3.0 Consistently displays the behavior (Acceptable)
2.0 Usually displays the behavior (Acceptable requiring minor correction)
1.5 Inconsistently displays the behavior. (Unacceptable requiring major correction)
1.0 Rarely displays the behavior (Unacceptable)
NA Not Applicable

Professional Demeanor and Interpersonal Skills	**4.0**	**3.0**	**2.0**	**1.5**	**1.0**	**NA**
1a. Accepts responsibility for his/her actions, and admits errors.						
2a. Accepts constructive criticism and refrains from argumentative or confrontational behavior w/ clinical staff						
3a. Arrives on time						
4a. Phones when he/she is late or absent from clinical						
5a. Prepares the room for the patient without being asked						
6a. Disposes of linen and stocks the room without being asked						
7a. Makes constructive use of down time						
8a. Ability to work harmoniously with staff and other students						
9a. Seeks new information and knowledge						
10a. Applies knowledge acquired to given situations						
11a. Pays close attention to detail and given instructions						
12a. Maintains clinical attendance record daily and demonstrates acceptable attendance during their entire rotation ***If time sheet is not left at clinic site the student receives a 1.0***						
13a. Attends Scheduled conferences and/or seminars						
14a. Handles patients gently and strives to promote their physical and mental well being						
15a. Respects the confidentiality of patient's records						

III. Comments:

Reviewed w/ student: _____ Date: _____

Evaluator(s): _____ Date: _____

_____ Date: _____

Student: _____ Date: _____

Clinical Coordinator: _____ Date: _____

**In the event the student refuses to sign the evaluation after review of this document with the Clinical Staff, it is to be brought to the attention of the Clinical Coordinator and the evaluation will be reviewed with the Clinical Staff and the student. Let it be known that the evaluation will still be interpreted as a valid evaluation of the student.*

The Community College of Baltimore County
Radiation Therapy Program

Clinical Performance Evaluation
SIMULATION

This evaluation has been designed to provide the student, clinical coordinator, and the Program Director frequent feedback regarding his/her clinical performance. Please complete the form honestly. The student is responsible for the objectives assigned to their current semester, as well as the previous semester(s) objectives. Please remember that the clinical objectives are cumulative as the student progresses through the program.

Student Name: _____ Date: _____
Clinical Site: _____ Room/Machine: _____

II. Technical Abilities: **Consistently Displays** (the student consistently meets or exceeds expectations), **Needs Improvement** (the student is non-consistent and needs improvement), **Never Demonstrates** (the student should, but never demonstrates their ability) or **N/A** (not applicable) when necessary.

Consistently Displays	Needs Improvement	Never Demonstrates	N/A	1. Identifies the correct patient at all times
Consistently Displays	Needs Improvement	Never Demonstrates	N/A	2. Explains the procedure to the patient
Consistently Displays	Needs Improvement	Never Demonstrates	N/A	3. Properly prepares the treatment utilizing the doctor's prescription (if available); also using the patient's diagnosis. Identifies the proper site and/or side for treatment.
Consistently Displays	Needs Improvement	Never Demonstrates	N/A	4. Demonstrates the ability to effectively and properly use immobilization devices and/or construct them.
Consistently Displays	Needs Improvement	Never Demonstrates	N/A	5. Records all necessary and pertinent information obtained from the simulation.
Consistently Displays	Needs Improvement	Never Demonstrates	N/A	6. Demonstrate proper use equipment: Conventional Simulator (table, console, II, etc …); CT Simulator (table, controls, etc…)
Consistently Displays	Needs Improvement	Never Demonstrates	N/A	7. Demonstrates an active role in assisting the therapist, nurse, and/or physician with brachytherapy procedures, catheters, contrast, etc…
Consistently Displays	Needs Improvement	Never Demonstrates	N/A	8. Assists with the construction of contours; or outlines contours on the CT slice if needed.
Consistently Displays	Needs Improvement	Never Demonstrates	N/A	9. Obtains port films and/or CT slices; reviews them prior to patient exiting the room, to make sure everything is accounted for.
Consistently Displays	Needs Improvement	Never Demonstrates	N/A	10. States the location of all emergency buttons and safety switches for the unit
Consistently Displays	Needs Improvement	Never Demonstrates	N/A	11. Wears film badge consistently
Consistently Displays	Needs Improvement	Never Demonstrates	N/A	12. Monitors the patient during simulation procedure
Consistently Displays	Needs Improvement	Never Demonstrates	N/A	13. Demonstrates use of universal precautions
Consistently Displays	Needs Improvement	Never Demonstrates	N/A	14. Communicates effectively with the patients
Consistently Displays	Needs Improvement	Never Demonstrates	N/A	15. Student participates in Warm-up of the Simulator/CT
Consistently Displays	Needs Improvement	Never Demonstrates	N/A	16. Student participates in the Shut Down Procedures of the Simulator/CT

Clinical Performance Evaluation

Rating Scale

4.0 Exceeds the behavior consistently (Outstanding)
3.0 Consistently displays the behavior (Acceptable)
2.0 Usually displays the behavior (Acceptable requiring minor correction)
1.5 Inconsistently displays the behavior. (Unacceptable requiring major correction)
1.0 Rarely displays the behavior (Unacceptable)
NA Not Applicable

Professional Demeanor and Interpersonal Skills	**4.0**	**3.0**	**2.0**	**1.5**	**1.0**	**NA**
Accepts responsibility for his/her actions, and admits errors.						
Accepts constructive criticism						
Arrives on time						
Phones when he/she is late or absent from clinical						
Prepares the room for the patient without being asked						
Disposes of linen and stocks the room without being asked						
Makes constructive use of down time						
Ability to work harmoniously with staff and other students						
Seeks new information and knowledge						
Applies knowledge acquired to given situations						
Pays close attention to detail and given instructions						
Maintains clinical attendance record daily						
Attends Scheduled conferences and/or seminars						
Handles patients gently and strives to promote their physical and mental well being						
Respects the confidentiality of patient's records						

III. Comments:

Evaluator(s): _____ Date: _____

_____ Date: _____

Student: _____ Date: _____

Clinical Coordinator: _____ Date: _____

**In the event the student refuses to sign the evaluation after review of this document with the Clinical Staff, it is to be brought to the attention of the Clinical Coordinator and the evaluation will be reviewed with the Clinical Staff and the student. Let it be known that the evaluation will still be interpreted as a valid evaluation of the student.*

The Community College of Baltimore County
Radiation Therapy Program
Time and Attendance Form

Name: Clinical Site:
Month: Year:

	Time IN	Time OUT	Absent	Called In	Student Signature	Preceptor Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

This time sheet is to remain at the clinical site during your rotation and signed daily.

Competency Forms

And

Requirements

CCBC Radiation Therapy Program
Clinical Competency Progression

Didactic (Classroom) Instruction

Demonstration of Radiation Therapy procedure by instructor in the CCBC lab

Observation & Practice of Radiation Therapy procures in clinical areas

Student Practice of Radiation Therapy procedures in the CCBC lab

Performance of Radiation Therapy procedures under direct supervision of a certified Radiation Therapist graduation from:

1. Observation
2. To needing minimal assistance
3. To completely independent practice without any assistance

Completion of all Radiation Therapy skill test/competencies

Competency Testing
(on a patient)

Independent performance of competency testing under direct supervision of a certified Radiation Therapist

The Community College of Baltimore County
Radiation Therapy Program
Treatment Competency Form

This form has been designed to aid the clinical instructor in evaluating the student's performance and competency in treatment setup and delivery. Please complete the form honestly. The student is then to hand this form in to their clinical coordinator or program director, regardless of pass or fail.

Student Name: _____ Date: _____
Start Time: _____ End Time: _____
Clinical Site: _____ Procedure: _____
Treatment Machine: _____ Levels: **PASS** **FAIL**

The Student will **correctly**:

	Prepare the treatment room accordingly		Access and Open Chart, Rx, Tx, Images, etc…..
	Perform patient time out		Communicate effectively with patient and staff
	Assist the patient on/off the tx table		Set up the patient (ex: 3 point setup; ebeam; w/ or w/o shifts, etc……)
	Set all machine parameters necessary including imaging equipment		Set and interpret correct SSD
	Place any cones, blocks or wedges		Identify critical structures
	Obtain and review images – ***must be included for all photon treatment competencies***		Perform treatment time out
	Operate imaging console		Operate machine console
	Identify machine parameters on console		Monitor the patient during treatment
	Treatment delivered without issue		Record the treatment using EMR

Please indicate the students' completion with a "P" or a check; if they failed that portion please indicate with "X" and the competency is considered a failure; and if it was not applicable, please use N/A.

Comments:
_____
_____
_____
_____
_____
_____
_____
_____

This form must be filled out by the clinical preceptor within two business days of competency date.

Evaluator: _____ **Date: _____**

Student: _____ **Date: _____**

****This form is for our records, we have designed it to be universal for all of our clinical sites.***

The Community College of Baltimore County
Radiation Therapy Program
CT Simulation Competency

This form has been designed to aid the clinical instructor in evaluating the student's performance and competency in CT simulation. Please complete this form honestly. The student is then to hand this form into their clinical coordinator.

Student Name: _____ Date: _____
Clinical Site: _____ Procedure: _____
Room/Equipment: _____ **Levels: PASS FAIL**

The student will:	
	Prepare the CT room properly for the patient
	Properly identify the patient
	Explain the procedure to the patient
	Position the patient appropriately
	Position bebes, wires, markers, etc . . .
	Manipulate the CT Scanner controls, table, positioning, etc . . .
	Scan the patient using appropriate borders to ensure entire field will be scanned
	Ensure scan is saved and attainable prior to patient exiting the CT table; Including sending the scan to Dosimetry
	Mark the patient with necessary isocenters
	Explain the markings to the patient
	Tattoo the patient using appropriate precautions
	Assist the patient in exiting the CT scanner
	Communicate effectively with the patient, before, during and after CT simulation
	Obtains approval of Physician (if necessary)

Evaluator: _____ Date: _____

Student: _____ Date: _____

(*If the student fails at any of these assessments he/she is to hand this into their Clinical Coordinator to be discussed)

Quality Control Procedures:

Student Name: _____

Clinical Site: _____

Date: _____

Please check the procedure below:
_____ Linear Accelerator (Laser Alignment, Imaging Systems, and Beam Output and Symmetry)
_____ Simulator (Laser Alignment and QC Water Phantom (e.g. CT Number)

Clinical Preceptor: _____ (print name)

Clinical Preceptor Signature: _____

Date: _____

One sheet per procedure should be handed into the program director

Participatory Procedures:

Candidates must participate in four treatment procedures, one special treatment simulation procedure, and one treatment accessory device process that may be infrequent yet critical. Participation means that the candidate takes an active role in the procedure and understands the critical concepts vital to the success of the procedure. Participation may be performed in a clinical lab exercise if necessary.

Student Name: _____

Clinical Site: _____

Date: _____

Please check the procedure below:

_____ Total Body Irradiation (TBI) Treatment
_____ Craniospinal Treatment
_____ Brachytherapy Treatment
_____ SBRT/SRS Treatment
_____ Special Treatment Simulation Procedure (e.g. 4DCT, SBRT, Gating, Brachy)
_____ Custom Block Process (Photon or Electron)

Clinical Preceptor: _____ (print name)

Clinical Preceptor Signature: _____

Date: _____

One sheet per procedure should be handed into the program director

ASRT Code of Ethics

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

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

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

Code of Ethics

- The radiologic technologist conducts himself or herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
- The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
- The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socio-economic status.
- The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purpose for which they were designed and employs procedures and techniques appropriately.
- The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
- The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
- The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.
- The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
- The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

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

Radiation Therapist Code of Ethics

- The radiation therapist advances the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
- The radiation therapist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socioeconomic status.
- The radiation therapist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions and acts in the best interest of the patient.

Appendix A JRCERT Standards

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.

Objectives:

1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.

1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.

1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.

1.4 The program assures the confidentiality of student educational records.

1.5 The program assures that students and faculty are made aware of the JRCERT **Standards for an Accredited Educational Program in Radiation Therapy** and the avenue to pursue allegations of noncompliance with the **Standards**.

1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

1.7 The sponsoring institution and program comply with the requirements to achieve and maintain JRCERT accreditation.

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.

Objectives:

2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.

2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.

2.3 The sponsoring institution provides student resources.

2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.

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.

Objectives:

3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.

3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.

3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.

3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.

3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

Standard Four: Curriculum and Academic Practices

The program's curriculum and academic practices prepare students for professional practice.

Objectives:

4.1 The program has a mission statement that defines its purpose.

4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.

4.3 All clinical settings must be recognized by the JRCERT.

4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.

4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.

4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.

4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.

4.9 The program has procedures for maintaining the integrity of distance education courses.

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.

Objectives:

5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.

5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.

5.3 The program assures that students employ proper safety practices.

5.4 The program assures that all radiation therapy procedures are performed under the direct supervision of a qualified practitioner.

5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

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.

Objectives:

6.1 The program maintains the following program effectiveness data:

- five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- five-year average job placement rate of not less than 75 percent within twelve months of graduation, and
- annual program completion rate.

6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.

6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.

6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.

6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.

Appendix B
ARRT Didactic and Clinical Competencies

Radiation Therapy

1. Introduction

Candidates applying for certification and registration under the primary eligibility pathway are required to meet the Professional Education Requirements specified in the *ARRT Rules and Regulations*. ARRT's *Radiation Therapy Didactic and Clinical Competency Requirements* are one component of the Professional Education Requirements.

The requirements are periodically updated based upon a practice analysis which is a systematic process to delineate the job responsibilities typically required of radiation therapists. The result of this process is a task inventory which is used to develop the clinical competency requirements (see section 4 below) and the content specifications which serve as the foundation for the didactic competency requirements (see section 3 below) and the examination.

2. Documentation of Compliance

Verification of program completion, including Didactic and Clinical Competency Requirements and all degree-related requirements including conferment of the degree, will be completed on the Program Completion Verification Form on the ARRT Educator Website after the student has completed the Application for Certification and Registration.

Candidates who complete their educational program during 2022 or 2023 may use either the 2017 Didactic and Clinical Competency Requirements or the 2022 requirements. Candidates who complete their educational program after December 31, 2023 must use the 2022 requirements.

3. Didactic Competency Requirements

The purpose of the didactic competency requirements is to verify that individuals had the opportunity to develop fundamental knowledge, integrate theory into practice and hone affective and critical thinking skills required to demonstrate professional competency. Candidates must successfully complete coursework addressing the topics listed in the ARRT Content Specifications for the Radiation Therapy examination. These topics would typically be covered in a nationally-recognized curriculum such as the ASRT Radiation Therapy Curriculum. Educational programs accredited by a mechanism acceptable to ARRT generally offer education and experience beyond the minimum requirements specified in the content specifications and clinical competency documents.

4. Clinical Competency Requirements

The purpose of the clinical competency requirements is to verify that individuals certified by the ARRT have demonstrated competence performing the clinical activities fundamental to a particular discipline. Competent performance of these fundamental activities, in conjunction with mastery of the cognitive knowledge and skills covered by the certification examination, provides the basis for the acquisition of the full range of procedures typically required in a variety of settings. Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during the course of his or her formal education. The following pages identify the specific procedures for the clinical competency requirements. Candidates may wish to use these pages, or their equivalent, to record completion of the requirements. The pages do NOT need to be sent to the ARRT.

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V 2024.01.02

General Requirement: Remote scanning is not acceptable for completion of ARRT Clinical Requirements. The candidate must complete the examination or procedure at the facility where the patient and equipment are located. The candidate must be physically present during the examination or procedure.

4.1 General Performance Considerations

4.1.1 Patient Diversity

Demonstration of competence should include variations in patient characteristics such as age, gender, and medical condition.

4.1.2 Simulated Performance

ARRT defines simulation of a clinical procedure routinely performed on a patient as the candidate completing all possible hands-on tasks of the procedure on a live human being using the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient.

ARRT requires that competencies performed as a simulation must meet the same criteria as competencies demonstrated on patients. For example, the competency must be performed under the direct observation of the program director or program director's designee and be performed independently, consistently, and effectively.

Simulated performance must meet the following criteria:

- Simulation of procedures requires the use of proper equipment without activating the x-ray beam.
- A total of three radiation treatment procedures may be simulated.
- If applicable, the candidate must evaluate related images.

Examples of acceptable simulated performance include setting up another person for a treatment without activating the beam and evaluating a related portal image from a teaching file.

4.1.3 Elements of Competence

Demonstration of clinical competence requires that the program director or the program director's designee has observed the candidate performing the procedure independently, consistently, and effectively during the candidate's formal educational program. The exception is for procedures categorized as "participatory" as explained in 4.2.6.

Remote scanning is not acceptable for completion of ARRT Clinical Requirements. The candidate must complete the examination or procedure at the facility where the patient and equipment are located. The candidate must be physically present during the examination or procedure.

4.1.4 Scope of Competence Assessment

The following is intended to offer a general guide to competence assessment in each of the three domains. It is recognized that most activities fall into more than one domain.

- Cognitive Domain: As part of providing treatment, candidates should demonstrate their understanding of concepts related to anatomy, physiology, pathology, and dose to critical structures. Candidates should also recognize complications and side-effects commonly associated with each treatment procedure. If facilities have a limited number of treatment

options, candidates should also describe alternative treatment procedures (e.g., IMRT, IGRT, stereotactic) and explain how those procedures might apply to a given case.

- Psychomotor Domain: Candidates should demonstrate competence performing activities such as verifying treatment parameters, setting-up the treatment unit, positioning the patient, monitoring the patient during treatment delivery, and documenting treatment delivery.
- Interpersonal Domain: Candidates should demonstrate ongoing sensitivity to and compassion for each patient's physical and emotional well-being, interact with members of the radiation therapy treatment team in a positive and productive manner, and maintain high ethical standards.

The duration of clinical training may not allow students to follow patients over the entire course of treatment. However, some provision should be made to permit candidates to interact with at least one patient and monitor the patient's progress over the continuum of their treatment planning and delivery.

4.2 Radiation Therapy Specific Requirements

4.2.1 General Patient Care

Candidates must be CPR certified and demonstrate competence in the remaining six patient care activities. The activities should be performed on patients whenever possible, but procedures may be demonstrated in a clinical lab environment if state or institutional regulations prohibit candidates from performing the procedures on patients.

4.2.2 Quality Control Procedures

Candidates must demonstrate competence in five quality control activities.

4.2.3 Treatment Simulation Procedures

Candidates must demonstrate competence in six treatment simulation procedures. It is expected that the candidate will participate with appropriate personnel at the following levels of responsibility*: perform, discuss, and review. All simulation procedures must be demonstrated on patients and reviewed with appropriate personnel.

Demonstration of competence includes considerations related to radiation safety, equipment operation, patient and equipment monitoring, patient positioning and marking, treatment volume localization, imaging procedures, record keeping, and patient management and education.

* level of participation may depend on state or institutional requirements.

4.2.4 Dosimetry

Candidates must demonstrate competence calculating doses for six treatment plans. Calculations should be performed for actual patients; however, calculations may be completed in a clinical lab exercise if demonstration on actual patients is not feasible.

4.2.5 Treatment Accessory Devices

Candidates must demonstrate competence in fabricating three devices.

4.2.6 Participatory Procedures

Candidates must participate in four treatment procedures, one special treatment simulation procedure, and one treatment accessory device process that may be infrequent yet critical. Participation means that the candidate takes an active role in the procedure and understands the critical concepts vital to the success of the procedure. Participation may be performed in a clinical lab exercise if necessary.

4.2.7 Radiation Treatment Procedures

Candidates must demonstrate competence in 16 radiation treatment procedures. Thirteen procedures must be demonstrated on patients. Three procedures may be demonstrated in a clinical lab environment. Demonstration of competence does not require actual delivery of treatment dose. Demonstration of competence includes considerations related to radiation safety, equipment operation, patient and equipment monitoring, patient positioning, treatment volume localization, dose to critical structures, image acquisition and registration (e.g., MV, kV, CBCT), dose verification, record keeping, and patient management and education.

General Patient Care Procedures	**Date Completed**	**Competence Verified By**
CPR Certified		
Vital Signs – Blood Pressure		
Vital Signs – Pulse		
Vital Signs – Respiration		
Vital Signs – Temperature		
O_2 Administration		
Patient Transfer		
Quality Control Procedures		
Linear Accelerator		
Laser Alignment		
Imaging Systems		
Beam Output and Symmetry		
Simulator		
Laser Alignment		
QC Water Phantom (e.g., CT Number)		
Simulation Procedures		
Brain		
Head and Neck		
Thorax		
Breast		
Pelvis		
Skeletal		

	Date Completed	Competence Verified By
Dosimetry		
Single Field		
Parallel Opposed Fields		
Weighted Fields		
Wedged Fields		
Computer Generated Isodose Plan		
Electron Field		
Treatment Accessory Devices		
Custom Bolus		
Custom Immobilization Devices (e.g., Foaming Agents, Vacuum Bags)		
Thermoplastic Mold		
Participatory Procedures		
Total Body Irradiation (TBI) Treatment		
Craniospinal Treatment		
Brachytherapy Treatment		
SBRT/SRS Treatment		
Special Treatment Simulation Procedure (e.g., 4D CT, SBRT, Gating, or Brachytherapy)		
Custom Block Process (Photon or Electron)* *may or may not include actual block fabrication (e.g., third party outsourcing)		

Radiation Treatment Procedures	Date Completed	Patient or Simulated	Competence Verified By
Brain			
Primary			
Metastatic			
Head and Neck			
Multi-field			
Thorax			
Multi-field (non-IMRT)			
IMRT and/or Volumetric arc therapy			
Breast			
Tangents Only			
Tangents with Supraclavicular			
Tangents with Supraclavicular and Posterior Axilla Boost			
Special Set-up (e.g., Photon or Electron Boost, Prone, IMRT, Gating)			
Abdomen			
Multi-field			
Pelvis			
Multi-field Supine			
Multi-field Prone			
Skeletal			
Multi-field Spine			
Extremity			
Electron Fields			
Single			
Photon or Electron			
Abutting Fields			

Multi-field includes two or more fields, and may include 3D conformal, IMRT and/or volumetric arc therapy (unless specified otherwise).

Appendix C Pregnancy Policy

Pregnancy Policy

The pregnancy policy of the radiation therapy program is designed with two basic goals: first, to reduce the potential for radiation exposure to a minimum; and second, to assure that the student receives the education necessary to satisfy the graduation requirements of the radiation therapy program.

In accordance with U.S. Nuclear Regulatory Commission (NRC) Regulatory Guide 8.13, a pregnant student has the option of declaring her pregnancy or remaining undeclared. If a student chooses to inform the program of their pregnancy, it must be done voluntarily, in writing and provided to the program director, coordinator or the person in charge during their absence. The approximate due date should be documented. A declared pregnant student will receive and must sign an acknowledgment of "Radiation Risks during Pregnancy" form. Once a pregnancy is declared in writing, radiation exposure to the embryo/fetus shall be no greater than 0.05 REM in any month, excluding medical exposure. The student has the right to and the responsibility for, making one of the following choices:

1. To cease all clinical education at once.

2. To continue clinical education without modification.

3. To continue clinical education with modification.

4. An option of written withdrawal of declaration

The option (4) of written withdrawal of declaration is available to the student for the entire length of their declared pregnancy.

Should the student choose to continue clinical education with modification (option 3), the exact detailed plan concerning the student's continuation of education will depend on such factors as the length of time in the program, the amount and nature of clinical education obtained to that point, the stage of pregnancy, the expected date of delivery, the planned date of return, etc. Since these factors are so variable, each case will be decided by the program director/coordinator on an individual basis and will involve consultation with the student.

Should the student choose to cease clinical education, such a plan may use the following guidelines:

1. A student in the first year of the program may continue in the classroom portion of the program until the end of the current semester. She will be present only during regularly scheduled classroom hours. At the end of the semester she will be placed on a leave of absence and may continue her education at a time that is mutually acceptable to the program director and the student.

2. A student in the second year of the program may finish the entire didactic portion of the program. She will be in attendance only during regularly scheduled classroom hours. At the end of the pregnancy leave, she will complete all incomplete clinical experiences. The schedule for these make-up clinical experiences will be mutually acceptable to the program director and the student. After completing the graduation requirements of the Radiation Therapy Program, the student will be eligible to apply to take the Registry Examination.

Should a declared pregnant student choose to continue her clinical education, she will:

a. Be issued a fetal monitoring badge to be worn at all times at waist level under the lead apron, in addition to the regular dosimeter, during tasks performed in direct exposure areas.

b. Wear a 0.5mm wrap-type lead apron during performance of tasks in a direct exposure area.

c. Adhere strictly to all safety precautions for radiation protection purposes.

U.S. Nuclear Regulatory Commission[1]

§ 20.1208 Dose equivalent to an embryo/fetus.

a) The licensee shall ensure that the dose equivalent to the embryo/fetus during the entire pregnancy, due to the occupational exposure of a declared pregnant woman, does not exceed 0.5 rem (5 mSv). (For recordkeeping requirements, see § 20.2106.)

b) The licensee shall make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit in paragraph (a) of this section.

c) The dose equivalent to the embryo/fetus is the sum of—

    1. The deep-dose equivalent to the declared pregnant woman; and

    2. The dose equivalent to the embryo/fetus resulting from radionuclides in the embryo/fetus and radionuclides in the declared pregnant woman.

d) If the dose equivalent to the embryo/fetus is found to have exceeded 0.5 rem (5 mSv), or is within 0.05 rem (0.5 mSv) of this dose, by the time the woman declares the pregnancy to the licensee, the licensee shall be deemed to be in compliance with paragraph (a) of this section if the additional dose equivalent to the embryo/fetus does not exceed 0.05 rem (0.5 mSv) during the remainder of the pregnancy.

For more information, see the Nuclear Regulatory Commission (NRC) website at:

http://www.nrc.gov/reading-rm/doc-collections/cfr/part020/part020-1208.html

[1] http://www.nrc.gov/reading-rm/doc-collections/cfr/part020/part020-1208.html

Declaration of Pregnancy Form

Community College of Baltimore County, Medical Imaging Programs

To: _____ (Name of Program Director or Coordinator)

From: _____ (Name of student)

Date: _____ (Date form filled out by student)

In accordance with the Nuclear Regulatory Commission (NRC)'s regulation at 10 CFR 20.1208, "Dose to an Embryo/Fetus," I am declaring that I am pregnant. I understand that radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in clinical rotations or clinical responsibilities during my pregnancy. I further declare that I will obtain a fetal dosimeter from the program office and agree to wear it properly during the course of my pregnancy (under all lead aprons) and exchange it monthly according to procedure.

To the best of my knowledge:

I believe I became pregnant in: _____.
(Month and Year only)

My Projected Due Date is: _____.

According to the Student Handbook's Pregnancy Policy, I choose Option _____.

My Clinical Rotations between the time I discovered I was pregnant and filling out this form: _____

_____
(How many hours and which locations and rooms)

_____ _____ _____

Printed Name of Student | Student Signature | Date Signed

FOR PROGRAM OFFICE USE ONLY:

Conference Date with Program and signature: _____

Date Fetal Dosimeter ordered through Landauer website: _____

Date Guest Dosimeter given to student and Serial Number: _____

Date official Fetal Dosimeter given to student: _____

Date of Dosimeter Termination entered in Landauer: _____

Appendix D Maryland Board of Physicians Quality Assurance

Title 10 MARYLAND DEPARTMENT OF HEALTH
Subtitle 32 BOARD OF PHYSICIANS
Chapter 10 Licensure of Radiation Therapists, Radiographers, Nuclear Medicine Technologists, and Radiation Therapists
Authority: Health Occupations Article, §§1-213, 1-606, 14-306, 14-5B-01, and 14-5B-03—14-5B-21, Annotated Code of Maryland

.01 Scope.
A. This chapter governs the practice of radiation therapy, radiography, nuclear medicine technology, and radiology assistance.
B. This chapter does not prohibit:
(1) A radiation therapy, radiography, nuclear medicine technology, or radiology assistance student enrolled in an educational program accredited by JRCERT or NMTCB, or recognized by ARRT as a radiology assistance education program from practicing radiation therapy, radiography, nuclear medicine technology, or radiology assistance in the educational program;
(2) An individual employed by the federal government as a radiation therapist, radiographer, nuclear medicine technologist, or radiologist assistant from practicing within the scope of that employment; or
(3) An individual from practicing a health occupation that the individual is authorized to practice under the Health Occupations Article.

.02 Definitions.
A. In this chapter, the following terms have the meanings indicated.
B. Terms Defined.
(1) "ARRT" means the American Registry of Radiologic Technologists.
(2) "Board" means the Board of Physicians.
(3) "Certification" means recognition of an individual who has satisfied certain standards required by a national certifying board.
(4) "Committee" means the Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiology Assistance Advisory Committee of the Board.
(5) "Computed tomography (CT)" means the use of a machine that produces ionizing radiation to obtain cross-sectional images.
(6) Direct Supervision.
(a) "Direct supervision" means supervision by a licensed physician who is:
(i) In the physical presence of the licensee and a patient; and
(ii) Observing and directing the licensee as the licensee performs a procedure.
(b) "Direct supervision" includes, for purposes of meeting the examination eligibility requirements set out in Regulation .10B of this chapter, supervision by a:
(i) Licensed nuclear medicine technologist with the post-primary computed tomography (CT) credential;
(ii) Licensed radiographer with the post-primary CT credential; or
(iii) Licensed radiologist.
(7) "Hybrid nuclear medicine/CT device" means a machine that combines two distinct imaging modalities.
(8) "Immediately available direction" means the responsibility of a licensed physician to provide necessary direction for a licensee in person, by telephone, or by other electronic means if the licensee needs assistance with a procedure.
(9) "JRCERT" means the Joint Review Committee on Education in Radiologic Technology.
(10) "JRCNMT" means the Joint Review Committee on Educational Programs in Nuclear Medicine Technology.
(11) "Licensee" means an individual who is licensed to practice radiography, radiation therapy, nuclear medicine technology, or radiology assistance in Maryland.
(12) "NMTCB" means the Nuclear Medicine Technology Certification Board.

(13) "Nuclear medicine technologist" means an individual licensed by the Board to practice nuclear medicine technology.
(14) "On-site supervision" means the responsibility of a licensed physician to provide necessary direction for a licensee when the physician is:
(a) Physically present in the facility; and
(b) Able to respond in person if the licensee needs assistance with a procedure.
(15) "Physician" means an individual who is licensed by the Board to practice medicine.
(16) "Post–primary computed tomography (CT) credential" means passing a specialty examination by the ARRT or the NMTCB to establish competency in performing computed tomography.
(17) "Practice nuclear medicine technology" means to:
(a) Prepare and administer radiopharmaceuticals to human beings; or
(b) Conduct in vivo detection and measurement of radioactivity for medical purposes to assist the physician in the diagnosis and treatment of disease or injury.
(18) "Practice radiation therapy" means to perform tumor localization radiography and apply therapeutic doses of radiation for the treatment of disease or injury.
(19) "Practice radiography" means to use ionizing radiation to:
(a) Demonstrate portions of the human body to assist the physician in the diagnosis of disease or injury; or
(b) Perform tumor localization radiography.
(20) "Practice radiology assistance" means to:
(a) Practice radiography; and
(b) Perform:
(i) Fluoroscopy and selected radiology procedures;
(ii) Patient assessment; and
(iii) Patient management.
(21) "Radiation therapist" means an individual licensed by the Board to practice radiation therapy.
(22) "Radiographer" means an individual who is licensed by the Board to practice radiography.
(23) "Radiologist" means a licensed physician who:
(a) Specializes in radiology; and
(b) Has current certification in radiology by one of the following organizations:
(i) American Board of Radiology;
(ii) American Osteopathic Board of Radiology;
(iii) British Royal College of Radiology; or
(iv) Royal College of Physicians and Surgeons of Canada.
(24) "Special procedure request" means a written request to the Board to allow a licensed radiologist assistant to perform one or more procedures listed in Regulation .11E of this chapter.
(25) "Supervision" means the responsibility of the licensed physician to exercise on-site direction or immediately available direction for licensees.

.03 Committee.
A. The Board shall establish a Committee composed of the following individuals:
(1) One physician whose approved specialty is radiology;
(2) One physician whose approved specialty is nuclear medicine;
(3) One physician whose approved specialty is radiation oncology;
(4) One physician who specializes in radiology and who supervises a radiologist assistant;
(5) One radiographer;
(6) One radiation therapist;
(7) One nuclear medicine technologist;
(8) One radiologist assistant;
(9) One consumer member; and
(10) One Board member.
B. Selection.

(1) The physician whose specialty is radiology, the physician whose specialty is radiation oncology, and the physician who specializes in radiology and supervises a radiologist assistant may be selected by the Board from a list of nominees submitted by the American College of Radiology—Maryland Chapter. Nominees are not required to be members of the American College of Radiology.
(2) The physician whose specialty is nuclear medicine may be selected by the Board from a list of nominees submitted by the Mideastern Chapter—Society of Nuclear Medicine. Nominees are not required to be members of the Mideastern Chapter—Society of Nuclear Medicine.
(3) The radiographer and the radiation therapist may be selected by the Board from a list of nominees submitted by the Maryland Society of Radiologic Technologists. Nominees are not required to be members of the Maryland Society of Radiologic Technologists.
(4) The nuclear medicine technologist may be selected by the Board from a list of nominees submitted by the Mideastern Chapter—Society of Nuclear Medicine —Technologist Section. Nominees are not required to be members of the Mideastern Chapter—Society of Nuclear Medicine—Technologist Section.
(5) The consumer member shall:
(a) Meet the requirements in Health Occupations Article, §14-5B-05(d), Annotated Code of Maryland; and
(b) Be selected by the Board.
C. Tenure.
(1) The term of a member is 3 years.
(2) The terms of the members are staggered.
(3) At the end of a term, a member continues to serve until a successor is appointed.
(4) An individual may be reappointed for a second term but the individual may not serve more than two full consecutive terms.
D. Vacancy.
(1) If a vacancy occurs as to a member, the Board shall appoint a new member to serve, as provided in this regulation.
(2) The successor member shall only serve for the remainder of the term, unless reappointed.
E. The Committee shall elect a chair from among its members once every 2 years.
F. The Committee shall:
(1) Review selected applications for licensure of radiographers, nuclear medicine technologists, radiation therapists, and radiologist assistants, and make recommendations to the Board for approval;
(2) Make recommendations to the Board regarding regulations governing radiographers, nuclear medicine technologists, radiation therapists, and radiologist assistants;
(3) Make recommendations to the Board on the requirements for licensure of radiographers, radiation therapists, nuclear medicine technologists, and radiologist assistants;
(4) Make recommendations to the Board on a code of ethics for the practice of radiography, radiation therapy, nuclear medicine technology, and radiology assistance;
(5) Advise the Board on matters related to standards of care for the practice of radiography, nuclear medicine technology, radiation therapy, and radiology assistance;
(6) Advise the Board on matters related to the practice of radiography, nuclear medicine technology, radiation therapy, and radiology assistance; and
(7) Keep a record of the Committee's proceedings.

.05-1 Qualifications for Licensure — Radiation Therapists.
A. An individual shall be licensed by the Board if the individual meets the requirements of §B of this regulation.
B. An individual shall be licensed by the Board if the individual:
(1) Completes an application on a form supplied by the Board;
(2) Pays an application fee as specified in Regulation .18 of this chapter;
(3) Is 18 years old or older;
(4) Is of good moral character;
(5) Demonstrates oral and written competency in English by any of the following:

(a) Graduation from a recognized English-speaking high school or undergraduate school after at least 3 years of enrollment;
(b) Graduation from a recognized English-speaking professional school with acceptable proof of proficiency in the oral and written communication of English;
(c) Receiving a grade of:
(i) At least 26 on the "Speaking Section" of the Internet-based Test of English as a Foreign Language; and
(ii) At least 79 on the Internet-based Test of English as a Foreign Language;
(6) Has successfully completed and graduated from a:
(a) Program of radiation therapy which has been accredited by the JRCERT or one of its predecessors or successors; or
(b) Radiation therapy educational program that is recognized by the national certifying body as approved by the Board, if the applicant also provides documentation, satisfactory to the Board, verifying that the applicant:
(i) Possesses a current, active, unrestricted license as a radiation therapist technologist in another state or is otherwise recognized as a radiation therapist in another state;
(ii) Has full-time practice experience as a radiation therapist in another state for at least 3 of the last 5 years immediately preceding the application; and
(iii) Has no history of public disciplinary action taken, or pending, against any license currently or previously held or expired;
(7) Submits verification, on a form that the Board requires, from employers, supervisors or colleagues, that the applicant has satisfactorily practiced radiation therapy for the length of time specified in §B(6)(b)(ii) of this regulation;
(8) Has passed the examination in radiation therapy constructed by the national certifying body as approved by the Board; and
(9) Has been certified and maintains current registration or active certification from the national certifying body as approved by the Board at the time of application.

.07 Scope of Practice — General.
A. Supervision.
(1) A radiation therapist, radiographer, or a nuclear medicine technologist may practice only under the supervision of a licensed physician.
(2) A licensed radiologist assistant may practice only under the supervision of a licensed radiologist.
B. Administration of Medications or Contrast Media.
(1) A radiation therapist, radiographer, nuclear medicine technologist, or radiologist assistant may initiate an intravenous line and administer contrast media with the following supervision:
(a) A radiologist assistant may administer contrast media under the immediately available direction of a radiologist; and
(b) A radiation therapist, radiographer, or nuclear medicine technologist may administer contrast media after consultation with a physician who is physically available on the premises.
(2) A radiation therapist, radiographer, nuclear medicine technologist, or radiologist assistant may not administer narcotic or sedating medication.
C. Identification. A radiation therapist, radiographer, nuclear medicine technologist, or radiologist assistant, when practicing radiation therapy, radiography, nuclear medicine technology, or radiology assistance shall wear a badge which identifies the individual wearing the badge to be a licensed radiation therapist, radiographer, nuclear medicine technologist, or radiologist assistant.

.08 Scope of Practice — Radiation Therapy.
The practice of radiation therapy includes the following:
A. Scope of practice for simulation procedures and for operation of external beam treatment devices, CT simulator, and fluoroscopic simulator for patient therapy which includes:
(1) Preparation of machine for patient procedure;

(2) Positioning patient for treatment or localization, or both;
(3) Adjustment of machine components and systems;
(4) Application of machine adjustments while patient is on the table;
(5) Attachment or removal of any machine device or machine accessory for patient service, or both;
(6) Manipulation of machine controls for patient exposure for localization or treatment, or both;
(7) Production of radiation for tumor or field localization on, or treatment of, a patient, or both;
(8) Documentation of technical set up used on a patient;
(9) Monitoring of patient and equipment during the simulation or treatment procedures for application of corrective actions;
(10) Oversight and application of image development standards and appropriate labeling of images regarding patient identification, date, and documentation of technical parameters;
(11) Performance of patient or image measurements, or both;
(12) Application of technical procedures in accordance with accepted radiation safety standards and regulations;
(13) Performance of dosimetric and geometric calculations related to patient treatment; and
(14) Manipulation, data entry, or other use of computer-accelerator interfaced hardware or software for patient treatment;
B. Scope of practice for preparation of patient treatment devices which includes:
(1) Oversight of in-facility manufacture of devices or device accessories for use in patient treatment; and
(2) Approval of devices for use in patient simulation and treatment;
C. Scope of practice for brachytherapy and radiopharmaceutical procedures which includes:
(1) Removal, return, or handling of radiation sources or medical applicators, or both, containing radioactive material;
(2) Transportation of radioactive materials;
(3) Documentation for the accountability and use of the radiation sources;
(4) Insertion and removal of sources from medical applicators;
(5) Preparation of radiopharmaceuticals for therapeutic administration to patients under physician supervision;
(6) Assisting the licensed physician in the preparation and administration of therapeutic radiopharmaceuticals;
(7) Documentation of the therapeutic application of radiopharmaceuticals;
(8) Oversight of radiation safety practices related to the handling and administration of radiopharmaceuticals for therapy of patients;
(9) Management of transportation and handling of therapeutic radiopharmaceuticals, immediate management and appropriate notifications for any spills or other accidents involving radiopharmaceuticals; and
(10) Calibration of therapeutic radiopharmaceuticals for dose accuracy; and
D. Performance of any other duties that the Board determines may be performed by a radiation therapist.

.13 Renewal and Reinstatement.
A. Renewal.
(1) The Board may not renew a license until the Comptroller of Maryland has verified that the individual has paid all undisputed taxes and unemployment insurance contributions, or arranged for repayment, as required by COMAR 10.31.02.
(2) An individual who has been licensed by the Board as a radiation therapist, radiographer, or nuclear medicine technologist shall renew the license every 2 years on the date specified by the Board by:
(a) Completing a renewal application on a form approved by the Board;
(b) Paying a renewal fee as specified in Regulation .18 of this chapter; and
(c) Attesting to one of the following:
(i) Completion of at least 24 hours of approved continuing education earned during the 2-year period preceding the expiration of the license for radiation therapist, radiographer, or nuclear medicine technologist, in accordance with the requirements specified in §A(5) of this regulation;
(ii) Current American Registry of Radiologic Technologists (ARRT) registration; or
(iii) Active certification by the Nuclear Medicine Technology Certification Board.

(3) An individual who has been licensed by the Board as a radiologist assistant shall renew the license every 2 years on the date specified by the Board by:
(a) Completing a renewal application on a form approved by the Board;
(b) Paying a renewal fee as specified in Regulation .18 of this chapter;
(c) Attesting to one of the following:
(i) Completion of at least 50 hours of approved continuing education earned during the 2-year period preceding the expiration of the license for radiologist assistant, in accordance with the requirements specified in §A(5) of this regulation; or
(ii) Current American Registry of Radiologic Technologists (ARRT) registration as a radiologist assistant.
(4) Continuing education hours that are used to satisfy the continuing education requirement for renewal of a license as a radiographer may also be used to satisfy the continuing education requirement for a radiologist assistant.
(5) Approved continuing education is as follows:
(a) In-service programs at a hospital or related institution as defined in Health-General Article, §19-301, Annotated Code of Maryland, or a health maintenance organization certified by the State; or
(b) Programs relevant to the practice of a radiation therapist, radiographer, nuclear medicine technologist, or radiologist assistant approved by the:
(i) American College of Radiology or its chapters;
(ii) Maryland Society of Radiologic Technologists;
(iii) Mideastern Chapter—Society of Nuclear Medicine — Technologist Section;
(iv) Mideastern Chapter—Society of Nuclear Medicine or the District of Columbia Chapter of the American College of Radiology;
(v) American Medical Association;
(vi) MedChi, the Maryland State Medical Society; or
(vii) American Society of Radiologic Technologists.
(6) The continuing education requirement applies to all renewal applications after the first renewal.
B. Reinstatement. The Board shall reinstate the license of a radiation therapist, radiographer, nuclear medicine technologist, or radiologist assistant if the individual:
(1) Completes a reinstatement application on a form approved by the Board;
(2) Pays a reinstatement fee as defined in Regulation .18 of this chapter; and
(3) Documents evidence of:
(a) For a radiographer, radiation therapist, or nuclear medicine technologist, at least one of the following requirements:
(i) Completion of at least 24 hours of approved continuing education earned during the 2-year period preceding the date of the submission of the application for reinstatement of the license for radiation therapist, radiographer, or nuclear medicine technologist;
(ii) Current ARRT registration; or
(iii) Active certification by the NMTCB; or
(b) For a radiologist assistant, at least one of the following requirements:
(i) Completion of at least 50 hours of approved continuing education earned during the 2-year period preceding the date of the submission of the application for reinstatement of the license for radiologist assistant; or
(ii) Current ARRT registration as a radiologist assistant.

.14 Prohibited Conduct.
A. Subject to the hearing provisions of Health Occupations Article, §14-405, Annotated Code of Maryland, the Board may deny an application, may reprimand any licensed radiation therapist, licensed radiographer, licensed nuclear medicine technologist, licensed radiologist assistant, place any licensed radiation therapist, licensed radiographer, licensed nuclear medicine technologist, licensed radiologist assistant, on probation, or suspend or revoke the license of any licensed radiation therapist, licensed radiographer, licensed nuclear medicine technologist, or licensed radiologist assistant for the commission of a prohibited act.
B. The following are prohibited acts:

(1) Fraudulently or deceptively obtaining or attempting to obtain a license for the applicant or licensed individual or for another;
(2) Fraudulently or deceptively using a license;
(3) Being guilty of unprofessional or immoral conduct in the practice of radiation therapy, radiography, nuclear medicine technology, or radiology assistance;
(4) Being professionally, physically, or mentally incompetent;
(5) Abandoning a patient;
(6) Habitually being intoxicated;
(7) Being addicted to or abusing any narcotic or controlled dangerous substance as defined in Criminal Law Article, Annotated Code of Maryland;
(8) Providing professional services while:
(a) Under the influence of alcohol;
(b) Using any narcotic or controlled dangerous substance, as defined in Criminal Law Article, Annotated Code of Maryland, or other drug that is in excess of therapeutic amounts or without valid medical indication;
(9) Promoting the sale of services, drugs, devices, appliances, or goods to a patient to exploit the patient for financial gain;
(10) Willfully making or filing a false report or record in the practice of radiation therapy, radiography, nuclear medicine technology, or radiology assistance;
(11) Willfully failing to file or record any report as required under law, willfully impeding or obstructing the filing or recording of the report, or inducing another to fail to file or record the report;
(12) Paying or agreeing to pay any sum or provide any form of remuneration or material benefit to any person for bringing or referring a patient or accepting or agreeing to accept any sum or any form of remuneration or material benefit from an individual for bringing or referring a patient;
(13) Knowingly making a misrepresentation while practicing radiation therapy, radiography, nuclear medicine technology, or radiology assistance;
(14) Knowingly practicing radiation therapy, radiography, nuclear medicine technology, or radiology assistance with an unauthorized person or aiding an unauthorized person in the practice of radiation therapy, radiography, nuclear medicine technology, or radiology assistance;
(15) Offering, undertaking, or agreeing to cure or treat disease by a secret method, treatment, or medicine;
(16) Being disciplined by a licensing or disciplinary authority, being convicted or disciplined by a court of any state or country or disciplined by any branch of the United States uniformed services or the Veterans' Administration for an act that would be grounds for disciplinary action under the Board's disciplinary statutes or this regulation;
(17) Failing to meet appropriate standards as determined by appropriate peer review for the delivery of quality radiation therapy care, radiography care, nuclear medicine technology care, or radiology assistance care performed in an outpatient surgical facility, office, hospital, or any other location in this State;
(18) Knowingly submitting false statements to collect fees for which services are not provided;
(19) Having been subject to investigation or disciplinary action by a licensing or disciplinary authority or by a court of any state or country for an act that would be grounds for disciplinary action under this regulation and the licensed individual:
(a) Surrendered the license issued by the state or country, or
(b) Allowed the license issued by the state or country to expire or lapse;
(20) Knowingly failing to report suspected child abuse in violation of Family Law Article, §5-704, Annotated Code of Maryland;
(21) Selling, prescribing, giving away, or administering drugs for illegal or illegitimate purposes;
(22) Breaching patient confidentiality;
(23) Practicing beyond the authorized scope of practice;
(24) Practicing or attempting to practice any radiation therapy, radiography, nuclear medicine technology, or radiology assistance procedure, or using radiation therapy, radiography, nuclear medicine technology, or radiology assistance equipment, if the applicant or licensed individual has not received education, training, or experience in the use of that procedure or the use of the equipment;

(25) Refusing, withholding from, denying, or discriminating against an individual with regard to the provision of professional services for which the license holder is licensed and qualified to render because the individual is HIV positive;
(26) Failing to cooperate with a lawful investigation of the Board;
(27) Failing to practice under the supervision of a physician or violating a supervisory order of a supervising physician; or
(28) Failing to comply with these regulations.
C. Unprofessional conduct in the practice of medicine, under Health Occupations Article, §14-404(a)(3), Annotated Code of Maryland, includes the failure of a physician to comply with the statute and regulations governing the physician's duty to supervise a radiation therapist, radiographer, nuclear medicine technologist, or radiologist assistant.
D. Crimes of Moral Turpitude.
(1) On the filing of certified docket entries with the Board by the Attorney General, the Board shall order the suspension of a license if the licensee has been convicted of, or pled guilty or nolo contendere with respect to, a crime involving moral turpitude, regardless of whether any appeal or other proceeding is pending to have the conviction or plea set aside.
(2) After completion of the appellate process, if the conviction has not been reversed or the plea has not been set aside with respect to a crime of moral turpitude, the Board shall order the revocation of the license.

.15 Investigations, Hearings, and Appeals.
A. Complaints alleging prohibited conduct shall be referred to the Board to be investigated according to the Board's procedures.
B. A hearing on charges issued under Regulation .14A of this chapter or Health Occupations Article, §14-5B-14(a), Annotated Code of Maryland, shall be held in accordance with the hearing provisions of Health Occupations Article, §14-405, Annotated Code of Maryland.
C. Proceedings for crimes of moral turpitude, under Health Occupations Article, §14-5B-14(c), Annotated Code of Maryland, or Regulation .14D of this chapter shall be held in accordance with COMAR 10.32.02.04.
D. All other hearings shall be held in accordance with the Administrative Procedure Act.
E. Appeals from a final Board decision shall be taken in accordance with Health Occupations Article, §14-5B-14.1, Annotated Code of Maryland.

.16 Penalties, Fines, and Sanctioning Guidelines.
A. The Board may impose a civil fine of not more than $5,000 on an individual who is not licensed to practice radiation therapy, radiography, nuclear medical technology, or radiology assistance in Maryland if the individual:
(1) Represents to the public in any way that the individual is authorized to practice radiation therapy, radiography, nuclear medicine technology, or radiology assistance;
(2) Practices or attempts to practice radiation therapy, radiography, nuclear medicine technology, or radiology assistance; or
(3) Violates any provision of Health Occupations Article, Title 14, Subtitle 5B, Annotated Code of Maryland, or any regulation in this chapter.
B. The Board shall deposit a penalty collected under §A of this regulation into the Board of Physicians fund.
C. The Board may impose a civil fine of not more than $1,000 on an individual who fails to file a report under Regulation .17 of this chapter.
D. The Board may impose a civil fine of not more than $1,000 on a licensed physician or employer who employs or supervises an individual practicing radiation therapy, radiography, nuclear medicine technology, or radiology assistance without a license.
E. The Board shall deposit a fine collected under §D or E of this regulation into the General Fund.
F. General Application of Sanctioning Guidelines.
(1) Sections F and G of this regulation and Regulation .19 of this chapter do not apply to offenses for which a mandatory sanction is set by statute or regulation.

(2) Except as provided in §G of this regulation, for violations of the sections of the Maryland Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiology Assistance Act listed in the sanctioning guidelines, the Board shall impose a sanction not less severe than the minimum listed in the sanctioning guidelines nor more severe than the maximum listed in the sanctioning guidelines for each offense.
(3) Ranking of Sanctions.
(a) For the purposes of this regulation, the severity of sanctions is ranked as follows, from the least severe to the most severe:
(i) Reprimand;
(ii) Probation;
(iii) Suspension; and
(iv) Revocation.
(b) A stayed suspension in which the stay is conditioned on the completion of certain requirements is ranked as probation.
(c) A stayed suspension not meeting the criteria for §F(3)(b) of this regulation is ranked as a reprimand.
(d) A fine listed in the sanctioning guidelines may be imposed in addition to but not as a substitute for a sanction. If a minimum fine is listed, at least the minimum fine shall be imposed in addition to the sanction listed.
(e) The addition of a fine does not change the ranking of the severity of the sanction.
(4) The Board may impose more than one sanction, provided that the most severe sanction neither exceeds the maximum nor is less than the minimum sanction permitted in the chart.
(5) Any sanction may be accompanied by conditions reasonably related to the offense or to the rehabilitation of the offender. The inclusion of conditions does not change the ranking of the sanction.
(6) If a licensee has violated more than one ground for discipline as set out in the sanctioning guidelines:
(a) The sanction with the highest severity ranking shall be used to determine which ground will be used in developing a sanction; and
(b) The Board may impose concurrent sanctions based on other grounds violated.
(7) Notwithstanding the sanctioning guidelines set forth in Regulation .19 of this chapter, in order to resolve a pending disciplinary action, the Board and the licensee may agree to a surrender of license or a consent order with terms, sanction, and fine agreed to by the Board, the administrative prosecutor, and the licensee.
(8) Depending on the facts and circumstances of each case, and to the extent that the facts and circumstances apply, the Board may consider the aggravating and mitigating factors set out in §G(4) and (5) of this regulation and may in its discretion determine, based on those factors, that an exception should be made and that the sanction in a particular case should fall outside the range of sanctions listed in the sanctioning guidelines.
(9) If the Board imposes a sanction that departs from the sanctioning guidelines as set forth in Regulation .19 of this chapter, the Board shall state its reasons for doing so in its final decision and order.
G. Aggravating and Mitigating Factors.
(1) Depending on the facts and circumstances of each case, and to the extent that the facts and circumstances apply, the Board may consider the aggravating and mitigating factors set out in §G(4) and (5) of this regulation and may in its discretion determine, based on those factors, that an exception should be made and that the sanction in a particular case should fall outside the range of sanctions listed in the sanctioning guidelines.
(2) Nothing in this regulation requires the Board or an Administrative Law Judge to make findings of fact with respect to any of these factors.
(3) The existence of one or more of these factors does not impose on the Board or an Administrative Law Judge any requirement to articulate its reasoning for not exercising its discretion to impose a sanction outside of the range of sanctions set out in the sanctioning guidelines.
(4) Mitigating factors may include, but are not limited to, the following:
(a) The absence of a prior disciplinary record;
(b) The offender self-reported the incident;
(c) The offender voluntarily admitted the misconduct, made full disclosure to the Board, and was cooperative during the Board proceedings;
(d) The offender implemented remedial measures to correct or mitigate the harm arising from the misconduct;

(e) The offender made good faith efforts to make restitution or to rectify the consequences of the misconduct;
(f) The offender has been rehabilitated or exhibits rehabilitative potential;
(g) The misconduct was not premeditated;
(h) There was no potential harm to patients or the public or other adverse impact; or
(i) The incident was isolated and is not likely to recur.
(5) Aggravating factors may include, but are not limited to, the following:
(a) The offender has a previous criminal or administrative disciplinary history;
(b) The offense was committed deliberately or with gross negligence or recklessness;
(c) The offense had the potential for or actually did cause patient harm;
(d) The offense was part of a pattern of detrimental conduct;
(e) The offender committed a combination of factually discrete offenses adjudicated in a single action;
(f) The offender pursued his or her financial gain over the patient's welfare;
(g) The patient was especially vulnerable;
(h) The offender attempted to hide the error or misconduct from patients or others;
(i) The offender concealed, falsified, or destroyed evidence or presented false testimony or evidence;
(j) The offender did not cooperate with the investigation; or
(k) Previous attempts to rehabilitate the offender were unsuccessful.
(6) A departure from the sanctioning guidelines set forth in Regulation .19 of this chapter is not a ground for any hearing or appeal of a Board action.
H. The Board may impose a fine of $100 for a violation of Health Occupations Article, §14-5B-12.1, Annotated Code of Maryland.
I. Offenses Related to Continuing Medical Education Credits.
(1) First Offense of Failure to Document Credits.
(a) Except as provided in §I(2) or (3) of this regulation, if a licensee has submitted an application claiming the completion of continuing medical education credits and the licensee fails to document the completion of such continuing medical education credits when audited by the Board, the Board may impose a civil fine under Health Occupations Article, §14-5B-12, Annotated Code of Maryland, of up to $100 per missing continuing medical education credit in lieu of a sanction under Health Occupations Article, §14-5B-14, Annotated Code of Maryland.
(b) Section I(1)(a) of this regulation does not limit the Board's authority to require completion of the missing continuing medical education credits.
(2) Willful Falsification.
(a) If a licensee has willfully falsified an application with respect to continuing medical education credits, the licensee may be charged under one or more of the following, as appropriate:
(i) Health Occupations Article, §14-5B-14(a)(3), Annotated Code of Maryland;
(ii) Health Occupations Article, §14-5B-14(a)(10), Annotated Code of Maryland; and
(iii) Health Occupations Article, §14-5B-14(a)(11), Annotated Code of Maryland.
(b) Upon a finding of a violation, the Board may impose any discipline authorized under Health Occupations Article, §14-5A-14, Annotated Code of Maryland, and the sanctioning guidelines.
(3) Licensees Previously Disciplined Under §I(1) or (2) of this Regulation.
(a) If a licensee has been previously fined or otherwise disciplined under §I(1) or (2) of this regulation, the Board may, for a subsequent offense relating to continuing medical education credits, charge a licensee under one or more of the following, as appropriate:
(i) Health Occupations Article, §14-5B-14(a)(3), Annotated Code of Maryland;
(ii) Health Occupations Article, §14-5B-14(a)(10), Annotated Code of Maryland; and
(iii) Health Occupations Article, §14-5B-14(a)(11), Annotated Code of Maryland.
(b) Upon a finding of a violation, the Board may impose any discipline authorized under Health Occupations Article, §14-5B-14, Annotated Code of Maryland, and the sanctioning guidelines for a subsequent offense.
(c) The Board may not apply the sanction described in §I(1) of this regulation in determining a sanction for a licensee previously fined or disciplined for an offense related to continuing medical education credits.
(4) The Board shall pay all monies collected pursuant to §I of this regulation into the Board of Physicians Fund.

J. Payment of Fines.
(1) An individual shall pay to the Board any fine imposed under this regulation within 15 calendar days of the date of the order, unless the order specifies otherwise.
(2) Filing an appeal under State Government Article, §10-222, Annotated Code of Maryland, does not stay payment of a fine imposed by the Board pursuant to this regulation.
(3) If an individual fails to pay, in whole or in part, a fine imposed by the Board pursuant to this regulation, the Board may not restore, reinstate, or renew a license until the fine has been paid in full.
(4) In its discretion, the Board may refer all cases of delinquent payment to the Central Collection Unit of the Department of Budget and Management to institute and maintain proceedings to ensure prompt payment.

.17 Required Reports.
A. Except as provided in §B of this regulation, an employer of a licensed radiation therapist, licensed radiographer, a licensed nuclear medical technologist, or licensed radiologist assistant shall report to the Board if the employer limits, reduces, or otherwise changes the responsibilities of or terminates a licensed therapist, licensed radiographer, licensed nuclear medical technologist, or licensed radiologist assistant for any reason that might be grounds for disciplinary action under Health Occupations Article, Title 14, Subtitle 5B, Annotated Code of Maryland, or any regulation in this chapter.
B. If the action taken by an employer under §A relates to alcohol or drug impairment, reporting shall be in compliance with Health Occupations Article, §14-5B-15(b),(c), and (d), Annotated Code of Maryland.
C. A licensed radiation therapist, licensed radiographer, licensed nuclear medical technologist, or licensed radiologist assistant shall notify the licensee's employer of a decision to enter an accredited alcohol or drug treatment program.
D. An accredited alcohol or drug treatment program that is treating a licensed radiation therapist, licensed radiographer, licensed nuclear medical technologist, or licensed radiologist assistant who has given notice to his employer under §C of this regulation shall notify the employer if the licensed radiation therapist, licensed radiographer, licensed nuclear medical technologist, or licensed radiologist assistant is found to be noncompliant with the treatment program's policies and procedures.
E. An individual is not required to make a report under this regulation that would be in violation of any federal or State law, rule, or regulation concerning the confidentiality of alcohol and drug abuse patient records.

.18 Fees.
The following fees are applicable to radiation therapists, radiographers, nuclear medicine technologists, and radiologist assistants:
A. Application for initial licensure fee . . . $150;
B. Renewal Fees:
(1) Renewal of license fee . . . $135; and
(2) Maryland Health Care Commission (MHCC) fee . . . As determined by MHCC under COMAR 10.25.03;
C. Reinstatement of license fee . . . $150;
D. Written verification fee . . . $25; and
E. Other Fees:
(1) Duplicate license . . . $25;
(2) Duplicate wall certificate . . . $25.

.19 Sanctioning Guidelines for Radiation Therapists, Radiographers, Nuclear Radiation Technologists, and Radiologist Assistants.
A. Subject to provisions of Regulation .16F and G of this chapter, the Board may impose sanctions as outlined in §B of this regulation on a radiation therapist, radiographer, nuclear medicine technologist, or radiologist assistant for violations of Health Occupations Article, §14-5B-14(a), Annotated Code of Maryland.
B. Range of Sanctions.

Ground	Maximum Sanction	Minimum Sanction	Maximum Fine	Minimum Fine

(1) Fraudulently or deceptively obtains or attempts to obtain a license for the applicant, licensed individual, or for another	Revocation	Reprimand with probation for 2 years	$5,000	$1,000
(2) Fraudulently or deceptively uses a license	Revocation	Probation	$5,000	$1,000
(3) Is guilty of unprofessional or immoral conduct in the practice of radiation therapy, radiography, nuclear medicine technology, or radiology assistance	Revocation	Reprimand with probation for 2 years	$5,000	$1,000
(4) Incompetence. (a) Is professionally incompetent	Revocation	Suspension until professional incompetence is addressed to Board's satisfaction	$5,000	$1,000
(b) Is physically, or mentally incompetent	Revocation	Suspension until physical or mental incompetence is addressed to Board's satisfaction	$5,000	$0
(5) Abandons a patient	Revocation	Reprimand	$5,000	$1,000
(6) Is habitually intoxicated	Revocation	Suspension until licensee is in treatment and has been abstinent for 6 months	$5,000	$0
(7) Is addicted to or habitually abuses any narcotic or controlled dangerous substance as defined in Criminal Law Article, §5-101, Annotated Code of Maryland	Revocation	Suspension until licensee is in treatment and has been abstinent for 6 months	$5,000	$0
(8) Provides professional services while: (a) Under the influence of alcohol; or (b) Using any narcotic or controlled dangerous substance as defined in Criminal Law Article, §5-101, Annotated Code of Maryland, or any other drug that is in excess of therapeutic amounts or without valid medical indication	Revocation	Suspension until licensee is in treatment and has been abstinent for 6 months	$5,000	$500
(9) Promotes the sale of services, drugs, devices, appliances, or goods to a patient so as to exploit the patient for financial gain	Suspension for 5 years	Reprimand	$5,000	$1,000

(10) Willfully makes or files a false report or record in the practice of radiation therapy, radiography, nuclear medicine technology, or radiology assistance	Revocation	Reprimand	$5,000	$1,000
(11) Willfully fails to file or record any report as required under law, willfully impedes or obstructs the filing or recording of a report, or induces another to fail to file or record a report	Revocation	Reprimand	$5,000	$1,000
(12) Breaches patient confidentiality	Revocation	Reprimand	$5,000	$1,000
(13) Pays or agrees to pay any sum or provide any form of remuneration or material benefit to any person for bringing or referring a patient or accepts or agrees to accept any sum or any form of remuneration or material benefit from an individual for bringing or referring a patient	Revocation	Reprimand	$5,000	$500
(14) Knowingly makes a misrepresentation while practicing radiation therapy, radiography, nuclear medicine technology, or radiology assistance	Revocation	Reprimand	$5,000	$1,000
(15) Knowingly practices radiation therapy, radiography, nuclear medicine technology, or radiology assistance with an unauthorized individual or aids an unauthorized individual in the practice of radiation therapy, radiography, nuclear medicine technology, or radiology assistance	Revocation	Reprimand	$5,000	$1,000
(16) Offers, undertakes, or agrees to cure or treat disease by a secret method, treatment, or medicine	Revocation	Reprimand	$5,000	$1,000
(17) Is disciplined by a licensing or disciplinary authority or is convicted or disciplined by a court of any state or country or is disciplined by any branch of the United States uniformed services	Penalty comparable to what the Board imposes under equivalent Maryland ground for discipline	Penalty equivalent to that imposed by original licensing authority if this is less than the	Fine comparable to what the Board imposes under equivalent Maryland	Fine equivalent to that imposed by the original licensing authority if this is lesser than

or the U.S. Department of Veterans Affairs for an act that would be grounds for disciplinary action under the Board's disciplinary statutes		Board sanction would be	ground for discipline	the Board sanction would be
(18) Fails to meet appropriate standards for the delivery of quality radiation therapy, radiography, nuclear medicine technology, or radiology assistance care performed in any outpatient surgical facility, office, hospital or related institution, or any other location in this State	Revocation	Reprimand	$5,000	$500
(19) Knowingly submits false statements to collect fees for which services are not provided	Revocation	Reprimand	$5,000	$1,000
(20) Has been subject to investigation or disciplinary action by a licensing or disciplinary authority or by a court of any state or country for an act that would be grounds for disciplinary action under the Board's disciplinary statutes and the licensed individual: (a) Surrendered the license issued by the state or country; or (b) Allowed the license issued by the state or country to expire or lapse	Penalty comparable to what the Board imposes under equivalent Maryland ground for discipline	Penalty equivalent to that imposed by original licensing authority if this is less than the sanction would be from the Board	Fine comparable to what the Board imposes under equivalent Maryland ground for discipline	Fine equivalent to that imposed by the original licensing authority if this is less than the Board sanction would be
(21) Knowingly fails to report suspected child abuse in violation of Family Law Article, §5-704, Annotated Code of Maryland	Revocation	Reprimand	$5,000	$500
(22) Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes	Revocation	Reprimand, probation for 3 years with practice oversight	$5,000	$500
(23) Practices or attempts to practice beyond the authorized scope of practice	Revocation	Suspension for 3 months	$5,000	$2,500
(24) Refuses, withholds from, denies, or discriminates against an individual with regard to the provision of professional services for which the licensee is licensed	Suspension for 1 year	Reprimand	$5,000	$500

and qualified to render because the individual is HIV positive				
(25) Practices or attempts to practice a radiation therapy, radiography, nuclear medicine technology, or radiology assistance procedure or uses radiation therapy, radiography, nuclear medicine technology, or radiology assistance equipment if the applicant or licensee has not received education, internship, training, or experience in the performance of the procedure or the use of the equipment	Revocation	Suspension for 3 months	$5,000	$2,500
(26) Fails to cooperate with a lawful investigation conducted by the Board	Revocation	Reprimand	$5,000	$1,000
(27) Fails to practice under the supervision of a physician or violates a supervisory order of a supervising physician	Revocation	Suspension for 3 months	$5,000	$2,500

Appendix E
MD Licensure Application

MBP AH Initial Application

Online Application

Appendix F
MRI Safety Policy

As part of the clinical orientation training, Radiation Therapy Students are required to document an MRI safety training prior to attending a clinical externship.
I have attended the MRI safety orientation training and have had the following information reviewed with me:

1. The strength of the magnet
2. Medical/biological effects of MRI machines
3. MRI safety screening forms ***(MRI Screening Forms will be reviewed by a Certified MR Technologist if there are any contraindications identified)***
4. The 4 zones of the MRI area

I understand that various medical devices such as, but not limited to Pacemakers, Aneurysm Clips, Cochlear Implants, Catheters with metal leads, Neural Stimulators, and Programmable VP Shunts, are unsafe and potentially life-threatening within an MRI area. I understand that I must be screened for safety prior to entering an MRI zone 2 – 4. Depending on the identified contraindication, I understand I may not be permitted to enter the MRI area.
I also understand that if my health situation changes in such a way that I am no longer safe to enter MRI Zone 2-4, I will notify the Radiation Therapy Program Director immediately.

Student's Name _____
Student's Signature _____
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!