



NEW AGE INNOVATIONS

IMAGING PROGRAM

STUDENT HANDBOOK 2026-2027

IMPORTANT NOTICE

Failure to read this Handbook does not excuse students from the rules and procedures described herein. Personal factors, illness, or contradictory advice from any source are not acceptable grounds for seeking exemption from these rules and procedures.

Welcome

Congratulations! You have been selected as a member of this new educational journey. You have chosen an exciting and rewarding profession, and this program will offer you the opportunity to grow and learn. The program will also strive to provide you with the educational experiences necessary to prepare you for a career in a radiology setting.

The program was established in 2005 and has graduated many qualified RTs over the years. You can expect interactive lessons, collaborative learning, and a supportive environment.

During the next year, you will be required to devote many hours of study and preparation to gain the knowledge and practical experiences needed to successfully enter a career in radiology. You are expected to stay engaged, participate actively, complete assignments on time, and bring your willingness to learn.

I am here to help and guide you every step of the way.

I am looking forward to help you meet your educational goals!

Wishing you much success,

Lawrence McNair Jr, MPH, R.T. (R) (MR) (CT) (ARRT) (MRSO) (MRSC TM)
Program Director
New Age Innovations Imaging Program

Program Mission Statement and Goals

The mission of the New Age Innovations Imaging Program is to prepare graduates for a career in the healthcare community.

Program Goals:

The program mission can be met by the achievement of the following goals:

1. Students will demonstrate clinical competence.

Student Learning Outcomes:

Students will apply positioning skills.

Student will select appropriate technical factors.

Students will practice radiation protection and/or mr safety protocols

2. Students will effectively communicate.

Student Learning Outcomes:

Students will use effective oral communication skills.

Students will practice written communication skills.

3. Students will utilize critical thinking skills.

Student Learning Outcomes:

Students will manipulate technical factors for examinations.

Students will adapt positioning for trauma patients.

Students will use interpersonal skills to problem solve.

4. Students will evaluate the importance of professionalism.

Student Learning Outcomes:

Students will develop skills for preparation for employment.

Students will exhibit professional behaviors in the clinical setting.

5. Provide qualified radiographers to meet the health care needs of the community.

Student Learning Outcomes:

Students will pass the ARRT national certification on the first attempt within 6 months of program completion.

Students will complete the program according to program guidelines.

Students will be satisfied with their education.

Employers will be satisfied with the graduate's performance.

Of those pursuing employment, students will be gainfully employed within six months post-graduation.

New Age Innovations Imaging Program Expectations

- It is the student's responsibility to read the entire student handbook.
- The student will be held responsible for policies in this handbook.
- Rules and policies are subject to change. Students will receive written notice of any major changes.
- Disputes over interpretation or Grievances should be brought to the attention of the Program Director who will seek the advice of the faculty of the program and/or the Advisory Committee for a final decision.

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New Age Innovations Imaging Program ADVISORY COMMITTEE

Program Official

Lawrence McNair Jr, MPH, R.T. (R) (MR) (CT) (ARRT) (MRSO) (MRSC TM)
Radiologic Technology Program Coordinator

Members

Penny Carr
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Jim Nance
Director of Radiology
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Jeff Daniels
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Kecia Thompson
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UAB Hospital

Ebony Robinson
Radiology Manager
UAB Hospital

Brad Wideman
Director of Imaging Services
Brookwood Medical Center

Rainey Varner
Chief RT and Radiation Safety Officer
VA of Birmingham

THE EDUCATIONAL EXPERIENCE

Many new students do not know what a good college student is or what a good college student does.

A good student have some clearly identifiable attributes.

What are the Characteristics of Successful Students?

1. Proper **Attitude**. Be able to show optimism, resilience, gratitude, empathy, enthusiasm, self confidence, openness to learning, kindness, and politeness.
2. Proper **Communication**. Express thoughts clearly, positively, and listening actively. Be able to show clarity, conciseness, respect, open mindedness, adaptability, and honesty.
3. Strive for **Excellence**. Focus on producing work of the highest possible standards, paying attention to even the smallest details.
4. Have **Integrity**. Take responsibility for your actions and outcomes, and not making excuses for shortcomings.
5. Display **Teamwork**. Be able to trust your team members. Respect everyone ideas, opinions, and contributions. Be supportive of your team members. Be able to resolve conflicts effective.

We Want Our Students to "ACE IT" Everyday!

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**NEW AGE INNOVATIONS
IMAGING PROGRAM
STUDENT DRUG AND ALCOHOL SCREEN POLICY**

As stipulated by the health care agencies with which New Age Innovations Imaging Program contracts for clinical experience, students must abide by the policies established by these agencies relative to drug and alcohol screening and any subsequent revisions to the policy in order to participate in clinical experiences at the agency. This includes pre-clinical drug and alcohol screening and random drug and alcohol screening. Fees for all drug and alcohol screening must be paid by the student.

I. Pre-Clinical Screening

1. All students will receive notice of the drug screening guidelines prior to admission to the Program.
2. The Imaging Program will maintain on file a signed consent to drug and alcohol screening from each student. Confidentiality of test results will be maintained with only the Program Coordinator, clinical agency, and the student having access to the results with the exception of legal actions that require access to test results.
3. Drug and alcohol screening will be scheduled and conducted by a nationally accredited laboratory at a cost for each student.
4. Failure to complete the drug and alcohol screening as required by clinical agencies will prohibit the student from completing the clinical component of required program courses.
5. Results of drug and alcohol screening must be sent directly to the Program Coordinator at New Age Innovations.
6. A student who is unable to complete the clinical component of required courses due to a positive drug screen will be removed from the program.

II. Reasonable Suspicion Screening

Students may also be required to submit to reasonable suspicion testing. The definition of reasonable suspicion may include any of the following:

1. Observable phenomena, such as direct observation of drug use and/or the physical symptoms or manifestations of being under the influence of a drug.
2. Presence of an odor of alcohol.
3. Abnormal conduct or erratic behavior while at the clinical agency, absenteeism, tardiness or deterioration in performance.
4. A workplace accident.
5. Suspected theft of medications including controlled substances while at the clinical site.
6. Information that the individual has caused or contributed to an incident in the clinical agency.
7. Evidence of involvement in the use, possession, sale, solicitation or transfer of illegal or illicit drugs or alcohol while enrolled in the Program.

NEW AGE INNOVATIONS IMAGING PROGRAM

STUDENT DRUG AND ALCOHOL SCREEN POLICY PARTICIPATION FORM

I understand that New Age Innovations Imaging Program has a required component of clinical rotations.

I also understand that the health care agencies require that, because I am participating in the clinical rotation at these facilities, I will be subject to the same rules as the employees. I understand that these agencies require all employees to have a drug screen which will show negative results for selected classes of drugs and for alcohol. Because of this, I understand that prior to participation in the clinical rotations; I must submit to a drug and alcohol screen and provide a certified negative result from that screen to the Program Coordinator. I also understand that random or incident testing may be required during participation in clinical rotations.

I further understand that if I fail to provide such a certified negative drug result, either on initial pre-clinical screening or on random or incident related screening, I will be unable to participate in the clinical portion of the Program.

BY SIGNING THIS DOCUMENT, I AM INDICATING THAT I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THE CLINICAL AGENCIES, REQUIREMENT TO SUBMIT TO A DRUG AND ALCOHOL SCREEN AND TO PROVIDE A CERTIFIED NEGATIVE DRUG RESULT PRIOR TO PARTICIPATION IN THE CLINICAL COMPONENT OF THE PROGRAM.

A copy of this signed and dated document will constitute my consent for the certified laboratory performing the drug and alcohol screen to release the original results of any drug screen to the program. I direct that the certified laboratory hereby releases the results to the Program Coordinator.

I further understand that my continued participation in the Imaging Program is conditioned upon satisfaction of the requirements of the clinical agencies providing clinical rotations for the Program.

Student's Printed Name

Student's Signature

Date

NEW AGE INNOVATIONS IMAGING PROGRAM

BACKGROUND SCREENING POLICY

As stipulated by the health care agencies with which New Age Innovations Imaging Program contracts for clinical experience, students must abide by the policies established by these agencies relative to background screening. This includes a pre-clinical background screening. Fees for all background screening must be paid by the student.

1. All students will receive notice of the background screening and a copy of the background screen policy upon admission to the Program.
2. Background screening will be scheduled and conducted by a company selected by the program with all fees paid by the student.
3. Failure to pay appropriate fees and to consent to the background screening by the published deadline will prohibit the student from completing the clinical component.
4. A student who is refused acceptance for clinical experience due to a positive background screen will not be able to complete the clinical component.
5. The student must report to the Program Coordinator any arrests and/or criminal charges or convictions filed subsequent to completion of the criminal background check as soon as possible, but not later than seven (7) calendar days of learning of such charges or convictions.
6. Conviction of, plea of guilty, plea of nolo contendere (no contest), or pending criminal charges involving the following will bar admission to and are grounds for dismissal from a clinical course of study:
 - Crimes involving violence against the person including but not limited to: murder, manslaughter, use of deadly force, assault and battery, sex crimes, abuse of children or the elderly, abduction, robbery
 - Crimes involving drug use, drug distribution, or possession of drugs or drug paraphernalia
 - Crimes involving illegal use or possession of weapons including but not limited to guns, knives, explosives or other dangerous objects
 - Crimes involving dishonesty or moral turpitude including but not limited to fraud, deception, embezzlement or financial exploitation (but not including shoplifting, petit larceny, bad check)
 - Any other crime or pattern of criminal behavior which, in the Facility's opinion, warrants exclusion or dismissal from clinical rotation

Procedure:

1. Students must pay appropriate fee for the background screening by the published date. Payment must be made directly to the company. Once admitted to the program, information will be provided to complete the background screening procedure.
2. Students must sign appropriate consents prior to the screening. Consents will be kept in the student's file.
3. Background screening will include the following:

Criminal history: Reveals felony and misdemeanor convictions, and pending case usually including date, nature of offense, sentencing date, disposition and current status.

Sex Offender Check: A search of the state or county repository for known sexual offenders.

Social Security Number Trace: Verification that the number provided by the individual was issued by the Social Security Administration and is not listed in the files of the deceased.

Office of Inspector General: Identifies individuals who have committed offenses deeming them ineligible to care for patients receiving Medicare benefits.

4. The student will be notified of positive findings by the Program Coordinator prior to notification of the clinical facilities for a determination regarding student acceptance for clinical experience.
5. Positive findings on the background screening will be reported to the Director of Human Resources or other designated person at the appropriate clinical facility who will determine if the student will be accepted for clinical experience.
6. Background screens which would render a student ineligible for placement include, but are not limited to, certain convictions or criminal charges which could jeopardize the health and safety of patients and sanctions or debarment.

Confidentiality:

The Program Coordinator will receive all screening results. Confidentiality of test results will be maintained with only the Program Coordinator, and the student having access to the results with the exception of legal actions that require access to test results.

STUDENT BACKGROUND CHECK PARTICIPATION FORM

I understand that New Age Innovations Imaging Program has a required component of clinical rotations.

I also understand that the health care agencies require that, because I am participating in the clinical rotation at these facilities, I will be subject to the same rules as the employees. I understand that these agencies require all employees to have a Background Check which shows negative results for criminal history, sex offender check, social security number check, Office of Inspector General check. Because of this, I understand that prior to participation in the clinical rotations; I must submit to a certified background check and provide a certified negative result from that screen to the Program Coordinator. I also understand that random or incident testing may be required during participation in clinical rotations.

I further understand that if I fail to provide such a certified negative result, either on initial pre-clinical screening or on random or incident related screening, I will be unable to participate in the clinical portion of the program.

BY SIGNING THIS DOCUMENT, I AM INDICATING THAT I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THE CLINICAL AGENCIES' REQUIREMENT TO SUBMIT TO A BACKGROUND SCREEN AND TO PROVIDE A CERTIFIED NEGATIVE DRUG RESULT PRIOR TO PARTICIPATION IN THE CLINICAL COMPONENT OF THE PROGRAM.

A COPY OF THIS SIGNED AND DATED DOCUMENT WILL CONSTITUTE MY CONSENT FOR THE CERTIFIED LABORATORY PERFORMING THE BACKGROUND SCREEN AND TO RELEASE THE ORIGINAL RESULTS OF ANY SCREEN TO THE PROGRAM. I DIRECT THAT THE CERTIFIED AGENCY HEREBY RELEASE THE RESULTS TO THE PROGRAM COORDINATOR. FURTHERMORE, I DIRECT NEW AGE INNOVATIONS TO RELEASE MY BACKGROUND SCREEN RESULTS TO CLINICAL AGENCIES THE PROGRAM HAS CONTRACTED FOR CLINICAL ROTATIONS.

I further understand that my continued participation in the New Age Innovations Imaging Program is conditioned upon satisfaction of the requirements of the clinical agencies providing clinical rotations for the imaging program. Conviction of a criminal offense that would make me ineligible to participate in the clinical component of the course will result in my dismissal from the program. If convicted of a criminal offense while enrolled in the program I understand that I must report the conviction to the Program Coordinator within seven days of the conviction. Failure to notify the Program Coordinator within seven days will result in immediate and permanent dismissal from the program.

Student's Signature

Student's Printed Name
Date

Code of Ethics

1. The Radiologic Technologist / Participant acts in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
2. The Radiologic Technologist / Participant acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The Radiologic Technologist / Participant 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 race, color creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity veteran status, age or any other legally protected basis.
4. The Radiologic Technologist / Participant practices technology founded upon theoretical knowledge and concepts, utilizes equipment and accessories consistent with the purpose for which they have been designed, and employs procedures and techniques appropriately.
5. The Radiologic Technologist / Participant assesses situations, exercises care, discretion and judgment, assumes responsibility for professional decisions, and acts in the best interest of the patient.
6. The Radiologic Technologist / Participant acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment management of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The Radiologic Technologist / Participant utilizes equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in limiting the radiation exposure to the patient, self and other members of the health care team.
8. The Radiologic Technologist / Participant practices ethical conduct appropriate to the profession and protects the patients right to quality radiologic technology care.
9. The Radiologic Technologist / Participant respects confidences entrusted in the course of professional practice, protects the patients right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The Radiologic Technologist / Participant continually strives to improve knowledge and skills by participating in educational and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.
11. The Radiologic Technologist / Participant refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

Code of Ethics as adopted by:

THE AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGIST
THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGIST

ELIGIBILITY FOR CERTIFICATION

General Qualifications

Candidates must comply with the “Rules of Ethics” contained in the ARRT Standards of Ethics. The Rules of Ethics are standards of minimally acceptable professional conduct for all Registered Technologists and applicants. The Rules of Ethics are intended to promote the protection, safety and comfort of patients. Registered Technologist and applicants engaging in any of the conduct or activities noted in the Rules of Ethics, or who permit the occurrence of said conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described. One issue addressed by the Rules of Ethics is the **conviction of a crime**, including a felony, a gross misdemeanor, or a misdemeanor with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported. Conviction as used in this provision includes a criminal proceeding where a finding or verdict of guilt is made or returned, but the adjudication of guilt is either withheld or not entered, or a criminal proceeding where the individual enters a plea of guilty or nolo contendere. All potential violations must be investigated by the ARRT in order to determine eligibility. Registered technologists and applicants who violate the Rules of Ethics must provide the ARRT with a written explanation, including court documentation of the charges, with the application for examination. The court documentation must verify the nature of the conviction, the nature of the sentence imposed by the courts, and the current status of the sentence.

Individuals who have violated the Rules of Ethics should request a pre-application review of the violation in order to obtain a ruling of the impact on their eligibility for ARRT examination. The individual should submit a pre-application form at any time before entry into New Age Innovations Imaging Program. This review may enable the individual to avoid delays in processing the application for examination that is made at the time of course completion.

If the program applicant’s background check is returned with any detection of drug and/or alcohol offense or an offense that involves a minor child, it is mandatory to get the American Registry of Radiologic Technologist (ARRT) clearance prior to accepting the seat of admission. You will find information at ARRT.org.

GENERAL INFORMATION

The following information is presented to apprise you of New Age Innovations Policies which govern student rights, privileges and responsibilities in a general fashion.

The Family Educational and Privacy Rights Act, 1974 ("Buckley Amendment")

New Age Innovations complies with the provisions of this Act, which relates to that section of Public Law 93-380 (H.R. 69 entitled "Protection of the Rights of Privacy of Parents and Students."

Equal Opportunity Statement

New Age Innovations are equal opportunity employers and educators. New Age Innovations will not discriminate or permit employment discrimination against anyone because of race, religion, color, age, gender identity, sexual orientation, pregnancy, national origin, disability, genetic information, veteran status, or any other reason or factor prohibited by federal, state, or local law. Additionally, New Age Innovations does not discriminate on the basis of race, religion, color, age, gender identity, sexual orientation, pregnancy, national origin, disability, genetic information, veteran status or any other reason in administration of its educational policies, admission policies, and scholarship opportunities. At no time will any student or faculty be excluded from consideration of acceptance into the program or employment on the basis of the above criteria.

Rehabilitation Act of 1973

New Age Innovations offers equal opportunity in its employment, admissions and educational programs and activities in compliance with Section 504 of the Rehabilitation Act of 1973.

Americans with Disabilities Act of 1990

New Age Innovations complies with the provisions of the Americans with Disabilities Act which makes it illegal to discriminate against individuals with disabilities in employment, public accommodation, public services, transportation, and telecommunications.

AIDS Policy

Students or employees infected by AIDS or who is HIV positive will not be excluded or dismissed from enrollment or employment, nor shall they be restricted in their access to services or facilities on the basis of these conditions.

Coronavirus/COVID-19 policy

New Age Innovations has monitored the outbreak of the novel coronavirus (COVID-19) and is preparing ongoing contingency plans as the virus spreads across our nation and the world. New Age Innovations is enacting precautionary measures to protect our students, faculty, staff and the broader community.

STUDENT SERVICES

A number of services are available to you to enhance the learning environment and to assist you in achieving your educational goals. The following information describes some these services and provides some information that you simply need to know.

Housing

New Age Innovations does not provide on- or off-campus housing. Students must make their own arrangements for housing, and New Age Innovations assumes no responsibility for any problems between landlords and students.

Telephone Use

Students are permitted to use faculty and staff and clinical education affiliate telephones only in emergency situations. Cell phones are not to be used in the classroom or lab settings without permission of the instructor. Cell phones or other electronic devices are not to be used at all in the clinical setting. They are to be placed in the student's personal belongings at the beginning of each clinical shift. See the clinical education guidelines for penalties. Instructor's personal cell phone numbers are given to students for emergency situations only. They should not be used to call or text questions concerning program or classroom information. Doing so will result in a Disciplinary Warning.

Emergency Messages

In an emergency situation, it may become necessary for a student's family to contact them while they are attending class. If your family member knows the student's specific class schedule, this task is much easier. For Emergency situations only, family members may contact the Program Director at (205) 541-0885. He/She will make every effort to locate you.

STUDENT CONDUCT

Academic Honesty Code

All students enrolled in New Age Innovations are expected to conform to the Program's Academic Honesty Code. This code requires that all students act with integrity in the performance of their academic work. Any student who fails to act with integrity in the performance of his or her academic work may be charged with a violation of the Academic Honesty Code.

Violations of the Academic Honesty Code include, but are not limited to, the following:

1. Looking on another student's paper during a test or examination or communicating in any way with anyone other than the test administrator.
2. Using unauthorized materials and/or devices in the preparation of any assignment or in the taking of any tests or examinations.
3. Having in the immediate testing area materials and/or devices not expressly authorized by the test administrator.
4. Accepting or providing unauthorized assistance in the preparation of assignments or the taking of any tests or examinations.
5. Submitting as one's own work essays, term papers, nursing care plans, lab reports or other projects which have been prepared by others.
6. Obtaining, possessing, or gaining knowledge of answers to a current test or assignment before it has been distributed to the class and without the knowledge and consent of the instructor.
7. Gaining, without authorization, access to the work of another student (Example: accessing the computer file of another student).
8. Plagiarizing (presenting as one's own the ideas, the data and/or the words of another);
9. Inventing data or information in the preparation of assignments except when such invention is expressly authorized; and
10. Violating supplementary academic honesty codes which have been adopted and approved in individual divisions of the college and distributed to students within those divisions.
11. Students registering for Internet courses, hybrid/blended courses or courses that use instructional technology do so with the understanding and agreement to keep passwords and access codes confidential, to produce their own work, to complete course activities themselves, and to take course exams, tests or quizzes without the assistance of others. Failure to comply violates the academic honesty code.

Penalties for violation of the Academic Honesty Codes and Disciplinary Procedures are outlined in the New Age Innovations Student Handbook under the section labeled "Academic Honesty Code".

Drug and Alcohol-Free School

As required by Section 22 of the Drug Free Schools and Communities Act of 1989 (Public Law 101-226) and in recognition of this institution's responsibility to serve as a beneficial influence on its students, its employees, and the community at large, New Age Innovations is designated as a drug and alcohol-free program and will comply with all the provisions of Public Law 101

1. The Program expects its students and employees to obey all federal, state, and local laws concerning the possession, use, distribution, and sale of alcohol and illegal drugs and will consider violation of such laws as grounds for appropriate sanctions up to and including expulsion of students and termination of employees when such violations occur on our campus or during an activity officially approved by the School.
2. The Program also expects its students and employees to be aware that such violations of law are subject to penalties including fines and imprisonment and that, when appropriate, the Program will refer to the appropriate enforcement agency any employee or student who is in violation of such laws.
3. The Program also expects its students and employees to be aware that abuse of alcohol and illegal drugs has serious negative consequences to the health of the abuser including, but not limited to, cardiovascular disease, liver failure and death.
4. The Program expects its students and employees to be aware that they may seek information about drug and alcohol abuse and may seek information about drug and alcohol abuse.
5. The Program reserves the right to require employees or students who violate the statutory laws and/or policies of the Program concerning drug and alcohol abuse to take part at their own expense in an appropriate counseling and/or treatment program as a condition of continued employment or enrollment in the Program. The Program also reserves the right to establish a program of early intervention in cases where employees are exhibiting behavior normally associated with drug or alcohol abuse.
6. Nothing in this policy may be construed in such a way as to deny any student or employee his or her right to due process or any other constitutional or civil protection, nor should anything in this policy be construed in such way as to conflict with statutory law.

Disciplinary Procedures for Students in Clinical Affiliate Rotation

Disciplinary actions against students enrolled in clinical courses in the Program may proceed as follows:

A. *Professional Disciplinary Warning:*

When, in the opinion of the clinical faculty, a student is behaving in a manner which is contrary to the best interests of the program or assigned clinical facility, the Clinical Preceptor will inform the student and the Program Coordinator of his/her concern and warn the student that disciplinary action may follow if the student shows no improvement in attitude or behavior. At this time, the Clinical Preceptor and/or the Program Coordinator will discuss the student's undesirable conduct and explain, or review, what is expected of the students. A written confirmation of this interview will be placed in the student's file and copies will be sent to the student and appropriate faculty members (see Professional Disciplinary Warning Form at the end of the Student Handbook).

B. *Professional Disciplinary Probation:*

When a student who has been previously given a "professional disciplinary warning" continues to behave in a manner which is considered by the Program Coordinator to be detrimental to the best interest of the program and clinical facility, and after that student is interviewed and it is determined that the student has a lack of insight into the problem, cannot readily accept criticism, or is unresponsive to suggestions concerning the behavior or attitude, that student may then be temporarily suspended and/or placed on probation. A summary of the events leading to this status will be placed in the student's file. Notification of the student's probationary status will also be sent to the student.

- C. A student may be removed from probation by the Program Coordinator if the problem is corrected. Notice of such removal shall be in writing.

D. *Professional Disciplinary Suspension*

When a student who has been placed on probation continues or increases the conduct or attitudes which brought about the original probation, the Program Coordinator may take either or both of the following actions:

1. Recommend to the appropriate clinical agencies that the student be suspended from the agencies, as is their prerogative under the contractual agreement with New Age Innovations.
2. Recommend the student will be removed from that clinical site and in most cases would not be welcome at another site. This would result in the student being dropped from the program.

PROGRAM INFORMATION

New Age Innovations Imaging Program Grading Policy

Letter grades are assigned according to the following scale:

A	Excellent	(90- 100%)
B	Good	(80 – 89%)
C	Average	(75 - 79%)
F	Failure	(below 75%)

Class and Clinical Attendance Policy

Class attendance is an essential part of the educational process at New Age Innovations and students are expected to attend all classes for which they are registered to facilitate their academic success. Students should attend all classes and scheduled clinical days and be on time for each class and clinic meeting. Instructors' expectations are high, and classes are challenging; therefore, students who are absent may experience difficulty in meeting expected outcomes of the course. Students will be held responsible for all information presented in class. It is the responsibilities of the student to gather all information and student expectations in their absence. All exams are expected to be taken as scheduled unless excused by the instructor prior to the exam. Make-up exams will be given at the instructor's discretion. It is the responsibility of the student to provide documentation of the reason for absence.

Clinical Education Hours

The clinical education hours vary according to the courses taken by students. Students are strongly urged to refrain from calling in sick and scheduling off days while on clinical rotations. If a student needs to be off, pre-scheduling with the clinical preceptor and clinical coordinator is preferred. For those instances in which pre-scheduling cannot be utilized, the clinical preceptor must be notified prior to the beginning of the shift in which the student is scheduled. If the clinical instructor is unavailable, a designated person at each clinical facility will be identified. If on initial contact with the clinical education facility, the clinical preceptor is unavailable to report the absence, the student should call back before the end of the shift to confirm the clinical instructor has been informed of the absence. The student should also call the Clinical Coordinator or the Program Coordinator to report such absences prior to the beginning of the clinical shift. Employment or any work for pay cannot substitute for clinical education hours.

Clinical Supervision of Students

Supervision of the radiography students may be direct or indirect, depending on the progress of the student.

Direct Supervision means a qualified radiographer who is physically present in the room during the conduct of the procedure, or a qualified radiographer is present during the repeat performance of any procedure that is unsatisfactory. During direct supervision a qualified radiographer must evaluate the condition of the patient in relation to the student's knowledge and must review and approve the procedure and/or image completed under direct supervision.

Indirect Supervision is only permitted after the student has successfully completed a competency on that particular examination. It will allow students to perform procedures without the presence of a qualified radiographer in the room. Indirect supervision is defined as student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of student achievement.

NEW AGE INNOVATIONS IMAGING PROGRAM

STUDENT ENROLLMENT AGREEMENT FOR ONLINE STUDIES

I. FEE AND COURSE REQUIREMENTS

1. The purpose of the Training is to prepare the Participant for the American Registry of Radiologic Technologists (ARRT) CT, MR, or Imaging Assistant MR Certification Exam.
2. In order to be eligible for the Participant to begin the Course, the fee must be paid before the start of the course.
3. The fee paid for the Course and its materials is non-refundable, regardless of who paid the fee, received the materials and/or whether or not the Course is completed by the Participant. A full refund will be made to any student who cancels the Enrollment Agreement within 72 hours (until midnight of the third day excluding Saturdays, Sundays and legal holidays) after the Enrollment Agreement is signed, except that NAI may retain not more than \$100.00 in any administrative fees charged, as well as items of extra expense that are necessary for the portion of the program attended and stated separately on the Enrollment Agreement.
4. In order to receive a Course Completion Certificate the Participant must:
 - Complete all of the Tests, making a score of 75% or more and certifying that the Tests were taken and the answers were provided solely by the Participant;
 - Successfully complete of the required CT, MR, or Imaging Assistant MR Clinical Facility Training (see details in Section II below); and
5. The rights of Participant to take the Tests and use its materials are not assignable or transferable.
6. New Age Innovations agrees to make every effort to prepare the Participant for ARRT CT, MR, or Imaging Assistant MR Certification Exams. However, New Age Innovations does not take responsibility for, nor may it be held liable for, any failure of the Participant to successfully pass the ARRT CT, MR, or Imaging Assistant MR Certification Exam.
7. The materials used on the Tests are proprietary and all copyrights are reserved solely to New Age Innovations. The Participant agrees by participating in the Training and paying the fee that his or her rights in the materials are solely for their personal use in the Training and that they will not be copied, republished or distributed, in whole or in part, by the Participant or his or her agents, servants, employees, or assigns at any time.
8. The Participant agrees that New Age Innovations is authorized to use the Participant's Personal Information to the extent of his or her First Name, State and completed Course Evaluation for posting online on the New Age Innovations website.

II. REQUIRED CLINICAL FACILITY TRAINING

1. Clinical Facility Training is offered as part of or during the Course if needed. The Participant will need to complete the ARRT CT, MR, or Imaging Assistant MR Clinical Requirements at the Clinical Facility in order to attain practical, clinical experiences (“Training”) in order to take the ARRT CT, MR, or Imaging Assistant MR Certification Exam.
2. Participant shall be responsible for locating and providing contact information to New Age Innovations for the Clinical Facility in which Participant will complete his or her Training. New Age Innovations shall be responsible for contacting the Clinical Facility to arrange for Participant’s Training at the Clinical Facility. Should Participant fail to be accepted or be dismissed from the Clinical Facility for any reason before completion of Participant’s Training, New Age Innovations shall bear no responsibility and Participant shall not be due any refund for the fee paid to attend the Course.
3. Participant agrees to submit to a full background check prior to entering into any Clinical Facility.
4. Participant agrees that he or she shall abide by the following requirements while participating in the Clinical Facility training:
 - Participant shall not perform Venipuncture Techniques on patients;
 - Participant shall not administer Contrast Agents unless directly supervised by Clinical Facility Instructor, Supervisor, or Lead Technologist;
 - Participant shall perform duties as assigned without harming patients;
 - Participant shall follow Clinical Facility Site Policies regarding: Substance Abuse, Safety Rules, Screening of patients. Safety Zones, Lab Values Calculators, Infectious Control, and Patient Confidentiality / HIPAA; and
 - Participant shall be respectful and professional to all Clinical Facility’s colleagues and patients served at all times.

III. TERMS AND CONDITIONS FOR USE AND ACCESS OF THE NAI WEBSITE

1. Access to and use of New Age Innovations's Internet website www.laymanterms.org (the "Site") is governed by the terms and conditions ("Terms and Conditions") set forth below, as well as any applicable laws, statutes, ordinances and regulations. By accessing the Site, you agree to be bound by these Terms and Conditions. If you do not agree to each of these Terms and Conditions, do not use the Site. Each time you use the Site, the current version of the Site's Terms and Conditions will govern your use. Accordingly, when you use the Site, you should check the date of the Terms and Conditions (which appear at the top) and review any changes since the last log in.
2. The information and materials on this Site are presented for the purpose of promoting the products and services of New Age Innovations.
3. Registration, Accounts and Passwords.

Registration. Some of the features made available on the Site require registration. Upon registration for access to such features, the Participant agrees to be responsible for: (i) maintaining the confidentiality of passwords or other account identifiers which the Participant chooses; and (ii) all activities that occur under such password or account identifiers.

Security Breaches. The Participant agrees to notify New Age Innovations of: (i) any loss of his or her password or other account identifiers; and (ii) any unauthorized use of his or her password or other account identifiers. New Age Innovations shall not be responsible or liable, directly or indirectly, in any way for any loss or damage of any kind incurred as a result of, or in connection with, the Participant's failure to comply with this section.
4. Copyright and Trademark Rights. The materials located on the Site, including, without limitation, the text, graphics, and all other audible, visual, and downloadable materials, as well as the selection, organization, coordination, compilation, and overall look and feel of the Site (collectively, the "Content") are the property of New Age Innovations or its licensors or designees and are protected by copyright, trademark and other intellectual property laws. All right, title and interest in and to the Content are owned, licensed and/or controlled by New Age Innovations. The Participant may download one computer copy or print one copy of the Content on this Site for his or her own non-commercial, educational, private or domestic use only, provided that he or she does not delete or change any copyright, trademark, or other proprietary notices. Any other copying, redistribution, retransmission, publication, uploading or modification of any of the Content is strictly prohibited without the express written consent of New Age Innovations. To obtain permission to reuse Content, please submit a written request.

5. Privacy Statement. New Age Innovations is committed to protecting the privacy of the users of its Site. For information on how information is collected, used or disclosed by New Age Innovations in connection with the Participant's use of this Site, please consult our Privacy Policy.

6. Links to Other Websites. The Site may contain links to websites operated by other people or companies. Please be aware that New Age Innovations is not responsible for the content, functionality or privacy practices of those websites.

7. Submissions. Any communication or material the Participant transmits to the Site by electronic mail or otherwise, excluding personally identifiable information about his or her self, including, but not limited to any questions, comments, suggestions or the like will be treated as non-confidential and non-proprietary by New Age Innovations. By transmitting such communications, the Participant automatically grants New Age Innovations a royalty-free, perpetual, irrevocable non-exclusive license to use reproduce, modify, publish, edit, translate, distribute, perform, and display such material(s) alone, or as a part of other works in any form, media, or technology whether now known or hereafter developed and to sublicense such rights to anyone. Anything the Participant transmits may be used by New Age Innovations for any purpose, including but not limited to reproduction, disclosure, transmission, publication, broadcast and posting, or developing, manufacturing and marketing products or services using such information.

8. Disclaimer of Warranties. IF THE PARTICIPANT ACCESSES THE SITE OR ANY MATERIAL AVAILABLE THROUGH THIS SITE, HE OR SHE DOES SO AT HIS OR HER OWN RISK. THE SITE IS PROVIDED "AS IS." NEW AGE INNOVATIONS MAKES NO REPRESENTATION OR WARRANTY OF ANY KIND WHATSOEVER TO THE PARTICIPANT OR ANY OTHER PERSON RELATING IN ANY WAY TO THE SITE. NEW AGE INNOVATIONS DISCLAIMS TO THE MAXIMUM EXTENT PERMITTED BY LAW, ANY AND ALL SUCH REPRESENTATIONS AND WARRANTIES. WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, NAI DISCLAIMS TO THE MAXIMUM EXTENT PERMITTED BY LAW ANY AND ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY (i) WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE; (ii) WARRANTIES AGAINST INFRINGEMENT OF ANY THIRD PARTY INTELLECTUAL PROPERTY OR PROPRIETARY RIGHTS; (iii) WARRANTIES RELATING TO DELAYS, INTERRUPTIONS, ERRORS, OR OMISSIONS IN THE SITE, OR ANY PART THEREOF; (iv) WARRANTIES RELATING TO THE TRANSMISSION OR DELIVERY OF THE SITE; (v) WARRANTIES RELATING TO THE ACCURACY OR CORRECTNESS OF DATA, AND ANY OTHER WARRANTIES OTHERWISE RELATING TO PERFORMANCE, NONPERFORMANCE, OR

OTHER ACTS OR OMISSIONS BY NAI. FURTHER, AND WITHOUT LIMITING THE GENERALITY OF ANY OF THE FOREGOING, THERE IS NO WARRANTY THAT THE SITE WILL MEET ANY PARTICIPANT'S NEEDS OR REQUIREMENTS OR THE NEEDS OR REQUIREMENTS OF ANY OTHER PERSON. IN ADDITION, THE PARTICIPANT ACKNOWLEDGES AND AGREES THAT NEW AGE INNOVATIONS'S WARRANTY DOES NOT COVER TELECOMMUNICATIONS OR INTERNET OUTAGES CAUSED BY THIRD PARTIES OR OTHERWISE OUTSIDE OF NEW AGE INNOVATIONS'S CONTROL. SERVICES MAY BE LIMITED BY MANY FACTORS, INCLUDING INHERENT RISKS OF THE INTERNET.

BECAUSE SOME STATES DO NOT ALLOW THE EXCLUSION OR LIMITATION OF CERTAIN CATEGORIES OF DAMAGES OR IMPLIED WARRANTIES, THE ABOVE LIMITATIONS MAY NOT APPLY TO THE PARTICIPANT. IN SUCH JURISDICTIONS, NEW AGE INNOVATIONS'S LIABILITY IS LIMITED TO THE GREATEST EXTENT PERMITTED BY LAW.

9. Limitation of Liability. IN NO EVENT WILL NEW AGE INNOVATIONS OR ITS AFFILIATES OR ANY PARTY INVOLVED IN CREATING, PRODUCING OR DELIVERING THIS SITE BE LIABLE IN ANY MANNER WHATSOEVER FOR ANY INCIDENTAL, CONSEQUENTIAL, INDIRECT, SPECIAL OR PUNITIVE DAMAGES ARISING OUT OF ANY PARTICIPANT'S ACCESS, USE OR INABILITY TO USE THIS SITE, OR IN CONNECTION WITH ANY FAILURE OR PERFORMANCE, ERROR, OMISSION, INTERRUPTION, DEFECT, DELAY IN OPERATION OR TRANSMISSION, COMPUTER VIRUS OR LINE OR SYSTEM FAILURE (INCLUDING LOSS PROFITS, LOSS OF BUSINESS OR DATA, BUSINESS INTERRUPTION, AND DAMAGES THAT RESULT FROM INACCURACY OF THE INFORMATION OR INCONVENIENCE, DELAY, OR LOSS OF THE USE OF THE SITE).

NEW AGE INNOVATIONS RESERVES THE RIGHT TO ALTER THE CONTENT OF THIS SITE IN ANY WAY, AT ANY TIME, FOR ANY REASON, WITHOUT PRIOR NOTIFICATION, AND WILL NOT BE LIABLE IN ANY WAY FOR POSSIBLE CONSEQUENCES OF SUCH CHANGES.

THE FOREGOING LIMITATIONS APPLY WHETHER THE ALLEGED LIABILITY IS BASED ON CONTRACT, TORT, NEGLIGENCE STRICT LIABILITY OR ANY OTHER BASIS, EVEN IF NEW AGE INNOVATIONS OR ITS AFFILIATES OR ANY OTHER PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

BECAUSE SOME JURISDICTIONS DO NOT ALLOW THE EXCLUSION OR LIMITATION OF INCIDENTAL OR CONSEQUENTIAL DAMAGES, NEW AGE INNOVATIONS'S LIABILITY IN SUCH JURISDICTIONS SHALL BE LIMITED TO THE EXTENT PERMITTED BY LAW.

10. Indemnification. The Participant agrees to indemnify, defend and hold harmless New Age Innovations, its respective successors, assigns, affiliates, distributors, licensees and their past and present officers, directors and employees, representatives, and agents from and against any suit, claim, liability, or proceeding in connection with any third party claim due to or arising out of Participant's violation of these Terms and Conditions.

11. Severability and Integration. These Terms and Conditions constitute the entire agreement between the Participant and New Age Innovations regarding the use of this Site, superseding any prior or contemporaneous communications and proposals between you and New Age Innovations. If any provision of these Terms and Conditions shall be deemed unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from these Terms and Conditions and shall not affect the validity and enforceability of any remaining provisions.

12. Termination. The Participant acknowledges and agrees that New Age Innovations, in its sole and absolute discretion, may, without notice, suspend or terminate the Participant's use of, or access to all or part of the Site, and remove and discard any information or Content or any of the Site, for any reason. The Participant further agrees that New Age Innovations shall not be liable to the Participant or to any other person as a result of any such suspension or termination.

13. Governing Law and Forum. These Terms and Conditions shall be governed and construed in accordance with the laws of the State of Alabama, excluding its conflict of law rules. The Participant expressly consents and agrees to submit to the exclusive jurisdiction and venue in the state and federal courts located in Jefferson County, Alabama. The parties hereby waive any and all rights to a trial by jury.

NEW AGE INNOVATIONS IMAGING PROGRAM
POLICY MANAGEMENT OF STUDENTS EXPOSED
TO BLOOD AND BODY FLUIDS

I. PURPOSE

To specify a procedure to be followed by students at New Age Innovations Imaging Program in the event that an exposure to blood or body fluids occurs while participating in clinical or laboratory experiences.

II. PROCEDURE

In the event that a student is exposed to blood or body fluids via parenteral, mucous membrane, or open skin routes, the following should be implemented:

A. Exposure Report

1. If the exposure occurs at a clinical site, the exposure incident procedures of the facility as they apply to students should be followed.
2. The student will seek medical attention through either the employee health service of the clinical facility or the individual's private physician. Payment of medical bills is the responsibility of the exposed individual.
3. The faculty member responsible for student supervision and the student will submit a written report of the incident within two working days to the Program and/or Clinical Coordinator in which the student is enrolled which includes:
 - a. date and time of exposure.
 - b. details of the exposure, including procedure being performed, where and how the exposure occurred, if the exposure involved a sharp device, type and amount of fluid or material involved in exposure, and condition of skin (e.g., intact, chapped, abraded) of student.
 - c. information about exposure source or individual determining infection risk, when policies of facility prohibit direct release of this information.
 - d. information about follow-up.
4. The exposure incident report will be permanently placed by the Program and/or Clinical Coordinator in the student's file.
5. A copy of the incident report will be placed in a permanent file kept by the Program Coordinator.

POLICY: MANAGEMENT OF STUDENT EXPOSURE TO BLOOD OR BODY FLUIDS

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B. Exposure Management

It is the responsibility of the student to arrange and finance post-exposure medical follow-up and care. However, the student is advised of the following recommendations:

1. Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water.
2. OSHA Guidelines direct the clinical facility's infection control officer to attempt to determine the infectivity status of the source individual.
3. The student's physician should clinically and serologically evaluate the student member as soon as possible to determine the need for post exposure prophylaxis. The attachment to this policy "Bloody and Body Fluid Exposure Management" (HIV-AIDS Information Center) should be presented to the physician to guide decisions regarding the need for post exposure prophylaxis.
4. The "Evaluating Physicians Statement" should be presented to the physician for completion and returned to the student. This form should be returned to the division chairperson and attached to the incident report.
5. Baseline testing for HIV antibody should be performed. If initial testing is negative, it is suggested that the student be retested at 3- and 6-months post exposure.
6. In the event a student is exposed to blood or body fluid from an individual who is positive for Hepatitis B viral antigen, or if the infectivity status of the source individual cannot be determined, the student should immediately have their Hepatitis B immunity status evaluated by their physician utilizing appropriate serologic testing such as Anti-HBs antibody titer.
7. In the event a student does not have immunity nor has low immunity to the Hepatitis B virus, the student should seek medical treatment at once. Hepatitis B Immune Globulin (HBIG), if recommended by the physician, should be administered with seven (7) days following an exposure. Repeat vaccination may also be recommended.
8. In the event that the student declines to seek medical care, the Program Director shall have the student sign the "Declination to Seek Post-Exposure Medical Follow-up form. This form shall be attached to the incident report and a copy of the form shall be placed in the student file.

Reference: Universal Precautions: Employer's Compliance Manual for Healthcare Facilities (1992) Medcom, Inc. Garden Grove, California

Public Health Guidelines for the Management of Health Care Work Exposures to HIV and Recommendations for Post-exposure Prophylaxis, 1998

NEW AGE INNOVATIONS IMAGING PROGRAM

INCIDENT/ACCIDENT REPORT

Name:	SS#
Patient's Name:	Room#:
Patient's Hospital Number:	Date/Time of Incident/Accident:
Agency/Affiliation Site:	Exact Location of Incident/Accident:
Client's Infective Status:	
Determined by(Name/Title):	
Was there a witness to the Incident/Accident? Yes____ No____ If Yes, print name/title/position:	
Describe the actual circumstance in which the incident/accident occurred:	
If the incident/accident involved exposure to blood and/or body fluids, describe: 1)type and amount of fluid involved 2) condition of skin of exposed individual:	
Describe follow-up actions taken (e.g., examination by physician/employee health service, post exposure prophylaxis):	
Evaluating Physician's Statement Attached? Yes____ No____	
Signature	Date:
Printed Name	

New Age Innovations Imaging Program
Evaluating Physician's Statement

Student/Faculty Member Name

Date

This individual presents to you for evaluation of a possible exposure incident as defined in the Bloodborne Pathogens Standard. After your evaluation, please:

- (1) Inform them regarding the evaluation results and any follow-up needed.
- (2) Provide your initials beside the following statements:

_____ This individual has been informed of the results of this evaluation.

_____ They have been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and/or treatment.

Please return this form to the patient. Thank you

PHYSICIAN'S SIGNATURE

PHYSICIAN'S NAME (PRINTED)

DATE

FACULTY/STUDENT: PLEASE RETURN THIS FORM TO THE IMAGING PROGRAM AND/OR CLINICAL COORDINATOR AS SOON AS POSSIBLE AFTER YOUR EVALUATION.

THANK YOU

Imaging Program Pregnancy Policy

Every student entering the imaging program at New Age Innovations must document acknowledgement of the pregnancy policy. Students who think they may be pregnant have the option of voluntary disclosure of pregnancy. The student is urged to notify faculty and fill out a declaration of pregnancy form and submit it to program faculty. A student will not be considered pregnant until the declaration of pregnancy form is turned in to program faculty. Students who wish to continue in the program will do so according to guidelines established by the Nuclear Regulatory Commission 8.36.

Plan of actions included on the declaration of pregnancy form are:

1. **Continuation in the imaging program without modification.**

This acknowledgement means that the student will continue all didactic and clinical requirements as mandated by program guidelines without alterations in those requirements.

2. **Continuation in the imaging program with modification.**

This acknowledgement means that the student will continue didactic and clinical requirements with the exception of high exposure areas such as mobile and surgical radiography.

3. **Withdraw from the radiologic technology program without consideration of readmission.**

This acknowledgement means that the student may not apply for readmission into the program.

4. **“Un-declare” Pregnancy**

This acknowledgement means that at any point during the “declared” pregnancy, the student may return to the “undeclared” pregnancy status.

An additional fetal radiation monitor is required and must be purchased at the student’s expense. The fetal radiation badge should be purchased within 10 days of declaring pregnancy. The student may not return to clinic without a fetal badge after the 10-day period.

New Age Innovations Imaging Program

Options for Pregnancy Policy

I _____, in accordance with the imaging program's policies, do declare my pregnancy on this day. The estimated date of conception is _____.

In compliance with the imaging program's pregnancy policy:

_____ I wish to continue the radiologic technology program without modification.

_____ I wish to continue the radiologic technology program with modification.

_____ I wish to withdraw from the imaging program without consideration of readmission.

_____ I wish to "Undeclare" my pregnancy status.

Student's Signature

Student's Printed Name

Date

New Age Innovations

Imaging Program

Acknowledgement of Student Pregnancy Policy

I certify that I have received a copy of the New Age Innovations Imaging Program Student Pregnancy Policy. I have read, understand, and agree to the requirements of these policies and guidelines concerning instruction on prenatal radiation exposure and radiation protection.

Student's signature

Student's printed name

Date

MRI Safety Policy

New Age Innovations Imaging Program students who have potential access to Magnetic Resonance environment or wish to complete an elective MRI rotation must adhere to the following standards.

1. Watch the MRI safety video supplied by the school.
2. Complete an MRI safety screening form at the school prior to entering the clinical site.

Other MRI safety concerns for radiologic technology students:

1. MRI stands for Magnetic Resonance Imaging
2. The MRI machine is a magnet and is ALWAYS turned on, even when the power goes out, it is still a magnet.
3. There are 4 zones with regards to MRI.
 - a. Zone 1 is the general public area.
 - b. Zone 2 is for unscreened patients.
 - c. Zone 3 is screened MR patients.
 - d. Zone 4 is screened patients under the direct supervision of an MR staff member.
4. Students may not enter Zone 4 without an MRI technologist being present.
5. Students must be screened by an MRI technologist prior to entering Zone 3.
6. Students may not have watches, keys, credit cards, bank cards, coins, pens, hair pins, phones, hearing aids as well as nothing in your pockets or on clothing such as metal fasteners or metallic threads.
7. Students who have magnetic implants such as pacemakers, aneurysms clips or mechanical pumps will not be allowed in Zone 4.
8. If safety precautions are not followed, someone could be harmed or even killed.
9. Students should notify the school should a change in their status occur.

MRI Screening for Technologist / Participant

Name _____

Date _____

1. Have you had ANY prior surgery or an operation of any kind? (circle one answer)

YES

NO

If yes, please indicate the type of surgery:

Type of surgery _____

Type of surgery _____

Type of surgery _____

2. Have you had an injury to the eye involving a metallic object or fragment? (circle one answer)

YES

NO

If yes please describe: _____

3. Have you ever been injured by a metallic object or foreign body? (circle one answer)

YES

NO

If yes please describe: _____

4. Do you have any of the following items? (circle if yes)

Aneurysm clip

cardiac pacemaker

loop recorder

Electronic implant

neurostimulation system

magnetically activated device

Spinal cord stimulator

cochlear or ear implant

insulin or other infusion pump

Prosthesis

heart valve prosthesis

eyelid spring or wire

Prosthetic limb

metallic stent

shunt

Radiation seeds

Swan-Ganz catheter

medication patch

Metallic foreign body

wire mesh implant

surgical staples

Joint replacement

bone pin, screw or nail

tattoo or permanent makeup

Hearing aid

body piercing

Implanted drug infusion
device

implanted cardioverter defibrillator

WARNING: Certain implants, devices or objects may be hazardous to you. Do not enter the MR room or the MR environment without an MRI technologist present. If you have any questions, please consult with program faculty or MR technologist BEFORE entering the MR system room.

New Age Innovations

Imaging Program

Acknowledgement of MRI Safety Policy

I certify that I have received a copy of the New Age Innovations Imaging Program MRI Safety Policy. I have read, understand, and agree to the requirements of these policies and guidelines concerning instruction on MRI safety. I also agree to notify the program if any change in my status as relates to safety guidelines and MRI.

Student's signature

Student's printed name

Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement Form

I, _____, as a student in New Age Innovations _____ program, hereby agree and acknowledge my obligations under the Health Insurance Portability and Accountability Act, as amended, ("HIPAA"). Specifically, I acknowledge that this law prohibits me from disclosing, except as permitted by law, any person's "protected health information" to which I may have access. I understand that the full text of this law is available at <https://www.hhs.gov/hipaa/for-professionals>. I further acknowledge that I have undergone training during which I was given an explanation of "protected health information" as it relates to clinical activities required as part of my program of study.

Signature

Date

NEW AGE INNOVATIONS IMAGING PROGRAM

ACKNOWLEDGEMENT OF STUDENT HANDBOOK

I certify that I have received a copy of the New Age Innovations Imaging Program Student Handbook. I have read, understand and agree to the requirements of these policies and guidelines.

Student's Signature

Student's Printed Name

Date