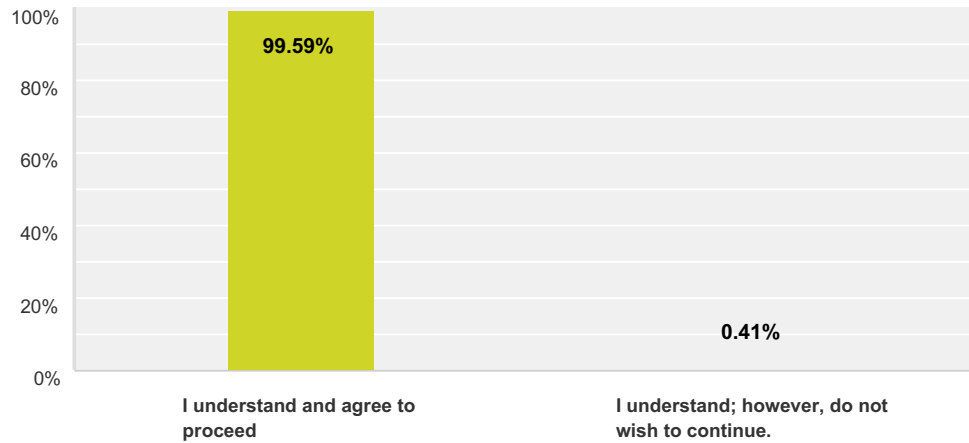


Q1 I understand that the results of this survey will be posted on the Standards Revision page of the main JRCERT Web site and choose to proceed. I also understand that if any identifying information is provided, the JRCERT will make every reasonable effort to redact such information. By continuing, I agree to the conditions of this survey.

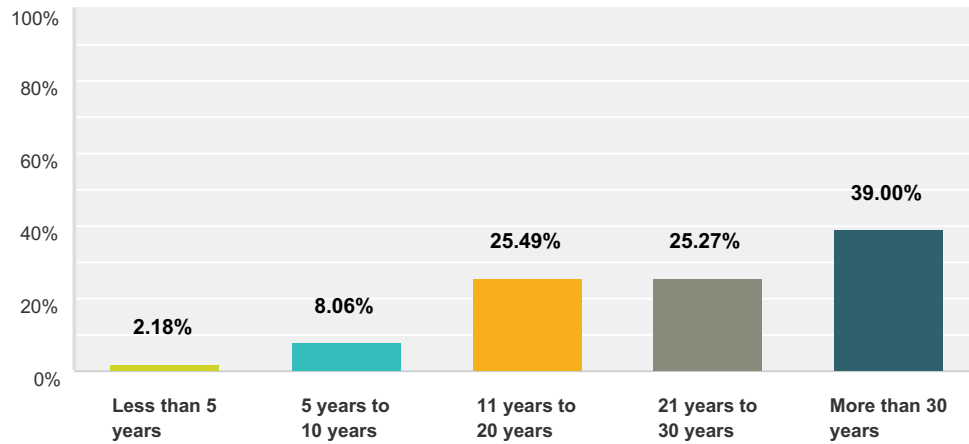
Answered: 485 Skipped: 0



Answer Choices	Responses	
I understand and agree to proceed	99.59%	483
I understand; however, do not wish to continue.	0.41%	2
Total		485

Q2 Please identify the range that most reflects your total number of years in the profession:

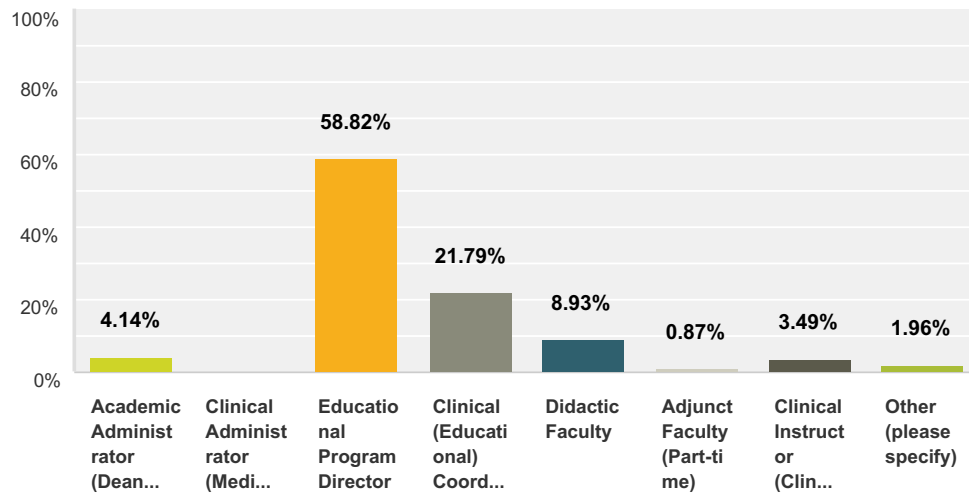
Answered: 459 Skipped: 26



Answer Choices	Responses	
Less than 5 years	2.18%	10
5 years to 10 years	8.06%	37
11 years to 20 years	25.49%	117
21 years to 30 years	25.27%	116
More than 30 years	39.00%	179
Total		459

Q3 Please select the most appropriate title to represent your current position:

Answered: 459 Skipped: 26

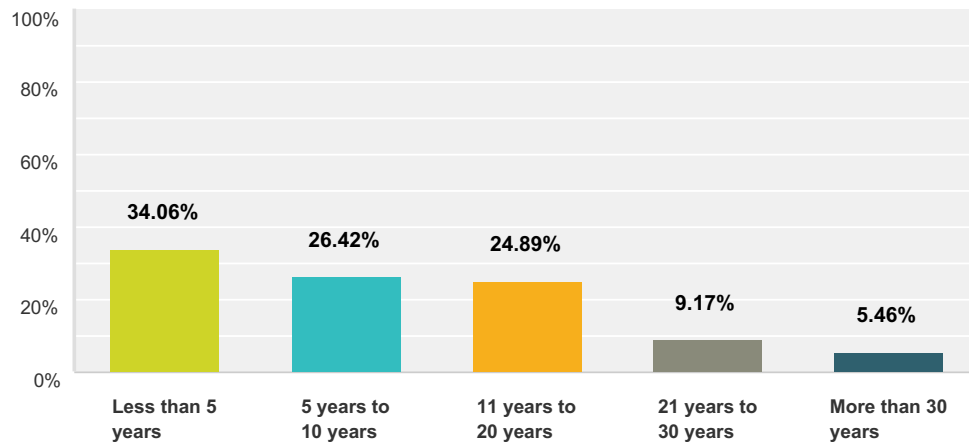


Answer Choices	Responses
Academic Administrator (Dean, Associate/Assistant Dean, Dept./Division Chair, etc.)	4.14% 19
Clinical Administrator (Medical Imaging Director, Radiation Oncology Administrator, etc.)	0.00% 0
Educational Program Director	58.82% 270
Clinical (Educational) Coordinator	21.79% 100
Didactic Faculty	8.93% 41
Adjunct Faculty (Part-time)	0.87% 4
Clinical Instructor (Clinical Supervisor, Clinical Preceptor)	3.49% 16
Other (please specify)	1.96% 9
Total	459

#	Other (please specify)	Date
1	School Administrator	9/30/2016 11:30 AM
2	Student	9/27/2016 4:06 PM
3	I am also the Division Chair.	9/27/2016 1:10 PM
4	Student	9/22/2016 6:46 PM
5	I am both didactic faculty and clinical coordinator.	9/22/2016 12:45 PM
6	Radiation Therapist, formerly Clinical Coordinator for 5 years.	9/22/2016 9:05 AM
7	None	8/8/2016 2:44 PM
8	Long island university student	6/13/2016 4:41 PM
9	recently retired- Program Director	5/4/2016 7:53 AM

Q4 How many consecutive years have you been in your current position?

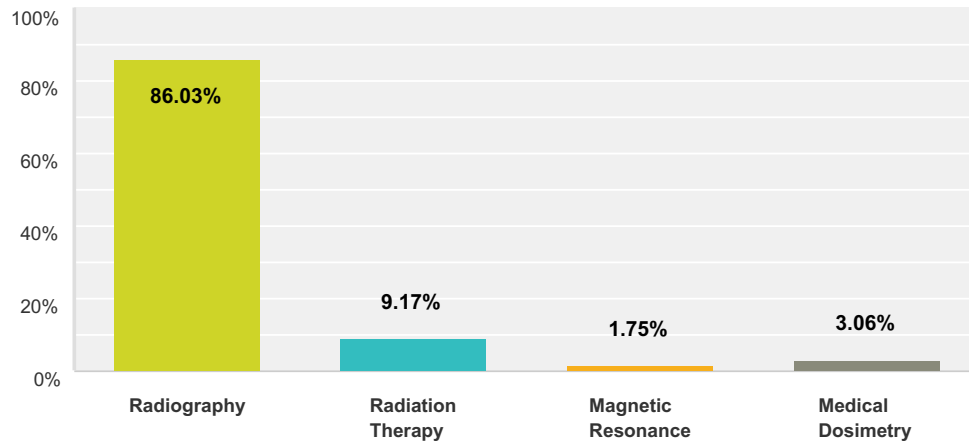
Answered: 458 Skipped: 27



Answer Choices	Responses	
Less than 5 years	34.06%	156
5 years to 10 years	26.42%	121
11 years to 20 years	24.89%	114
21 years to 30 years	9.17%	42
More than 30 years	5.46%	25
Total		458

Q5 Please select the appropriate discipline for the program with which you are most closely affiliated:

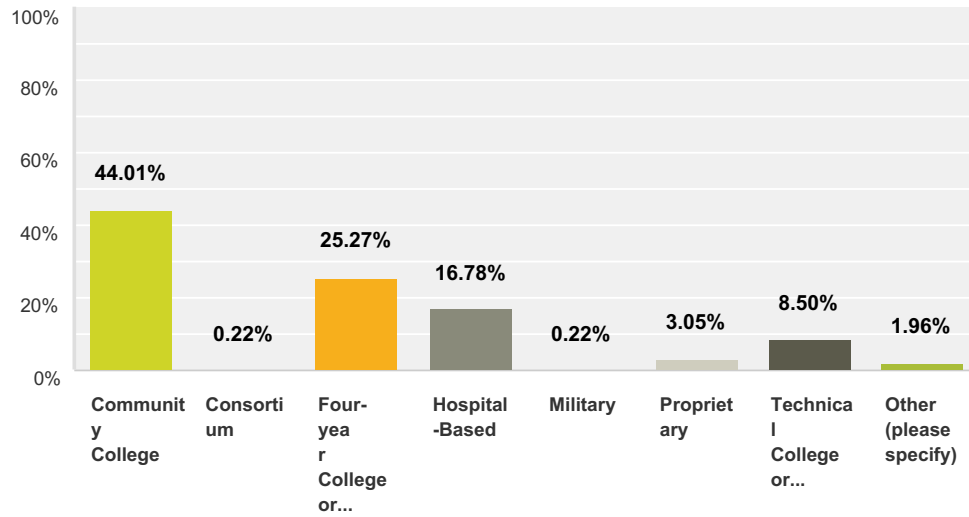
Answered: 458 Skipped: 27



Answer Choices	Responses	
Radiography	86.03%	394
Radiation Therapy	9.17%	42
Magnetic Resonance	1.75%	8
Medical Dosimetry	3.06%	14
Total		458

Q6 The program sponsorship is:

Answered: 459 Skipped: 26

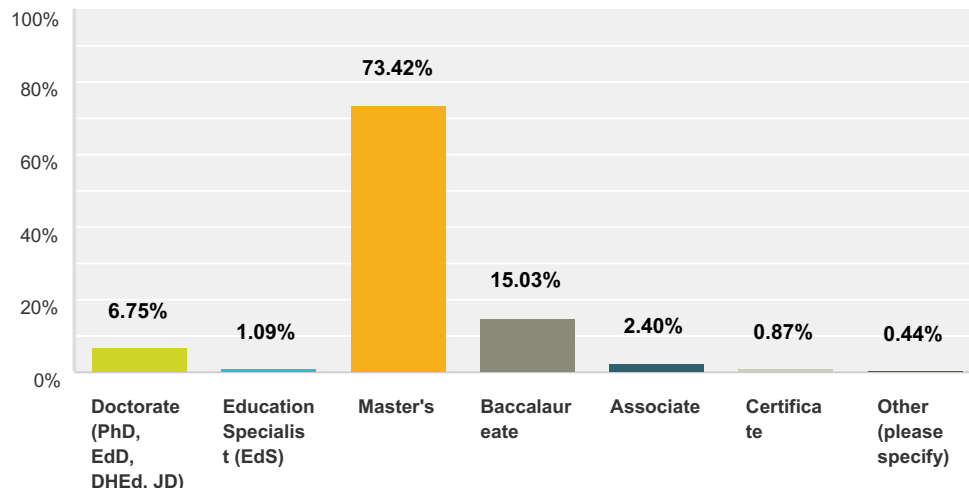


Answer Choices	Responses
Community College	44.01% 202
Consortium	0.22% 1
Four-year College or University	25.27% 116
Hospital-Based	16.78% 77
Military	0.22% 1
Proprietary	3.05% 14
Technical College or Institute	8.50% 39
Other (please specify)	1.96% 9
Total	459

#	Other (please specify)	Date
1	private college	9/28/2016 3:52 PM
2	Private College	9/26/2016 9:55 AM
3	Technology Center	9/23/2016 12:31 PM
4	2 year college associated with a large healthcare system	9/23/2016 12:01 PM
5	UNIVERSITY	9/22/2016 10:02 AM
6	Associate Degree - Private; Not for Profit	9/21/2016 6:57 PM
7	University graduate school	8/11/2016 5:06 PM
8	None	8/8/2016 2:44 PM
9	private, not for profit	7/13/2016 3:02 PM

Q7 The highest academic credential I have earned is:

Answered: 459 Skipped: 26

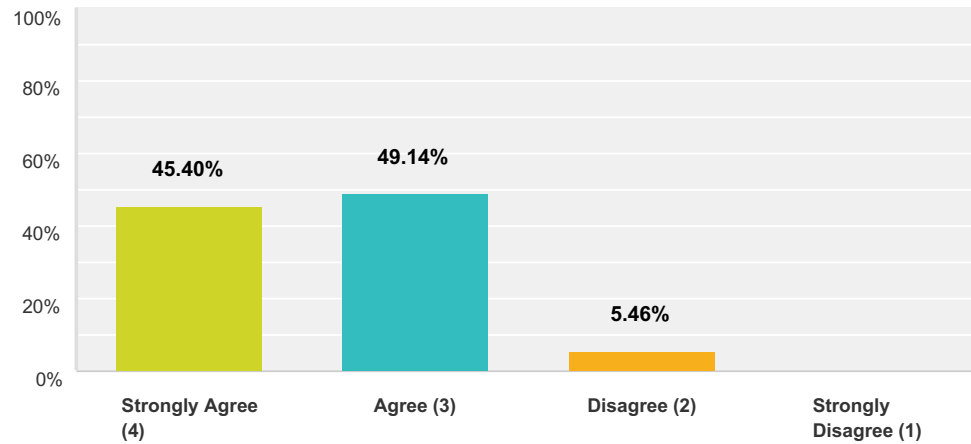


Answer Choices	Responses	
Doctorate (PhD, EdD, DHEd, JD)	6.75%	31
Education Specialist (EdS)	1.09%	5
Master's	73.42%	337
Baccalaureate	15.03%	69
Associate	2.40%	11
Certificate	0.87%	4
Other (please specify)	0.44%	2
Total		459

#	Other (please specify)	Date
1	DMS,HDCR (UK credentials)	9/23/2016 10:21 AM
2	in dissertation phase of PhD	5/4/2016 2:27 PM

Q8 The objectives for Standard One are clear (the program understands the intent of the objectives).

Answered: 348 Skipped: 137



Answer Choices	Responses	Count
Strongly Agree (4)	45.40%	158
Agree (3)	49.14%	171
Disagree (2)	5.46%	19
Strongly Disagree (1)	0.00%	0
Total		348

#	If Disagree or Strongly Disagree, please indicate area(s) of concern.	Date
1	on 1.2 I think you could use more examples that would cover all the studies in question like mammo, HSGs etc so that everyone knows exactly what is allowed and what isn't	10/13/2016 10:44 AM
2	" Respect for " is ambiguous	10/3/2016 8:03 PM
3	I think that these are important objectives, but the interpretation by site visitors is subjective. We recently had a visit where the visitors stated that our distance (online) students were at a disadvantage because they didn't have access to our energized labs and other classroom based materials. Of course the distance students wouldn't have access to classroom based materials, as they are online students. The content for both the classroom and distance students is the same. The only difference is the presentation. We felt as though we were being interrogated because the distance students were not classroom students.	9/30/2016 9:04 AM
4	What is meant by representations?	9/26/2016 9:58 AM
5	First bullet point is not very clear, could be worded better for more understanding.	9/25/2016 2:47 PM
6	The objectives help to clarify the standard. For example, objective 1.5 asks the question about student records and confidentiality which helps to address pursuit of fair and equitable academic practices and student respect of privacy. 1.1-1.9 help to explain Standard One.	9/22/2016 2:48 PM
7	Disagree with the term integrity	9/22/2016 11:49 AM
8	It would be nice to have more clarifying information for 1.15. For example, I did not realize that I needed to state on my publications that there are "no additional fees" for distance education courses. To me, we should only state if there ARE additional fees.	9/22/2016 11:25 AM
9	Fair and equitable are not always the same. I hope that some education will take place to help programs understand when there is a difference.	9/22/2016 7:30 AM

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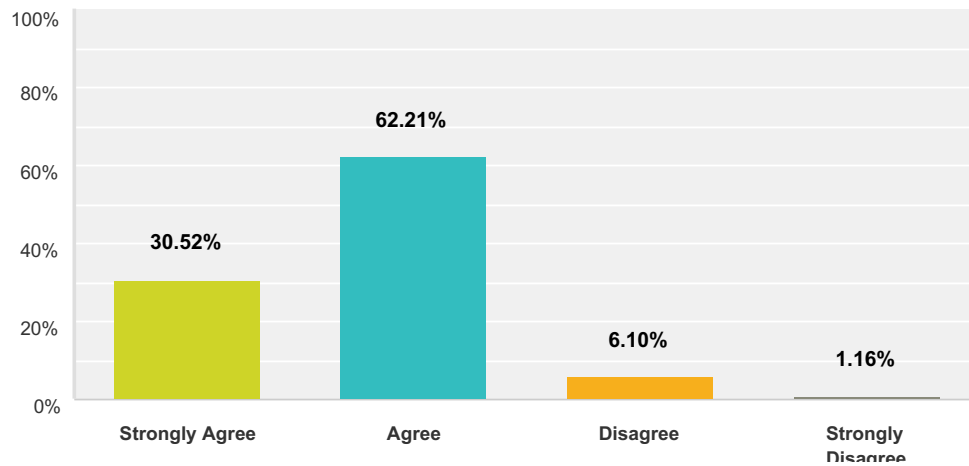
10	Thought, Standards 1.3 and 1.4 could be implemented in Standard 3 for continuity of clinical and curriculum together. Placement between current Standards 3.2 and 3.3 seems applicable.	9/22/2016 6:28 AM
11	Representations to communities of interest and the public Not sure what that means, unclear	9/21/2016 9:03 PM
12	A formula for the number of students that can be placed at a particular clinical site needs to be addressed so that clinical sites that utilize more than one educational program can have guidelines for the number of students that can be placed at that site.	9/21/2016 5:47 PM
13	I find that Representations to communities of interest and the public to be confusing. Are you talking about the program and staff, students in the field or all three?	9/21/2016 5:37 PM
14	My main concern is that 10 of the 15 objectives have associating policies and a program could essentially be in compliance with the standard but not in compliance with associated policy. I would suggest listing any associating policy in the standard objective. This would provide a clear link and reduce noncompliance. For example, standard 1.15 does not clearly define distance education but the policies 10.800 and 11.408 provide a better definition of distance education and what triggers a substantive change. This happens again with standard 3.1 regarding review of mission statement but the standard fails to mention that any change in the program mission or sponsoring institution's mission triggers a substantive change. You need to search the policies to find this but if it were linked to the associating policy, you could see that.	9/9/2016 5:11 PM
15	The phrase "communities of interest" is vague, generic and confusing. It is used frequently in JRCERT materials. It would be much more useful if JRCERT defined what "communities of interest" means.	7/22/2016 10:31 AM
16	Minutes of meetings should list those in attendance, those excused and also should indicate that a copy of the minutes were provided to all persons associated with the program. RATIONALE: Describing a process for obtaining feedback can be falsified. Programs who hold thier department meeting with director and coordinator only, can submit minutes of regular meetings but none of the other faculty were ever involved in said meetings, and those not invoved did not even get minutes to see what was discussed. Also, this practice allows for minutes to be falsly recorded. Minutes that are not distributed to parties who attended, can be totally falsified so it looks like issues were discussed when they were not & vice versa. Since no one but the dean of allied health and JRC is getting the minutes no one would ever discover this scam! Directors also lie and say they thought the minutes were distributed to all faculty and clinical instructors when they never were (blaming secretarial help - when they told the secretary NOT to distribute the minutes and reprimanded faculty who did send minutes to adjunct CI's etc.)	7/13/2016 12:43 PM
17	I feel there are too many objectives. Many could be combined. 1.1 is too vague.	6/30/2016 11:50 AM
18	1.2 Provides equitable learning opportunities for all students. This objective is subject to wide interpretation and needs to be more clearly defined.	6/29/2016 8:07 PM
19	Under the program response for Standard 1.3 it states, "the program assures that all students have access to a sufficient variety and volume of procedures to achieve program competencies." I feel it would be helpful if sufficient volume was defined better, as has been done for sufficient variety through the amplifying description of mobile, trauma and surgery procedures. I am not certain that a specific number of exams should necessarily be required, but a threshold or range might be helpful as opinions will vary considerably among programs and clinical site about what actually define sufficient volume.	6/28/2016 4:52 PM
20	It is highly likely that Objective 1.2 will change as the element of now allowing students to observe/train in mammography within the program has changed? Also there appears to be a slight disconnect between the JRCERT portal submission for recognition of a new clinical affiliate and Objective 1.4 as it is no longer required to submit the hours that students will be scheduled. This might lend the illusion that students can be scheduled for evening or weekend hours longer than the 25% allotment. Unless this objective is to be revised -and it's possible that this should be revised to allow programs to at least schedule on evening shifts provided the supervision, patient case load, 1:1 ratio, etc are being met.	6/27/2016 12:31 PM
21	For hospital based programs, clearer lines for hours for those attending affiliate institutions. i.e. Not all students take the same coursework at the college	6/26/2016 11:25 AM
22	Who exactly are the communities of interest?	5/9/2016 9:45 AM
23	Who will decide "fair and equitable"? This needs to be defined. How will you determine "respect"?	5/5/2016 9:53 AM
24	1.8 - publication of program policies - This is not clear on whether all or some of the policies should be provided to the public. 1.15 - A definition for what a distance education program is should be provided. i.e, 4 hybrid courses = distance education.	5/4/2016 2:40 PM

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25	<p>Standard 1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student A meaningful clinical education plan assures that activities are educationally valid and prevents the use of students as replacements for employees. The maximum number of students assigned to a clinical setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical setting must not exceed the number of clinical staff assigned to the radiography department. The student to radiography clinical staff ratio must be 1:1. However, it is acceptable that more than one student may be temporarily assigned to one technologist during uncommonly performed procedures. My program did not interpret this objective to mean students are never allowed to be in the same exam together, but our site visit team cited us for allowing students to work in tandem performing clean tech/dirty tech procedures on comped exams and for allowing two students in the room with our Clinical Coordinator on an uncommonly performed exam.</p>	5/4/2016 2:15 PM
26	<p>I agree with this statement, however the "communities of interest" are not clearly understood. Other than the advisory committee, who does this include?</p>	5/4/2016 11:36 AM
27	<p>Standard 1.2- Equitable learning opportunities In order to allow ANY student to rotate through Mammography, the program must have a written agreement with at least ONE clinical education site that will support male and female students being provided with the opportunity to rotate through mammo. However, it is still the patient's ultimate choice as to who they will allow to observe their exam. This same type of situation could arise with the ARRT's addition of hysterosalpingogram as an elective competency. Since many of our clinical education sites don't perform these studies, it could be difficult to find one that would make this allowance for male and female students. The few sites we have that occasionally perform these exams have never let a student observe or take part in these exams. Standard 1.3- It is understood that students cannot be assigned to greater than 10 hour clinical days, and no more than 40 hours clinical/didactic hours per week. However, students can volunteer to participate in more than 10 hours per day, or 40 hours per week. If students choose to do 12 hour shifts throughout an entire semester, does every day this occurs need to be documented separately as an exception to this standard, or can a blanket agreement be signed the individual student choosing to do so, or by all students in the course prior to the beginning of the semester? Our program has started allowing flexible scheduling to allow students to work shorter hours for more days, or longer hours (max of 10) for fewer days. Many students would like to be allowed to do 12 hour clinical days.</p>	4/29/2016 8:34 AM
28	<p>I understand the objectives for this standard, however, outlining examples of communities of interest would make information clearer to others not as familiar with the terminology.</p>	4/28/2016 2:01 PM

Q9 There are NO redundancies associated with Standard One.

Answered: 344 Skipped: 141



Answer Choices	Responses	Count
Strongly Agree	30.52%	105
Agree	62.21%	214
Disagree	6.10%	21
Strongly Disagree	1.16%	4
Total		344

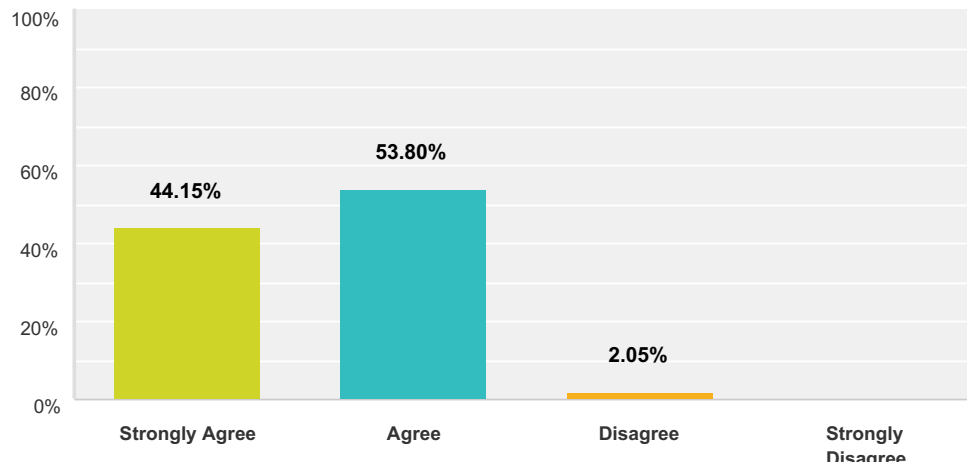
#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	I don't know if I would call it redundancy, but it seemed like I kept uploading the same exhibits for several objectives in Standard One while working on the self-study. I think a generic location should be set up for all interim and self-study reports where programs would upload the course catalog, faculty handbooks, program handbooks, and other handbooks and documents that are used as exhibits throughout the accreditation reports. That would cut down on the items uploaded into the portal, and it would give site visitors one standard location to go to for all "like" manuals, handbooks, etc. that we review all the time during a site visit.	10/11/2016 4:02 PM
2	Standards 1.1 & 1.2 are similar and could be combined.. 1.8, 1.9.& 1.10 could be combined. 1.12 and 1.13 could be combined.	9/23/2016 11:26 AM
3	1.2 and 1.3 could be combined.	9/22/2016 2:48 PM
4	1.12, 1.13 ask for the same information for exhibits to demonstrate the program does this. Asking for the same response information is redundant. They should be combined to one. 1.12Required Program Response: • Describe how admission practices are non-discriminatory. • Provide institutional and/or program admission policies. 1.13 Required Program Response: • Describe the implementation of institutional and program admission policies. • Provide institutional and program admission policies. 1.09 and 1.10 Again same information for demonstrating the program does this. They should be combined. 1.09Required program Response Describe how institutional and/or program policies are made known to students, faculty, and the general public. Provide publications that include these policies. 1.10 Describe how institutional and/or program policies are made known to students, faculty, and the general public. Provide publications that include these policies. This exists throughout the standards.	9/22/2016 1:45 PM
5	1.12 and 1.13 could be rewritten as one objective.	9/22/2016 1:03 PM
6	1.8 and 1.9 could be viewed as redundant.	9/22/2016 10:58 AM
7	The 2nd and third points are redundant. I have observed no efforts by JRCERT to assure fair treatment of faculty and staff. Program officials want quality programs but the biggest obstacles are often political dysfunctions within the sponsoring institutions themselves.	9/22/2016 10:36 AM

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8	1.12 & 1.13 are a bit redundant	9/22/2016 8:33 AM
9	Pursuit of fair and equitable academic practices, and Treatment of, and respect for, students, faculty, and staff could be included together since the first implies the second.	9/22/2016 8:32 AM
10	Potentially 1.8, 1.9 & 1.10 could be combined to make available to the students, faculty and general public..... If a program is transparent with all policies, procedures etc. it would be most likely be posted on the website or in some sort of program brochure If it is accessible to the general public, students also have access. Could these three be combined to be an all encompassing standard about making information about the program accessible to all?	9/22/2016 7:25 AM
11	It seems that Objectives 1.12 and 1.13 could be combined. Likewise, objectives 1.8 and 1.9 could be combined.	9/9/2016 5:11 PM
12	1.1 and 1.2 and 1.12 and 1.13 and 1.14 can all be combined 1.6 and 1.7 can be combined 1.8, 1.9 and 1.10 can be combined	8/11/2016 7:00 PM
13	1.9 seems like it includes 1.10 so why not combine them?	7/13/2016 12:43 PM
14	See above. 1.8 through 1.13 need to be combined.	6/30/2016 11:50 AM
15	There seems to be a redundancy with 1.8 and 1.9. 1.8 could be added to 1.9 because they are basically asking the same information. 1.8 "program response" and "site visitor evaluation methods" are the same as on 1.9.	6/13/2016 4:44 PM
16	1.12 and 1.14 could be combined.	5/26/2016 1:59 PM
17	Some overlap of objectives 1.8 and 1.9	5/25/2016 3:17 PM
18	1.8, 1.9. and 1.10 are very similar in what we publish to the general public on our website that those publications are accurate in regard to the program polices, procedures, offerings, on 1.8, which would include the admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit on 1.9, and the program's mission statement, goals, and student learning outcomes on standard 1.10.	5/9/2016 10:55 AM
19	1.8 and 1.9 are similar in their content, but slightly different. I could see combining these two objectives.	5/4/2016 8:50 AM
20	Many of the same documents were used in the exhibits-redundant.	5/4/2016 7:55 AM
21	I don't believe 1.1 is needed. If the program is meeting all of the other objectives for all standards they have satisfied "Adheres to high ethical standards in relation to students, faculty, and staff." I also believe this statement is difficult to objectively assess.	4/29/2016 4:53 PM
22	My self-study responses to Objectives 1.12 and 1.14 (non-discriminatory practices regarding students and faculty) were very similar and the supporting documentation was largely identical. Perhaps these two objectives could be combined.	4/29/2016 12:23 PM
23	1.12 and 1.14 could be combined	4/29/2016 9:12 AM

Q10 The Objectives of Standard One are relevant.

Answered: 342 Skipped: 143



Answer Choices	Responses	
Strongly Agree	44.15%	151
Agree	53.80%	184
Disagree	2.05%	7
Strongly Disagree	0.00%	0
Total		342

#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	This is a large standard that covers a lot of different areas. I wonder if the standards are rearranged in the next version if some of these items could be moved. For instance, student schedules and requiring that clinical involvement be less than 40 hours per week could be considered with other program curriculum objectives, the publications and general public items may be a better fit with a public relations or marketing standard and "like" objectives, and faculty objectives could be combined with other resources and faculty objectives. I realize this might not be possible, and the previous version of the standards had things separated like mentioned above, but those were just ideas that came to mind while working on the self-study.	10/11/2016 4:02 PM
2	how do you measure " respect for " ?	10/3/2016 8:03 PM
3	While I agree with the provision of equitable learning activities that promote a fair and impartial education our clinical sites will not allow male students in mammography - this is a radiologist rule. It is unfair that female students can not be given the opportunity of a rotation in mammography.	9/27/2016 1:10 PM
4	"The program" is defined as	9/22/2016 1:07 PM
5	1.2 and 1.3 could be the merged into the same thing.	9/22/2016 12:19 PM
6	It is my understanding that the JRCERT board recently approved that Programs my provide the opportunity for female students to observe or perform breast imaging and are not required to allow male students the same clinical experience. However the same is not true for hysterosalpingograms. After polling my clinical education sites, male technologists do not perform these exams and male students are not allowed to participate (per management). Therefore, to be sure that the education is equitable, I cannot allow any of my students to participate in this exam. This may be another exam that may be considered for female students only if that is what the clinical education site dictates.	9/22/2016 9:02 AM
7	I have seen that fairness to staff and faculty is being lost due to students decline to take responsibility and lack of administrative/college support.	9/22/2016 7:46 AM

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8	I agree for the most part. However, I do feel there could be some clarification; for example, if first year student cohorts are scheduled at an orthopedic department prior to learning some of the procedures performed there, this should be considered as "valid" clinical experiences because there is so much more to the clinical experience than just exposure to those particular types of procedures. Early in a cohort year, students are also establishing what takes place in the healthcare environment, interacting and communicating with patients, interacting and communicating with other members of the healthcare team etc. (just to name a few additional aspects of importance). It may not be clear to understand if the JRCERT will disapprove of having students scheduled at a facility and work with mobile equipment under direct supervision if students have not had didactic coursework for mobile radiography. Is this considered "timely"? It is advantageous to have students exposed to these variances in equipment and procedural aspects early in the program, even if the didactic sequence is later.	9/21/2016 5:42 PM
9	Should include nondiscrimination for "Sexual Orientation".	7/22/2016 12:19 PM
10	1.12 and 1.14 aren't relevant only because they are already required for accredited institutions.	6/29/2016 8:07 PM
11	See comments regarding Objective 1.4	6/27/2016 12:31 PM
12	Yes they are very important for programs to keep their information updated biannually or annually for demonstrating the programs integrity to the general public. This is an important standard (as well as all of the standards) which separates the accredited programs from programs that are not.	6/13/2016 4:44 PM
13	I would like to comment on the 10 hours per day clinical rule. Many of our clinical sites offer 12 hour shifts, and I think the JRCERT should consider changing the 10 hour clinical day limit to 12 hour days to become more in line with what many of the department schedules are like, and to give programs a bit more freedom in scheduling clinical rotations.	4/29/2016 8:09 AM

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Q11 Are there any resources that you need to meet or improve program compliance with the Objectives of Standard One?

Answered: 118 Skipped: 367

#	Responses	Date
1	No, the sample site visitor topics and the required response and documentation items were very helpful when deciding what to say and what exhibit to use for each objective.	10/11/2016 4:02 PM
2	No.	10/11/2016 11:56 AM
3	no	10/11/2016 10:50 AM
4	No. I feel that your workshops are helpful for new program officials and also when working on a self study, interim report, etc. for the first time.	10/5/2016 3:30 PM
5	no	10/4/2016 9:14 AM
6	No	10/3/2016 8:03 PM
7	no	10/1/2016 2:51 PM
8	no	9/30/2016 2:34 PM
9	no.	9/30/2016 11:33 AM
10	No	9/30/2016 9:04 AM
11	no	9/28/2016 2:43 PM
12	no	9/27/2016 10:31 AM
13	not that I am aware of at this time	9/27/2016 10:05 AM
14	no	9/27/2016 8:52 AM
15	None	9/27/2016 8:44 AM
16	Standard 1.15 - "Has procedures for maintaining the integrity of distance education courses." - help the programs identify ways to demonstrate that they are maintaining the integrity of the online education. Examples would help, integrity vs security.	9/26/2016 6:45 PM
17	no	9/26/2016 3:48 PM
18	no	9/26/2016 12:46 PM
19	No	9/26/2016 11:41 AM
20	how do you measure respect?	9/26/2016 9:58 AM
21	no	9/26/2016 8:09 AM
22	no	9/24/2016 5:31 PM
23	no	9/23/2016 4:00 PM
24	it might be helpful to coordinate specialty specific working groups within the JRCERT.	9/23/2016 1:58 PM
25	No	9/23/2016 12:51 PM
26	no	9/23/2016 10:25 AM
27	no	9/23/2016 10:18 AM
28	No	9/22/2016 4:24 PM
29	We need more specific guidelines on advisory committee membership to ensure the appropriate people in our communities of interest are included. I also believe there needs to be a limitation to the number of clinical instructors.	9/22/2016 3:13 PM
30	No	9/22/2016 2:06 PM

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31	No	9/22/2016 1:45 PM
32	not really	9/22/2016 1:31 PM
33	no	9/22/2016 1:07 PM
34	No	9/22/2016 1:03 PM
35	I need to have power over my program. If I have a problem, I have no ability to correct the problem because I have all the responsibility of the program and no power. I am not in charge of my clinical coordinator.	9/22/2016 12:45 PM
36	Public access to program policies and clinical expectations.	9/22/2016 12:43 PM
37	No	9/22/2016 11:55 AM
38	No	9/22/2016 11:47 AM
39	No	9/22/2016 11:46 AM
40	No	9/22/2016 11:31 AM
41	no	9/22/2016 11:25 AM
42	No	9/22/2016 11:04 AM
43	Part of the integrity standard should be assurance that the self study narratives are ONLY products of the program director and not adulterated by "handlers" within the sponsoring institution.	9/22/2016 10:36 AM
44	None noted...	9/22/2016 10:32 AM
45	No	9/22/2016 10:19 AM
46	NO	9/22/2016 10:03 AM
47	none	9/22/2016 9:59 AM
48	Possibly a short video available on the website to show the students during orientation that speaks to the standards and how to contact the JRC regarding allegations against their specific program.	9/22/2016 9:53 AM
49	No	9/22/2016 9:48 AM
50	No	9/22/2016 9:09 AM
51	No	9/22/2016 9:06 AM
52	No	9/22/2016 9:02 AM
53	no	9/22/2016 8:51 AM
54	For objective 1.3, under required program response it states to "submit evening and/or weekend rotation(s) calculations. I was under the impression that there was a form that I needed to submit with the self-study as supportive evidence for this objective. However, in an accreditation seminar, I learned that a form did not exist. Would it be possible to explain that this information is required as part of the narrative or further explained to the program director? I submitted the hours as part of my narrative for the self-study. Additionally, would it be possible to explain that make-up clinical time should be addressed under objective 1.3? Or if it is not needed as part of the narrative, describe this as part of the possible site visitor evaluation methods or part of the required program response?	9/22/2016 8:43 AM
55	no	9/22/2016 8:36 AM
56	no	9/22/2016 8:33 AM
57	None	9/22/2016 8:22 AM
58	No	9/22/2016 7:59 AM
59	no	9/22/2016 7:54 AM
60	no	9/22/2016 7:43 AM
61	No	9/22/2016 7:41 AM
62	No	9/22/2016 7:37 AM
63	having everyone understand that fair and equitable are not always the same. If a program is truly competency based, then everything may not be equitable, but yet could be "fair". This should be an institutional prerogative to demonstrate they have a competency based program that allows for flexibility to meet competencies accomplishments.	9/22/2016 7:30 AM
64	Examples of what constitutes "Representations to communities of interest and the public".	9/22/2016 7:27 AM

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65	No	9/22/2016 7:18 AM
66	No	9/22/2016 7:01 AM
67	no known at this time.	9/22/2016 6:53 AM
68	No	9/22/2016 6:48 AM
69	No, our program recently added a policy regarding mammography rotations to stay in compliance with the JRC's decision for students being allowed these rotations.	9/22/2016 6:31 AM
70	None at this time.	9/22/2016 6:28 AM
71	no	9/21/2016 9:03 PM
72	No	9/21/2016 8:50 PM
73	No	9/21/2016 7:35 PM
74	No.	9/21/2016 7:00 PM
75	No	9/21/2016 6:32 PM
76	No	9/21/2016 6:29 PM
77	No.	9/21/2016 6:03 PM
78	No	9/21/2016 6:00 PM
79	Formula for maximum number of students at any particular clinical site.	9/21/2016 5:47 PM
80	More clarification with objective 1.3	9/21/2016 5:42 PM
81	No	9/21/2016 5:36 PM
82	No	9/18/2016 11:33 AM
83	Link any associating policy with relevant objective.	9/9/2016 5:11 PM
84	No	7/31/2016 9:05 PM
85	No	7/22/2016 12:19 PM
86	JRCERT inspections do not seem to address the respect of Staff during inspections. During our last inspection, I told the inspector directly that I felt that administration did not provide adequate staffing for the school or support staff, but so far as I know this was never addressed.	7/22/2016 10:31 AM
87	More examples for "fair and equitable"	7/13/2016 3:03 PM
88	No	6/30/2016 11:50 AM
89	No	6/29/2016 8:07 PM
90	no	6/29/2016 11:54 AM
91	None I can think of	6/28/2016 4:52 PM
92	None noted at this time.	6/27/2016 12:31 PM
93	No	6/26/2016 11:25 AM
94	Employment opportunity at Nova Care sports med department as a receptionist Status: Relocation to NYC NYC Employment is needed And submitted to my nova care employer	6/13/2016 4:56 PM
95	None	6/13/2016 4:44 PM
96	No	6/13/2016 7:56 AM
97	No	6/7/2016 2:23 PM
98	No.	6/2/2016 2:24 PM
99	no	6/2/2016 10:42 AM
100	none known	5/25/2016 3:17 PM
101	Printed copy is obsolete, so online info is most current and should be used as verification for meeting this standard.	5/20/2016 9:41 AM
102	no	5/19/2016 1:06 PM

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103	N/A	5/9/2016 2:11 PM
104	No	5/9/2016 10:55 AM
105	no	5/4/2016 1:10 PM
106	No	5/4/2016 11:36 AM
107	No	5/4/2016 8:50 AM
108	Asked for too many exhibits that stated the same information.	5/4/2016 7:55 AM
109	No	4/29/2016 4:53 PM
110	No	4/29/2016 12:52 PM
111	No	4/29/2016 12:23 PM
112	Demonstration that the sponsoring institution is regionally accredited should be sufficient to meet compliance with 1.12, 1.13 and 1.14	4/29/2016 9:47 AM
113	1.11 should be more clearly laid out as to how to adhere to this	4/29/2016 9:12 AM
114	It would be nice to have a sample survey for all programs to use. It doesn't mean it has to be that one survey for everyone, but at least a framework so all programs are getting the same essential data.	4/29/2016 7:13 AM
115	No	4/28/2016 2:01 PM
116	no	4/28/2016 11:31 AM
117	no	4/28/2016 10:13 AM
118	NO	4/27/2016 4:47 PM

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Q12 Are there additional content areas (objectives) that should be included under Standard One?

Answered: 101 Skipped: 384

#	Responses	Date
1	Not to my knowledge, it's already very large.	10/11/2016 4:02 PM
2	No.	10/11/2016 11:56 AM
3	no	10/11/2016 10:50 AM
4	no	10/4/2016 9:14 AM
5	no	10/3/2016 8:03 PM
6	no	10/1/2016 2:51 PM
7	no	9/30/2016 2:34 PM
8	don't think so.	9/30/2016 11:33 AM
9	I believe that there shouldn't be any biases toward classroom vs. online learning in the eyes of site visitors.	9/30/2016 9:04 AM
10	no	9/28/2016 2:43 PM
11	no	9/27/2016 10:31 AM
12	no	9/27/2016 10:05 AM
13	no	9/27/2016 8:52 AM
14	None	9/27/2016 8:44 AM
15	n/a	9/26/2016 6:45 PM
16	no	9/26/2016 3:48 PM
17	no	9/26/2016 12:46 PM
18	No	9/26/2016 11:41 AM
19	no	9/26/2016 8:09 AM
20	no	9/24/2016 5:31 PM
21	no	9/23/2016 4:00 PM
22	No	9/23/2016 1:58 PM
23	No	9/23/2016 12:51 PM
24	no	9/23/2016 10:25 AM
25	no	9/23/2016 10:18 AM
26	No	9/22/2016 4:24 PM
27	No	9/22/2016 2:06 PM
28	No	9/22/2016 1:45 PM
29	no	9/22/2016 1:31 PM
30	no, too many as it is.	9/22/2016 1:07 PM
31	No	9/22/2016 1:03 PM
32	No	9/22/2016 11:55 AM
33	No	9/22/2016 11:47 AM

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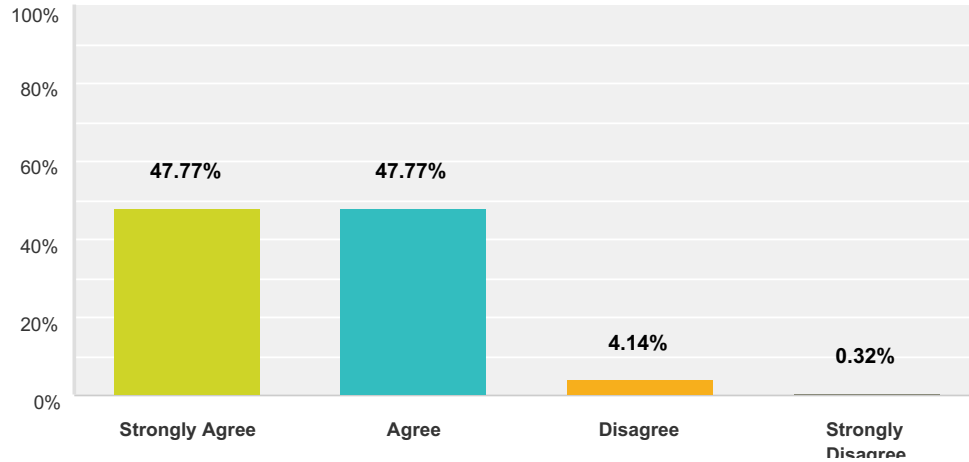
34	No	9/22/2016 11:46 AM
35	No	9/22/2016 11:31 AM
36	no	9/22/2016 11:25 AM
37	none at this time	9/22/2016 11:04 AM
38	See above.	9/22/2016 10:36 AM
39	None noted...	9/22/2016 10:32 AM
40	No	9/22/2016 10:19 AM
41	NO	9/22/2016 10:03 AM
42	no	9/22/2016 9:59 AM
43	No	9/22/2016 9:48 AM
44	No	9/22/2016 9:09 AM
45	No	9/22/2016 9:06 AM
46	No	9/22/2016 9:02 AM
47	no	9/22/2016 8:51 AM
48	N/A	9/22/2016 8:43 AM
49	no	9/22/2016 8:36 AM
50	no	9/22/2016 8:33 AM
51	None noted to be added	9/22/2016 8:22 AM
52	No	9/22/2016 7:59 AM
53	no	9/22/2016 7:54 AM
54	no	9/22/2016 7:43 AM
55	No	9/22/2016 7:41 AM
56	No	9/22/2016 7:37 AM
57	No	9/22/2016 7:18 AM
58	No	9/22/2016 7:01 AM
59	no known at this time.	9/22/2016 6:53 AM
60	No	9/22/2016 6:48 AM
61	No	9/22/2016 6:31 AM
62	None at this time.	9/22/2016 6:28 AM
63	no	9/21/2016 9:03 PM
64	No	9/21/2016 8:50 PM
65	No.	9/21/2016 7:00 PM
66	No	9/21/2016 6:32 PM
67	No	9/21/2016 6:29 PM
68	No.	9/21/2016 6:03 PM
69	No	9/21/2016 5:36 PM
70	No	9/18/2016 11:33 AM
71	No	7/31/2016 9:05 PM
72	None	7/22/2016 12:19 PM
73	No	6/30/2016 11:50 AM

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74	Operational hours are defined as 5.00 a.m. to 7.00 p.m. This section could benefit from a clarification in regards to some procedures that run later than 7.00 p.m. e.g. IMRT QA. We adjust the clinic start time on days such as these to still meet the 10-hr/day limit.	6/30/2016 8:27 AM
75	No.	6/29/2016 8:07 PM
76	no	6/29/2016 11:54 AM
77	No	6/28/2016 4:52 PM
78	None noted at this time.	6/27/2016 12:31 PM
79	No	6/26/2016 11:25 AM
80	Preparatory standards Two months of standard medical office receptionist clerical duties /w exception to Billing & Accounting Only Transcripts, Record keeping, Charts, and other Pre nursing prefession responsibilities updates before Permanent hiring Part time 20 to 25 hrs or 40hrs	6/13/2016 4:56 PM
81	No	6/13/2016 4:44 PM
82	No	6/13/2016 7:56 AM
83	No	6/7/2016 2:23 PM
84	No.	6/2/2016 2:24 PM
85	no	6/2/2016 10:42 AM
86	none known	5/25/2016 3:17 PM
87	NO	5/20/2016 9:41 AM
88	no	5/19/2016 1:06 PM
89	N/A	5/9/2016 2:11 PM
90	No	5/9/2016 10:55 AM
91	no	5/4/2016 1:10 PM
92	No	5/4/2016 11:36 AM
93	No	5/4/2016 8:50 AM
94	No	4/29/2016 4:53 PM
95	No	4/29/2016 12:52 PM
96	No	4/29/2016 12:23 PM
97	No	4/29/2016 7:13 AM
98	No	4/28/2016 2:01 PM
99	no	4/28/2016 11:31 AM
100	no	4/28/2016 10:13 AM
101	NO	4/27/2016 4:47 PM

Q13 The objectives for Standard Two are clear (the program understands the intent of the objectives).

Answered: 314 Skipped: 171



Answer Choices	Responses	
Strongly Agree	47.77%	150
Agree	47.77%	150
Disagree	4.14%	13
Strongly Disagree	0.32%	1
Total		314

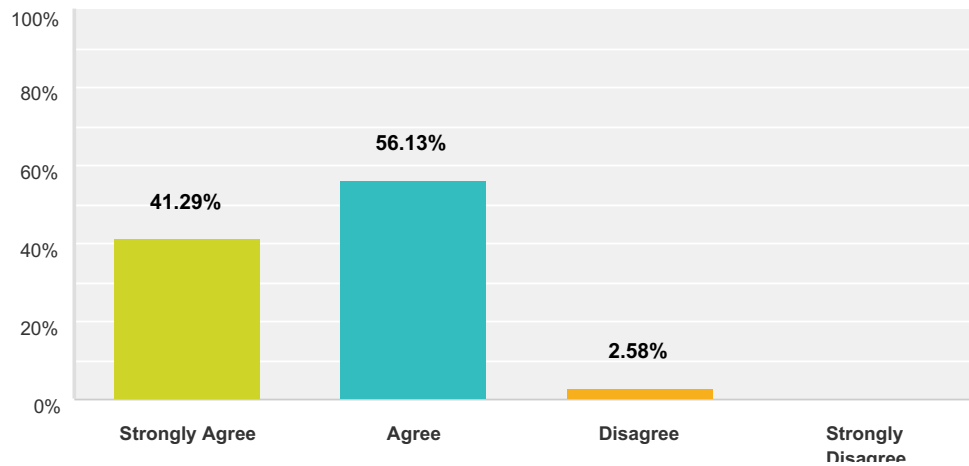
#	If Disagree or Strongly Disagree, please indicate area(s) of concern.	Date
1	How does the master plan of education fit into 2.1?	10/3/2016 8:12 PM
2	2.2 - faculty teaching loads MUST be consistent with comparable ... Radiography programs are unique and different from nursing school schedules	9/30/2016 2:40 PM
3	Further clarification may be needed for some programs with more than five facilities and more than 30 students. It's rather open ended with the possibility of interpretation that may not provide the adequate supervision by faculty/coordinators.	9/26/2016 3:51 PM
4	Provide more clarity regarding "resources"	9/26/2016 12:12 PM
5	Standard 2.2 requires a full time program director. I have had a very difficult time getting clarification from the JRCERT on satisfying this standard. It seems that the JRCERT allows for the full time program director to also serve as program to other JRCERT accredited programs and it also allows for the program director to perform clinical work, which is good for the program, in my opinion. So, what does it mean to be a full time director of a program? The job of program director often does not require full time effort to strictly directing the program. Is the rationale for the full time requirement to assure that the program director is available to the program full time? The JRCERT must clarify to itself, what is the rationale for this requirement and then re-word this standard to fit the rationale. A program director of a single program with an enrollment of 3-5 students per year does not require the same effort from an individual who is a program director for 2 programs with 20 students each, but the standard does not distinguish between the two situations.	9/23/2016 3:14 PM
6	We are asked to provide a narrative on this, but the truth never comes out due to institutional oversight of what we are submitting. There needs to be minimum measurable, objective criteria of what a high quality program requires to operate. Nursing programs have had this for years and they end up with many more resources than the radiography programs housed within the same institutions. The objectives are so ambiguous that they are meaningless, giving institutional "handlers" infinite opportunity to put a spin on inadequate circumstances.	9/22/2016 10:36 AM

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7	The intent of the standard is clear, but can it be clearer...probably. Are we talking about professional development funds or time off? State of the art technology for teaching and testing? Sufficient budgetary support? Presence of support personnel?	9/22/2016 8:39 AM
8	Thought - Standard 2.5 seems to fit under Standard 6 - "Clinical Settings"	9/22/2016 6:29 AM
9	In 2.5 clarification of clinical instructor and the number of days/hours they must be present. If the clinical instructor is present only one day of the week, is that sufficient when students are there M-F.	9/21/2016 5:53 PM
10	The objectives should place a limit on the amount of clock hours a Program Director and Clinical Coordinator can spend in the classroom. The program director should spend no more than 15 hours/semester or term in classroom and or lab activities. The clinical coordinator should spend no more than 12 hours/semester or term in classroom and or lab activities.	7/22/2016 12:24 PM
11	What is "sufficient"? My program has no dedicated staff to the program. All instructors and staff teach in addition to a full time clinical case load. I specifically mentioned this to our inspector.	7/22/2016 10:37 AM
12	Under the Explanation section for 2.2, certain requirements for PDs, CCs and CIs are discussed in relation to student numbers, but no mention is made of didactic faculty. If the Standards can require a 1:10 ratio for CIs to students in the clinical setting, for example, why is there no corollary ratio published for students in the classroom? It seems to me that such a ratio would provide an effective benchmark for ensuring didactic faculty numbers are adequate, which is a vague term, and help programs in the determination of how much clerical support is actually needed and warranted.	6/28/2016 5:07 PM
13	Objective 2.2 - suggested that this objective should include the time frame for submission of documentation for new faculty/clinical instructor recognition.	6/27/2016 12:31 PM
14	Who defines "sufficient resources"? This is very vague, especially considering how program sponsors are trying to cut back on anything they can. There needs to be specific examples of "sufficient resources". What the program sponsor thinks is sufficient may not be sufficient at all.	5/5/2016 9:55 AM
15	Intent is understood, but it does not recommend strongly enough or mandate minimum release time for administrative duties, the recommendation that load and release time be comparable to other allied health programs is generally overlooked unless the accrediting body takes a firm stand. Board of Nursing Statement: The program director shall have non-teaching time sufficient to allow for program organization, administration, continuous review, planning, and development. JRCERT Faculty teaching loads and release time must be consistent with those of comparable faculty in other health science (allied health) programs in the same institution Should read more like nursing	5/4/2016 1:43 PM
16	2.3 - it should be clearer that funding for professional development is needed as a way to "be available to program faculty"	5/2/2016 7:12 AM
17	Please define the JRCERT definition of Full-time, in terms of program director (12 month employee, 9 month). With budgets being sliced, community colleges are looking for ways to cut 12 month employees back to 10 month or 9 month with any hours worked during the summer paid as an hourly wage. More definitive terms for "full-time" is necessary to help community college administration recognize the critical importance of a 12 month program director who is available 24/7.	4/29/2016 8:34 AM

Q14 There are NO redundancies associated with Standard Two.

Answered: 310 Skipped: 175

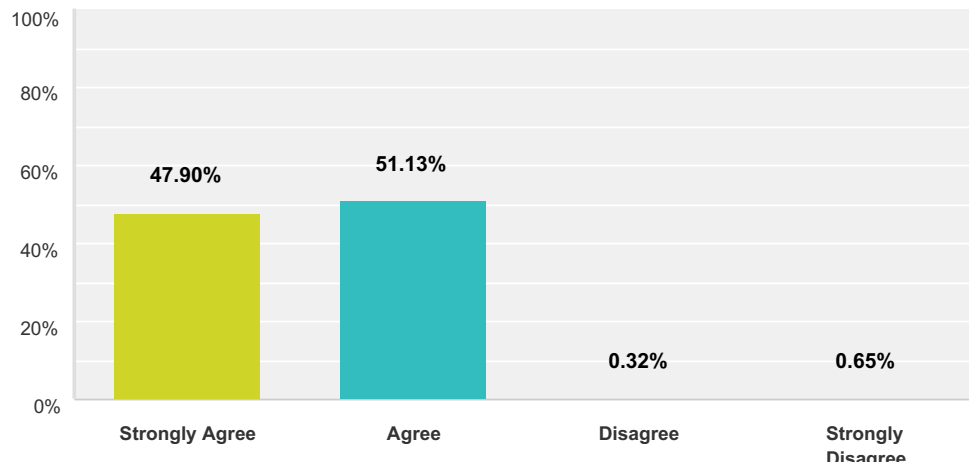


Answer Choices	Responses	
Strongly Agree	41.29%	128
Agree	56.13%	174
Disagree	2.58%	8
Strongly Disagree	0.00%	0
Total		310

#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	This standard is much more clear in the 2014 version of the standards. That being said, I still don't understand having to address objectives such as 2.5---I think all affiliations and recognitions should be kept in the same standard to avoid repeating the same information across multiple standards.	10/11/2016 4:05 PM
2	The JRCERT asks for a description of the number of faculty and clinical staff and review position descriptions , but then does not seem to need information about part time faculty , perhaps state full time faculty only ?	10/3/2016 8:12 PM
3	2.5 Assures JRCERT recognition of all clinical settings 6.4 Establishes and maintains affiliation agreement with clinical settings. Consider combining these two objectives Once approved by the JRCERT, each site must maintain affiliation agreements with clinical settings. Part of assuring on-going recognition could be part of the agreement.	9/23/2016 2:19 PM
4	I would like to see this defined a bit more. This could mean adequate staffing provided to the program or could the word resources also mean up to date equipment in order to demonstrate the newest technologies for their students.	9/22/2016 7:38 AM
5	2.1 and 2.2 and 2.4 can all be combined	8/11/2016 7:04 PM
6	Only in some interpretation of 3.8	7/13/2016 3:12 PM
7	concerning 2.7 - requiring a print or electronic library with a variety of materials published within the last five years is redundant.	6/29/2016 12:03 PM
8	Please keep the faculty full and part-time requirements spelled out. This has assured greater student supervision when college would like to replace all full time with adjunct instructors. Standard 2.3 Continued professional development: Might add clarification that faculty should not have to take or use vacation or personal time to achieve development. This should be part of the required job. Clerical support needs to be stronger.... to include program support with annual required JRCERT processes and accreditation.	5/20/2016 9:48 AM
9	Again, too many of the same exhibits that were used in #1.	5/4/2016 7:58 AM

Q15 The Objectives of Standard Two are relevant.

Answered: 309 Skipped: 176



Answer Choices	Responses	
Strongly Agree	47.90%	148
Agree	51.13%	158
Disagree	0.32%	1
Strongly Disagree	0.65%	2
Total		309

#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	I feel that 2.5 should go into Standard 6.	9/22/2016 10:10 AM
2	2.5 Assures JRCERT recognition of all clinical settings. This objective is just a process of jumping through hoops: The JRCERT will almost allow any type of document to indicate a CES is appropriate. In 2016, imaging facilities (e.g., hospitals, medical centers, physician offices) can provide some type of "proof" they have been reviewed by some organization. I agree a CI should be identified at each site, but the "proof" (e.g, TJC) is just a labor intensive and it appears the staff will eventually accept "something" to document compliance with the objective.	8/31/2016 1:25 PM
3	I especially like the requirement to facilities comparable to other allied health programs. It is about time that RAD TECH gets treated like the other allied health professions.	7/13/2016 1:29 PM
4	This is an important part of having quality programs.	6/13/2016 4:48 PM
5	2.5 Recognition of clinical sites. Many health career programs do not require their accrediting organization's approval to affiliate. The process is time consuming for everyone involved and can delay assigning students. If we are outcomes driven the outcomes will demonstrate the affiliation is working. The process is just a paper trail that is not needed. If there are shared sites then JRCERT approval should be required.	5/3/2016 9:22 AM

Q16 Are there any resources that you need to meet or improve program compliance with the Objectives of Standard Two?

Answered: 106 Skipped: 379

#	Responses	Date
1	No, it's organized well---	10/11/2016 4:05 PM
2	No.	10/11/2016 11:56 AM
3	no	10/4/2016 9:14 AM
4	no	10/3/2016 8:12 PM
5	no	10/1/2016 2:51 PM
6	no	9/30/2016 2:40 PM
7	no.	9/30/2016 11:33 AM
8	No	9/30/2016 9:04 AM
9	no	9/28/2016 2:44 PM
10	no	9/27/2016 11:03 AM
11	Not that I am aware of at this time	9/27/2016 10:06 AM
12	None	9/27/2016 8:46 AM
13	NO	9/27/2016 8:07 AM
14	no	9/26/2016 3:51 PM
15	no	9/26/2016 12:50 PM
16	no	9/26/2016 8:09 AM
17	no	9/24/2016 5:34 PM
18	Perhaps an online module on budgeting and developing a program budget.	9/23/2016 2:18 PM
19	No	9/23/2016 12:52 PM
20	no	9/23/2016 10:25 AM
21	no	9/23/2016 10:22 AM
22	No	9/22/2016 4:26 PM
23	Increased explanation of the resources the supporting institution is required to supply.	9/22/2016 3:14 PM
24	No	9/22/2016 1:52 PM
25	Resources within each institution can be very different. If providing professional development is required by the institution then it should be spelled out.	9/22/2016 1:32 PM
26	no	9/22/2016 1:08 PM
27	No	9/22/2016 1:05 PM
28	no	9/22/2016 1:03 PM
29	No	9/22/2016 1:01 PM
30	Clerical support lately has been spotty.	9/22/2016 12:48 PM
31	No	9/22/2016 11:56 AM
32	No	9/22/2016 11:48 AM
33	No	9/22/2016 11:47 AM

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34	no	9/22/2016 11:25 AM
35	No	9/22/2016 11:05 AM
36	None noted...	9/22/2016 10:52 AM
37	Objective, specific criteria as stated above.	9/22/2016 10:36 AM
38	No	9/22/2016 10:20 AM
39	NO	9/22/2016 10:03 AM
40	none	9/22/2016 10:01 AM
41	No	9/22/2016 9:49 AM
42	More financial support from state funding of college	9/22/2016 9:17 AM
43	No	9/22/2016 9:10 AM
44	No	9/22/2016 9:07 AM
45	No	9/22/2016 9:04 AM
46	no	9/22/2016 8:52 AM
47	For objective 2.2, could the explanation include the JRCERT's point of view regarding load release time for the clinical coordinator and program director?	9/22/2016 8:48 AM
48	no	9/22/2016 8:48 AM
49	I would modify the description of standard 2.2. A full time equivalent clinical coordinator (add) consistent with the sponsoring institution. Also thoughts to consider. I currently have 7 sites with only 13 students total for both years in a radiation therapy program. The maximum capacity for my largest site is 4. Other programs may have 2 sites with their maximum capacity for one site is 10. In essence they can have in one site more than I can have in 3 of my sites. In my opinion, the number of students would be more important than the number of sites.	9/22/2016 8:33 AM
50	None	9/22/2016 8:23 AM
51	Yes concerning 2.2. Better define or give examples of "faculty load with comparable faculty in other health sciences programs." College administration wants it spelled. Grey areas lead to overloaded program directors.	9/22/2016 8:07 AM
52	no	9/22/2016 7:56 AM
53	The JRCERT should be more strict when describing the responsibilities of a clinical coordinator. The wording is too vague and it allows college administration to set the rules as to what is and is not a clinical coordinator	9/22/2016 7:52 AM
54	no	9/22/2016 7:44 AM
55	Not from the JRC, but from our institution which is already in financial crisis.	9/22/2016 7:44 AM
56	no	9/22/2016 7:37 AM
57	evidence of support, budget, purchased supplies, conducive learning environment can be evidence, number of faculty / student ratio, comparable faculty / student ratio to other health related programs.	9/22/2016 7:33 AM
58	No	9/22/2016 7:20 AM
59	2.2 sample teaching loads and release time	9/22/2016 7:09 AM
60	No	9/22/2016 6:50 AM
61	No	9/22/2016 6:34 AM
62	None at this time.	9/22/2016 6:29 AM
63	I feel like we really need three full time instructors at times. Maybe a standard recommendation on pay that ensures instructor as good or better pay then technologist	9/21/2016 9:07 PM
64	No	9/21/2016 8:52 PM
65	None	9/21/2016 7:36 PM
66	No.	9/21/2016 7:08 PM
67	No	9/21/2016 6:33 PM
68	No	9/21/2016 6:30 PM

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69	No.	9/21/2016 6:04 PM
70	No	9/21/2016 6:00 PM
71	Additional financial resources and/or time to utilize resources. Time and money are tight throughout many educational institutions that it has become more difficult to accomplish this.	9/21/2016 5:39 PM
72	No	9/18/2016 11:33 AM
73	College or University sponsored programs should be mandated to provide all necessary resources: faculty , staff, equipment, clinical affiliations, training materials. In addition, minimal numbers of faculty members should be included for higher education administrators reference. I also, think there should be a limit placed on the number of clinical affiliates a program should be allowed to have. This allows for multiple programs to acquire sites. When there is a question of sharing a site this can have a very negative and potentially harmful impact on programs that are faced with meeting the demands of their educational institutions regarding tuition increases and increases in student enrollment this then becomes difficulty to provide the required resource for training purposes.	9/13/2016 9:50 PM
74	Link associating policies with relevant objectives.	9/9/2016 5:13 PM
75	No	7/31/2016 9:08 PM
76	No	7/22/2016 12:24 PM
77	NO	6/30/2016 11:51 AM
78	No	6/29/2016 8:10 PM
79	None, other than what is mentioned in question 13	6/28/2016 5:07 PM
80	sufficient financial & administrative support is vague. I would expect that many faculty would prefer more support from each of those areas	6/27/2016 2:49 PM
81	See comment for 2.2	6/27/2016 12:31 PM
82	No	6/26/2016 11:27 AM
83	So that upon my return to POCM via U of Science Philadelphia I have gained the knowledge needed to Remain with Nova care medical office as a Receptionist with acceptable experience	6/13/2016 4:58 PM
84	None	6/13/2016 4:48 PM
85	No	6/13/2016 7:57 AM
86	No	6/7/2016 2:24 PM
87	No	6/7/2016 1:17 PM
88	No.	6/2/2016 2:26 PM
89	no	6/2/2016 10:42 AM
90	none known	5/25/2016 3:19 PM
91	no	5/19/2016 1:07 PM
92	N/A	5/9/2016 2:12 PM
93	Educational budget cuts in our state may start to cut into the fiscal support that we currently have.	5/9/2016 10:59 AM
94	A guideline for what might be considered clerical support, administrative and faculty offices would be helpful in trying to secure these services.	5/4/2016 2:46 PM
95	no	5/4/2016 1:11 PM
96	No	5/4/2016 11:37 AM
97	No	5/4/2016 8:51 AM
98	Yes--ability to continually update laboratory equipment to keep up with changes in profession.	4/29/2016 4:56 PM
99	No	4/29/2016 12:53 PM
100	No	4/29/2016 12:26 PM
101	Of course, like many programs, finances are tight. We could always use more money in the budget; but that is not really anything that JRCERT can mandate.	4/29/2016 8:11 AM

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102	YES The statement for consistent release time for faculty as compared to other health science faculty needs to have something with 'teeth'. A specific description from the JRCERT of the expected duties of a program director would help with the teaching loads. A specific statement about how much professional development (PD) must be offered would help. Some colleges lump health sciences and general education faculty into the same need for PD and it just isn't. Support services need to be delineated.	4/29/2016 7:21 AM
103	No	4/28/2016 2:01 PM
104	no	4/28/2016 11:33 AM
105	no	4/28/2016 10:15 AM
106	NO	4/27/2016 4:47 PM

Q17 Are there additional content areas (objectives) that should be included under Standard Two?

Answered: 93 Skipped: 392

#	Responses	Date
1	N/A	10/11/2016 11:56 AM
2	no	10/4/2016 9:14 AM
3	no	10/3/2016 8:12 PM
4	no	10/1/2016 2:51 PM
5	no	9/30/2016 2:40 PM
6	don't think so.	9/30/2016 11:33 AM
7	No	9/30/2016 9:04 AM
8	no	9/28/2016 2:44 PM
9	no	9/27/2016 11:03 AM
10	no	9/27/2016 10:06 AM
11	None	9/27/2016 8:46 AM
12	NO	9/27/2016 8:07 AM
13	no	9/26/2016 3:51 PM
14	no	9/26/2016 12:50 PM
15	no	9/26/2016 8:09 AM
16	no	9/24/2016 5:34 PM
17	No	9/23/2016 12:52 PM
18	no	9/23/2016 10:25 AM
19	no	9/23/2016 10:22 AM
20	No	9/22/2016 4:26 PM
21	One Instructor per 10 students should be added.	9/22/2016 2:34 PM
22	No	9/22/2016 1:52 PM
23	no	9/22/2016 1:08 PM
24	No	9/22/2016 1:05 PM
25	No	9/22/2016 1:01 PM
26	No	9/22/2016 11:56 AM
27	No	9/22/2016 11:48 AM
28	No	9/22/2016 11:47 AM
29	no	9/22/2016 11:25 AM
30	None that I know	9/22/2016 11:05 AM
31	None noted...	9/22/2016 10:52 AM
32	no	9/22/2016 10:36 AM
33	No	9/22/2016 10:20 AM

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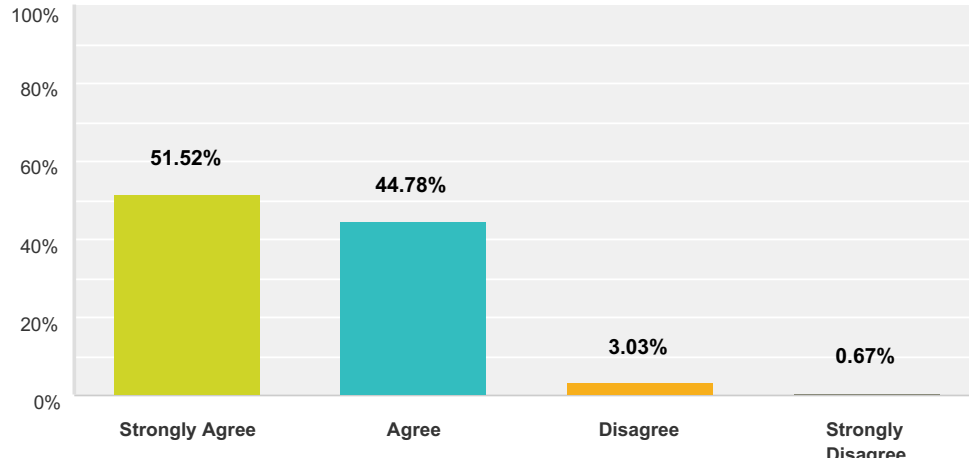
34	Provide the number of credit hours that the PD teaches. Provide the number of hours that the CC teaches. How are clinical hours considered at that educational facility. They should also include advising responsibilities for both.	9/22/2016 10:10 AM
35	NO	9/22/2016 10:03 AM
36	no	9/22/2016 10:01 AM
37	No	9/22/2016 9:49 AM
38	No	9/22/2016 9:10 AM
39	No	9/22/2016 9:07 AM
40	No	9/22/2016 9:04 AM
41	no	9/22/2016 8:52 AM
42	no	9/22/2016 8:48 AM
43	No	9/22/2016 8:23 AM
44	No	9/22/2016 8:07 AM
45	no	9/22/2016 7:56 AM
46	The JRCERT again needs to be more strict as to what is Full-time. I get paid for 30 hours per week to do a 50 hour per week job. If the Standards stated full time was 40 hours, more Program Directors would be paid for the time they put into the program.	9/22/2016 7:52 AM
47	no	9/22/2016 7:44 AM
48	No	9/22/2016 7:44 AM
49	no	9/22/2016 7:37 AM
50	No	9/22/2016 7:20 AM
51	no	9/22/2016 7:09 AM
52	It would make sense for site visit teams or the JRCERT to explore the number of instructors/officials on staff in a college (and if it is sufficient). Similar to how clinical sites are screened before they are recognized by the JRCERT.	9/22/2016 6:57 AM
53	No	9/22/2016 6:50 AM
54	No	9/22/2016 6:34 AM
55	None at this time	9/22/2016 6:29 AM
56	see above	9/21/2016 9:07 PM
57	No	9/21/2016 8:52 PM
58	No.	9/21/2016 7:08 PM
59	No	9/21/2016 6:33 PM
60	No	9/21/2016 6:30 PM
61	No.	9/21/2016 6:04 PM
62	No	9/21/2016 6:00 PM
63	No	9/21/2016 5:39 PM
64	No	9/18/2016 11:33 AM
65	No	7/31/2016 9:08 PM
66	No. Other than what I mentioned above.	7/22/2016 12:24 PM
67	No	6/30/2016 11:51 AM
68	No	6/29/2016 8:10 PM
69	No	6/28/2016 5:07 PM
70	none noted	6/27/2016 12:31 PM

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71	Admin help- in nursing programs there are requirements for specific instruction of topics and clerical help. Would like to see more of that with rad programs	6/26/2016 11:27 AM
72	Preparatory standards Two months of standard medical office receptionist clerical duties /w exception to Billing & Accounting Only Transcripts, Record keeping, Charts, and other Pre nursing prefession responsibilities updates before Permanent hiring Part time 20 to 25 hrs or 40hrs	6/13/2016 4:58 PM
73	No	6/13/2016 4:48 PM
74	No	6/13/2016 7:57 AM
75	No	6/7/2016 2:24 PM
76	no	6/7/2016 1:17 PM
77	No.	6/2/2016 2:26 PM
78	no	6/2/2016 10:42 AM
79	none known	5/25/2016 3:19 PM
80	no	5/19/2016 1:07 PM
81	N/A	5/9/2016 2:12 PM
82	Not at this time.	5/4/2016 2:46 PM
83	no	5/4/2016 1:11 PM
84	No	5/4/2016 11:37 AM
85	No	5/4/2016 8:51 AM
86	No	4/29/2016 4:56 PM
87	No	4/29/2016 12:53 PM
88	I request that the Standards include the wording "and staff" in addition to "faculty." In my program, the program director, clinical coordinator, clinical preceptors and our lab supervisor are not considered faculty by the college. For example, Objective 2.3 could read, "Provides faculty and staff with opportunities for continued professional development."	4/29/2016 12:26 PM
89	No	4/29/2016 7:21 AM
90	No	4/28/2016 2:01 PM
91	no	4/28/2016 11:33 AM
92	no	4/28/2016 10:15 AM
93	NO	4/27/2016 4:47 PM

Q18 The objectives for Standard Three are clear (the program understands the intent of the objectives).

Answered: 297 Skipped: 188



Answer Choices	Responses	
Strongly Agree	51.52%	153
Agree	44.78%	133
Disagree	3.03%	9
Strongly Disagree	0.67%	2
Total		297

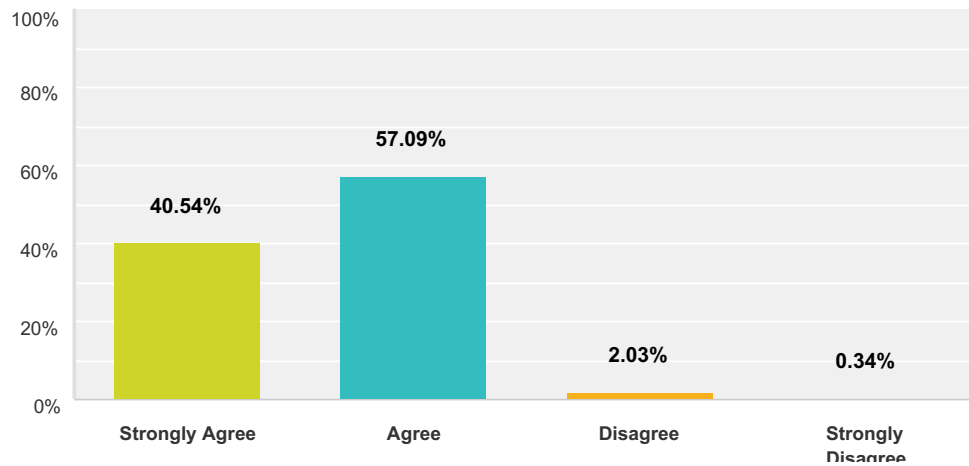
#	If Disagree or Strongly Disagree, please indicate area(s) of concern.	Date
1	Although objective 3.1 could possibly be part of Standard 1-Integrity.	9/28/2016 1:28 PM
2	The term "professional practice" should possibly be change to "entry-level" practice I am not certain if an Associate Degree level graduate is a "professional" by definition. To achieve a professional status ranking goes well beyond two years of training, etc.	9/27/2016 7:14 AM
3	I would change standard three to: The program's curriculum, clinical experience, and academic practices prepare students for professional practice.	9/22/2016 11:52 AM
4	3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program. As we all know, the vast majority of advising is done informally. As for a "procedure for advising students"? Is this necessary? What would it say that is not already said on faculty's job description? Advising is a duty. Having a "procedure" Does not assure advising actually occurs so I suggest NOT having this. Provide "sample records of student advisement". Delete "records" and have it simply say "Provide samples of student advisement." "Records" sounds like a student appointment log should be kept as to when the student and instructor met. Deleting "records" would leave it open to the program to provide any type of form or document.	9/22/2016 9:05 AM
5	3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies. this statement needs to be clarified. If the intent is that students in, for example a radiography program, need to have rotations in MR, ultrasound, etc. then I don't believe that should be a requirement. Right now we have enough to get through the required curriculum without a mandate that they also be able to rotate to specialty areas. The objective needs to be clarified to make it clear as to the intent.	9/22/2016 6:40 AM

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6	3.3: Advisement or recommendation as to what the JRCERT feels is a valid amount of time for students to participate in clinical experiences in the various modalities. For example, one day in each, three days in each, one week etc. It is understandable that all students should be provided the opportunity to rotate in all imaging and/or therapeutic technologists but more clarification as to what JRCERT feels is a valid experience in regards to length of time may be beneficial. Students, clinical staff and advisory board members may differ in what they feel is an appropriate amount of time to assure adequate experiences and clear understanding of these imaging areas.	9/21/2016 5:52 PM
7	Objective 3.1 addresses periodic review of mission, but it fails to mention that any change in program mission or sponsoring institution's mission triggers a substantive change. If you link the associating policy, then compliance is greater. Objective 3.2 states that "expansion of the curricular content beyond the minimum is at the discretion of the program.". This statement conflicts with policy 11.408 depending upon the number of courses and the format.	9/9/2016 5:24 PM
8	Words in this section like "professional " and "appropriate " as well as "timely " may need to be more clearly defined. Some interpretations of this can be a little loose.	7/13/2016 3:16 PM
9	Objective 3.2 is a bit frustrating. If JRCERT is using the latest ASRT curriculum it is a bit frustrating that the ASRT curriculum is not updated more frequently to match the ARRT specification changes made. An example of this is film-screen. If this is no longer on boards as of 1/17 why would it be still part of a program's curriculum especially with all the new digital information that will need to be added to the RT curriculum. ASRT and ARRT need to sync their requirements with the curriculum. Not sure why the ASRT is so far behind!!!!	6/30/2016 11:59 AM
10	Objective 3.2 - suggested to revise and add in language addressing curriculum sequencing.	6/27/2016 12:36 PM
11	Curriculum section needs to accept statewide curriculum or at least address it. In Wisconsin all Tech colleges utilize the same curriculum, this should be noted for site visits.	5/20/2016 9:55 AM
12	Objective 3.3 vague. What is an example of a developing technology in Radiography that students should be exposed to?	5/19/2016 1:18 PM
13	For most programs, not all, graduates/students are less prepared for the real world then ever before. Programs require less rigor, especially when it comes to the performance of patient examinations and procedures. You can choose if and when you want to perform patient examinations. They don't have to show up and perform, they can watch until they are comfortable. That is not the real world.	5/4/2016 1:53 PM
14	3.9 Evaluation of faculty and what is required is vague. There are faculty that work for the sponsor and faculty that do not.	5/3/2016 9:27 AM
15	3.3--Provides learning opportunities in current and developing imaging and/or therapeutic technologies. Is the intent of this objective that students must be offered the opportunity to rotate to MR, Mammography, IR, etc. If so why if it is an entry-level program?	4/29/2016 4:59 PM
16	Standard 3.6- provide inclusive list of components required in the master plan.	4/29/2016 8:34 AM

Q19 There are NO redundancies associated with Standard Three.

Answered: 296 Skipped: 189

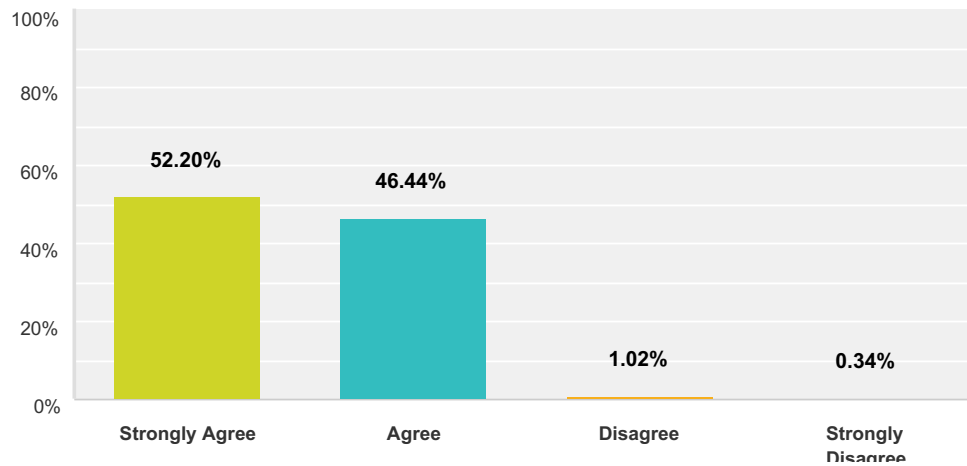


Answer Choices	Responses	
Strongly Agree	40.54%	120
Agree	57.09%	169
Disagree	2.03%	6
Strongly Disagree	0.34%	1
Total		296

#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	I don't know why mission statement falls in standard one, standard three and then again in standard five. I liked it when all mission, goals, assessment, etc. was in one standard only...	10/11/2016 4:07 PM
2	There are redundancies; however, the redundant content usually pertains to complex concepts for which redundancy is beneficial.	9/22/2016 9:51 AM
3	Refer to 2.2 and interpretation.	7/13/2016 3:16 PM
4	Standard 3.1 seems to be somewhat redundant with Standard 1.10.	6/2/2016 2:30 PM
5	3.9 Define regularly evaluated. does this mean annually, biannually etc.	5/20/2016 9:55 AM
6	1. I believe that Objective 3.1 is also addressed in Standard Five, Objectives 5.4 and 5.5 in relation to the periodic evaluation/revision of the mission as it relates to goals and student outcomes. In my program, the mission, goals and student learning outcomes are all part of our master assessment plan so in my case, there was redundancy. 2. I believe Objective 3.7 is somewhat redundant with Objective 2.8 in terms of academic and behavioral advising. It is difficult to address student support services for learning (2.8) without also describing the process surrounding making those services available (advising as mentioned in 3.7). 3. I found that I was trying to determine if the JRCERT differentiated between program-provided student support vs. college-provided student support and whether there are preferences or expectations regarding either. For example, if the college provides comprehensive counseling services, is that sufficient or will the program be expected to have its own support initiatives? I could envision both or either working effectively depending on the program, but what does the JRCERT expect?	4/29/2016 12:41 PM

Q20 The Objectives of Standard Three are relevant.

Answered: 295 Skipped: 190



Answer Choices	Responses	
Strongly Agree	52.20%	154
Agree	46.44%	137
Disagree	1.02%	3
Strongly Disagree	0.34%	1
Total		295

#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	3.1 Perhaps clarify periodically. Does the JRCERT encourage this periodic review monthly/quarterly and is this review something that should be clearly documented on the assessment plan.	9/22/2016 2:52 PM
2	objective 3.8 and 3.9 should be in Standard 2.	9/22/2016 10:12 AM
3	Under 3.8 it states that CI's evaluates student's competence. They may be a part of the process but in some instances the CI may not evaluate the competence of the student but are only a part of the process.	9/21/2016 5:59 PM
4	The requirement for clinical and program faculty should be ARRT, NMTCB, or ARDMS. It is shameful the JRCERT does not support the nationally-recognized certification organizations. States identify their passing scores, many of which are not to the standard of the certification organizations. The JRCERT indicates it has an advantage over regional accreditors because it promotes safety in the clinical arena. Having a state-only recognized individual supervising a student does not promote safety, especially with the low pass rates some states implement.	8/31/2016 1:30 PM
5	3.3 - is irrelevant to entry level Radiologic Technology , at best students should research and write a paper or present info about other modalities. The standards state "the program must provide learning opportunities in current and developing technologies " then uses terms like prerogative , strongly encouraged clinical rotations , not required. The word "must " negates all of the choice for programs to include current and developing technologies. Terminology change maybe to " should	6/7/2016 1:31 PM
6	Because they are so relevant, there would be a benefit to have more clearly stated the expectations from the JRCERT on Standard 3.8. As said earlier, some colleges do not specify the differences between health science faculty and general education faculty, resulting in disproportionate duties/responsibilities.	4/29/2016 7:31 AM

Q21 Are there any resources that you need to meet or improve program compliance with the Objectives of Standard Three?

Answered: 93 Skipped: 392

#	Responses	Date
1	No---	10/11/2016 4:07 PM
2	No.	10/11/2016 11:57 AM
3	no	10/4/2016 9:15 AM
4	no	10/3/2016 8:14 PM
5	no	10/1/2016 2:52 PM
6	no	9/30/2016 2:42 PM
7	no.	9/30/2016 11:34 AM
8	No	9/30/2016 9:05 AM
9	no	9/28/2016 2:44 PM
10	No	9/27/2016 10:07 AM
11	None	9/27/2016 8:48 AM
12	no	9/26/2016 3:51 PM
13	no	9/26/2016 12:54 PM
14	no	9/26/2016 8:10 AM
15	no	9/24/2016 6:13 PM
16	No	9/23/2016 12:53 PM
17	no	9/23/2016 10:26 AM
18	no	9/23/2016 10:23 AM
19	No	9/22/2016 4:28 PM
20	No	9/22/2016 1:55 PM
21	no	9/22/2016 1:09 PM
22	no	9/22/2016 1:07 PM
23	No	9/22/2016 1:02 PM
24	Current resources from which to teach. Standard documents published that elaborate on the changes in the curriculum. I need to know specifics about certain items and they are not published in the textbooks.	9/22/2016 12:47 PM
25	No	9/22/2016 11:58 AM
26	no	9/22/2016 11:52 AM
27	No	9/22/2016 11:48 AM
28	No	9/22/2016 11:08 AM
29	None noted...	9/22/2016 10:57 AM
30	No	9/22/2016 10:20 AM
31	NO	9/22/2016 10:04 AM
32	none	9/22/2016 10:02 AM
33	No	9/22/2016 9:51 AM

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34	No	9/22/2016 9:11 AM
35	Additional time on clinic floor	9/22/2016 9:08 AM
36	No	9/22/2016 9:06 AM
37	NA	9/22/2016 9:05 AM
38	no	9/22/2016 8:54 AM
39	no	9/22/2016 8:48 AM
40	n	9/22/2016 8:39 AM
41	No	9/22/2016 8:25 AM
42	3.3: The JRCERT should add a statement with a timeframe of when it is acceptable to rotate students through advanced modalities if a program chooses to do so. I.e. Students should only be allowed to rotate through advanced modalities during their 2nd year in the program.	9/22/2016 8:14 AM
43	no	9/22/2016 7:58 AM
44	Comparative data analyzing the number of hours programs typically spend teaching each component of the curriculum.	9/22/2016 7:51 AM
45	no	9/22/2016 7:46 AM
46	The JRCERT need to strengthen the standards around clinical competency. Programs should be required to clearly define clinical competency and show evidence that program faculty play a role in competency assessment (random audits of competency images, final approval of competency, etc.). Too many accredited programs rely only on the clinical site to determine clinical competency yet too many techs often do not know what they're doing and at what they're looking. The essential question in this standard/objective should be "How does the program faculty know their students are truly competent?"	9/22/2016 7:42 AM
47	no	9/22/2016 7:37 AM
48	No	9/22/2016 7:25 AM
49	no	9/22/2016 7:14 AM
50	No	9/22/2016 6:51 AM
51	no	9/22/2016 6:39 AM
52	Standard 3.5 - This is an area of concern on site visits for some programs and it is tough dealing with as a site visitor. Programs give calculations but catalogs do not have it published.	9/22/2016 6:35 AM
53	I feel like we need to add an physics or exposure class to the curriculum to cover film computed radiography and digital radiography.	9/21/2016 9:09 PM
54	No	9/21/2016 8:52 PM
55	3.8 college only has position description published for instructor, nothing specific for program director or clinical coordinator is a description written by faculty acceptable?	9/21/2016 8:45 PM
56	No.	9/21/2016 7:11 PM
57	No	9/21/2016 6:34 PM
58	No	9/21/2016 6:30 PM
59	No.	9/21/2016 6:10 PM
60	Clarification for 3.3	9/21/2016 5:52 PM
61	I am not sure I need additional resources, however, in comparison the ARRT and ASRT are not in sync with expected knowledge base. This makes it challenging to develop curriculum	9/21/2016 5:41 PM
62	Programs should be able to change curriculum to benefit student achievement without rewriting program but submitting changes without payment.	9/21/2016 5:36 PM
63	No	9/18/2016 11:34 AM
64	Link policies to objectives.	9/9/2016 5:24 PM
65	No	7/31/2016 9:09 PM

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66	Should expand the list of items that should be found in a Master Plan: annual program evaluation, outcomes assessments, faculty position descriptions, ect	7/22/2016 12:31 PM
67	Yes - updated ASRT curriculum to match the ARRT specifications.	6/30/2016 11:59 AM
68	Standard 3.5 discuss measurement of didactic and clinical course length in clock hours or credit hours. Because there is so much variability in program lengths and terminal degrees, putting a minimum number of actual required clinical hours would benefit the programs. This would also ensure that students across all programs have the same amount of time in clinic.	6/30/2016 8:36 AM
69	No	6/28/2016 5:12 PM
70	No	6/26/2016 11:32 AM
71	My first employment opportunity from Nova Care Via NYC Vitamin Shop NYC region	6/13/2016 5:01 PM
72	None	6/13/2016 4:51 PM
73	No	6/13/2016 7:58 AM
74	No	6/7/2016 2:30 PM
75	No	6/7/2016 1:31 PM
76	No.	6/2/2016 2:30 PM
77	no	6/2/2016 10:43 AM
78	none known	5/25/2016 3:21 PM
79	It is difficult to maintain the required retention when counting students who voluntarily withdraw from the program due to personal matters or financial issues.	5/23/2016 11:36 AM
80	no	5/19/2016 1:18 PM
81	No	5/9/2016 11:01 AM
82	no	5/4/2016 1:16 PM
83	No	5/4/2016 11:39 AM
84	No	5/4/2016 8:52 AM
85	Evaluation of clinical faculty is vague. The extent of the evaluation process needs to be defined.	5/3/2016 9:27 AM
86	More time	4/29/2016 4:59 PM
87	No	4/29/2016 12:53 PM
88	No	4/29/2016 12:41 PM
89	A statement to ensure the college is using the same formula for clock hours for all courses at the college would be helpful.	4/29/2016 7:31 AM
90	No	4/28/2016 2:03 PM
91	no	4/28/2016 11:34 AM
92	no	4/28/2016 10:17 AM
93	NO	4/27/2016 4:47 PM

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Q22 Are there additional content areas (objectives) that should be included under Standard Three?

Answered: 88 Skipped: 397

#	Responses	Date
1	No.	10/11/2016 11:57 AM
2	no	10/4/2016 9:15 AM
3	no	10/3/2016 8:14 PM
4	no	10/1/2016 2:52 PM
5	no	9/30/2016 2:42 PM
6	don't think so.	9/30/2016 11:34 AM
7	No	9/30/2016 9:05 AM
8	no	9/28/2016 2:44 PM
9	no	9/27/2016 10:07 AM
10	None	9/27/2016 8:48 AM
11	no	9/26/2016 3:51 PM
12	no	9/26/2016 12:54 PM
13	no	9/26/2016 8:10 AM
14	no	9/24/2016 6:13 PM
15	No	9/23/2016 12:53 PM
16	no	9/23/2016 10:26 AM
17	no	9/23/2016 10:23 AM
18	No	9/22/2016 4:28 PM
19	Perhaps address the reduction in credit hours as required by some states.	9/22/2016 2:03 PM
20	No	9/22/2016 1:55 PM
21	no	9/22/2016 1:09 PM
22	no	9/22/2016 1:07 PM
23	Something that indicates curriculum is up to date with the ICCB or equivalent.	9/22/2016 1:04 PM
24	No	9/22/2016 1:02 PM
25	No	9/22/2016 11:58 AM
26	Clinical Experience	9/22/2016 11:52 AM
27	No	9/22/2016 11:48 AM
28	None that I know	9/22/2016 11:08 AM
29	None noted...	9/22/2016 10:57 AM
30	No	9/22/2016 10:20 AM
31	NO	9/22/2016 10:04 AM
32	no	9/22/2016 10:02 AM
33	No	9/22/2016 9:51 AM

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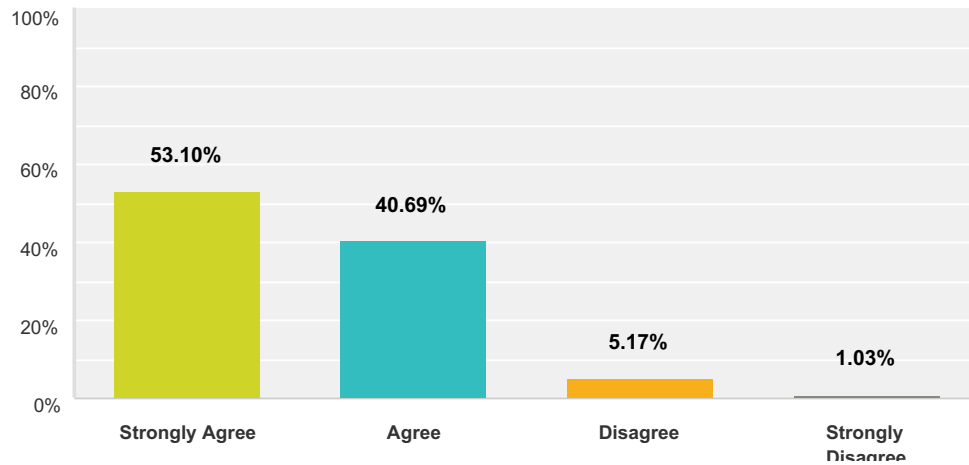
34	No	9/22/2016 9:11 AM
35	New Technologies	9/22/2016 9:08 AM
36	No	9/22/2016 9:06 AM
37	No	9/22/2016 9:05 AM
38	no	9/22/2016 8:54 AM
39	no	9/22/2016 8:48 AM
40	n	9/22/2016 8:39 AM
41	No	9/22/2016 8:25 AM
42	No	9/22/2016 8:14 AM
43	no	9/22/2016 7:58 AM
44	No	9/22/2016 7:51 AM
45	no	9/22/2016 7:46 AM
46	no	9/22/2016 7:37 AM
47	State requirements for max credits. This can limit some areas, especially in prerequisites that prepare students for the rigors of the programs and certification examination. The Standard should be about the program and not prerequisites. Assessments should allow each program to determine appropriate prerequisites for their particular program.	9/22/2016 7:37 AM
48	No	9/22/2016 7:25 AM
49	no	9/22/2016 7:14 AM
50	No	9/22/2016 6:51 AM
51	no	9/22/2016 6:39 AM
52	None at this time.	9/22/2016 6:35 AM
53	no	9/21/2016 9:09 PM
54	No	9/21/2016 8:52 PM
55	No.	9/21/2016 7:11 PM
56	No	9/21/2016 6:34 PM
57	No	9/21/2016 6:30 PM
58	No.	9/21/2016 6:10 PM
59	No	9/21/2016 5:41 PM
60	No	9/18/2016 11:34 AM
61	No	7/31/2016 9:09 PM
62	No	6/30/2016 11:59 AM
63	It would benefit the programs to know what other professional curriculum would be valid other than the AAMD curriculum as stated in standard 3.2.	6/30/2016 8:36 AM
64	No	6/28/2016 5:12 PM
65	No	6/26/2016 11:32 AM
66	There are standards about fairness for all student, adhering to program length based on terminal awards (which I don't know that JRCERT monitors), and students clocking their hours... and yet we still are not expecting the programs to have some consistency in how long we think the students should be clinical practice before entering the profession. Competency based curriculum does not mean they will be prepared clinically. It simply means they were able to do that plan and someone signed off on it. It does not state they have had enough hours or clinical experience to be deemed competent. We use an electronic clinical tracking system that students need to track how many times they observe, assist, and perform procedures. So we have an idea of how many procedures they are actually doing and if it aligns with their competencies and in comparison to other students in the program. I think the JRCERT needs to work with the AAMD in suggesting a minimum clinical hour requirement in the curriculum standards.	6/24/2016 3:58 PM

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67	My first offer at NYC Vitamin shop NYC Sales manager Preparatory standards Two months of standard medical office receptionist clerical duties /w exception to Billing & Accounting Only Transcripts, Record keeping, Charts, and other Pre nursing prefession responsibilities updates before Permanent hiring Part time 20 to 25 hrs or 40hrs	6/13/2016 5:01 PM
68	NO	6/13/2016 4:51 PM
69	No	6/13/2016 7:58 AM
70	No	6/7/2016 2:30 PM
71	No	6/7/2016 1:31 PM
72	No.	6/2/2016 2:30 PM
73	no	6/2/2016 10:43 AM
74	none known	5/25/2016 3:21 PM
75	no	5/19/2016 1:18 PM
76	No	5/9/2016 11:01 AM
77	CT since ARRT allows students to use competencies performed during program to be used for proof of competency. Was didactic education provided or was this a type of on-the-job learning. A general statement that demonstrates a program provides adequate instruction prior to adding advanced modality practice or for competencies in addition to the ARRT requirements.	5/4/2016 3:00 PM
78	no	5/4/2016 1:16 PM
79	No	5/4/2016 11:39 AM
80	No	5/4/2016 8:52 AM
81	No	4/29/2016 4:59 PM
82	No	4/29/2016 12:53 PM
83	No	4/29/2016 12:41 PM
84	No	4/29/2016 7:31 AM
85	I believe it is important to make sure accredited programs are addressing all course content outlined in the ASRT curriculum	4/28/2016 2:03 PM
86	no	4/28/2016 11:34 AM
87	no	4/28/2016 10:17 AM
88	NO	4/27/2016 4:47 PM

Q23 The objectives for Standard Four are clear (the program understands the intent of the objectives).

Answered: 290 Skipped: 195



Answer Choices	Responses	
Strongly Agree	53.10%	154
Agree	40.69%	118
Disagree	5.17%	15
Strongly Disagree	1.03%	3
Total		290

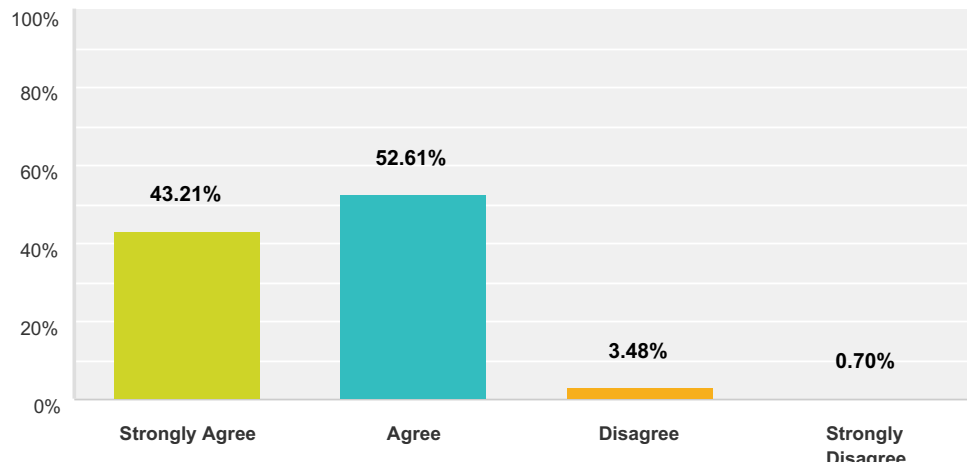
#	If Disagree or Strongly Disagree, please indicate area(s) of concern.	Date
1	While a clarification of this statement has been issued, I feel that the term "radiation safety" is not pertinent to the field of MRI. MRI does use non-ionizing radiation and a better term clarification would be to provide radiation safety training for ionizing and non-ionizing radiation. ALARA is not a term used in MRI, but rather radiography which makes this standard (4.2) feel like a "copy/paste"	10/11/2016 11:30 AM
2	The JRC needs to get a grip on what they really expect us to do in regards to forcing staff radiographers to sign off on the repeat policies of the JRC. Radiographers could care less about the JRC policies.	9/27/2016 1:47 PM
3	The objectives are clear, but that little word "assures" is often difficult to monitor and enforce, even with policies and procedures in place to make sure that it happens.	9/26/2016 3:58 PM
4	I agree with promoting safety but not health	9/26/2016 10:00 AM
5	wording of "optimal use of radiation for students" is unclear.	9/22/2016 2:36 PM
6	Although I strongly agree that the objectives are clear, it may be helpful to include the significance of promoting safety within in the imaging department (MR safety)	9/22/2016 1:19 PM
7	Program policies include many: not just radiation protection practices? or all policies?	9/22/2016 1:11 PM
8	I believe they are OK, but would like to see a change in the pregnancy policy to reflect Title IV requirements. Expand on the health and safety policies to include specific harassment examples.	9/22/2016 12:36 PM
9	Please be sure to add the updated interpretations to this standard to the new document (i.e. safety screening protocol for all students that assures that students are appropriately screened for magnetic wave or radiofrequency hazards).	9/22/2016 9:17 AM

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10	For objective 4.1, Would it be possible to describe as part of the required program response and/or within the explanation that the program is required to have dosimeters for students in an energized lab? This information is located on the JRCERT website under documentation regarding further explanation of the Standards, but it would be helpful to have it included here as well so programs do not overlook this requirement. For objective 4.3, would it be possible to include the need to screen students to ensure their safety in MRI rotations? This is further explained on the JRCERT website and has been explained within letters from the JRCERT to educators, but it would be a good reminder for programs to have it here in the explanation to ensure there is substantive documentation included regarding the MRI student screening process as part of the self-study.	9/22/2016 9:01 AM
11	Radiation safety and MRI safety are two different things. If programs are expected to provide an MRI safety protocol for students, then MRI should be included in the standard.	9/22/2016 8:55 AM
12	All references in Standard 4.3 to "radiation safety" should be eliminated and the standard should be properly updated with references to "MRI safety."	9/22/2016 8:33 AM
13	What is expected to document whether or not a particular RAD Department is Radiation Safe. I used to document this by obtaining State Radiation Licenses. Now I discover if a clinical site is Joint Commission approved that is sufficient. I disagree. The JRCERT needs to state that Joint Commission approval is sufficient OR that the State RAD equipment license is required.	9/22/2016 7:55 AM
14	Is there a more clear location where the MRI safety requirements are to be documented. Standard four would be the most obvious location. There are strict requirements for radiation protection but MRI safety is extremely important as well-assuming the program rotates students into MRI or the cross into MRI Zone III.	9/22/2016 7:36 AM
15	- Standard 4.3 in MRI states "employ proper radiation safety practices". The statement will need revision because there is no way to provide documentation for that Standard within an MRI Program. The narrative for 4.3 "the risk of hazards associated with magnetic fields and radiofrequencies", should also include gradient fields. 2nd paragraph in narrative - "Students must understand basic radiation safety practices" 3rd paragraph in narrative - "The program must also assure radiation safety in magnetic resonance laboratories", I am not to sure if anyone in the country provides an onsite MRI lab similar to radiography or sonography to make this statement applicable. Required Program Response and Evaluation Methods should be updated to reflect any possible changes. - A reorganizing of the standards is just another suggestion for continuity. Just a thought Move 4.3 to 4.2, 4.6 to 4.3, 4.7 to 4.6 and 4.2 to 4.7	9/22/2016 6:43 AM
16	In relationship to the MRI screening and education that is now required, it is not outlined specifically and the use of the word Radiation can lead to misrepresentation to some parties.	7/11/2016 2:14 PM
17	Standard 4.3 Assures that students employ proper radiation safety practices is unclear in regards to the Pulse November 2015 edition stated that Standard 4.3 outlined MRI safety. I feel this standard outlines radiation safety and says nothing about MRI safety. If it is JCERT's wish to include MRI safety to this standard, it should be outlined clearer.	7/6/2016 10:28 AM
18	Standard Four is very important to radiation safety for everyone. 4.1 - 4.8 are very clear and relevant to assure programs maintain a high standard for radiation safety.	6/13/2016 4:59 PM
19	4.3 Holding patients- When completing baby chest imaging, it is hard to assess skill level, when students cannot hold the child...they can only push the button. In this instance, learning to hold is important. How can you "practice" holding when they are never allowed to do the skill? 4.7 Assure that student/college has liability insurance coverage for clinical.	5/20/2016 10:00 AM
20	However, the safety protocol for MRI is not clearly stated. If not for the clarification of the objectives intent, programs may not be aware MRI safety is included in this standard.	5/4/2016 8:55 AM
21	4.4, 4.5, 4.5 While the policy is valid the expectation for how a program performs this is confusing and not logical. For example, a sign in the department is not acceptable the JRCERT wants minutes or a document signed by staff, that are not the sponsor's employees. Signs are the most effective way because meetings are not attended by staff that may be out or busy. A sign gives the staff a constant message while eeting is a one time dicussion and the discussion may only be once a year. The policy is reflective of what is actually occuring in a department.	5/3/2016 9:34 AM
22	The wording in Objective 4.1 needs to reflect the interpretation that was provided in subsequent board minutes. Specifically, if a program has an energized laboratory, students must wear dosimeters in the lab at all times regardless of their likelihood of exposure. It is possible for my students to comply with my state law and still be non-compliant with this objective because according to my state, students and technologists do not have to wear dosimeters if it can be shown that their exposure will not exceed 10% of the maximum permissible dose. None of our students have ever exceeded 10% of the maximum permissible dose and do not need dosimeters in our lab according to the state; however, this is unacceptable to the JRCERT. Please make this very clear going forward.	4/29/2016 12:55 PM
23	Suggest that safety include a clearer statement that it is not just limited to radiation concerns only but includes all aspects of safety such as MRI etc.	4/29/2016 10:40 AM

Q24 There are NO redundancies associated with Standard Four.

Answered: 287 Skipped: 198



Answer Choices	Responses	
Strongly Agree	43.21%	124
Agree	52.61%	151
Disagree	3.48%	10
Strongly Disagree	0.70%	2
Total		287

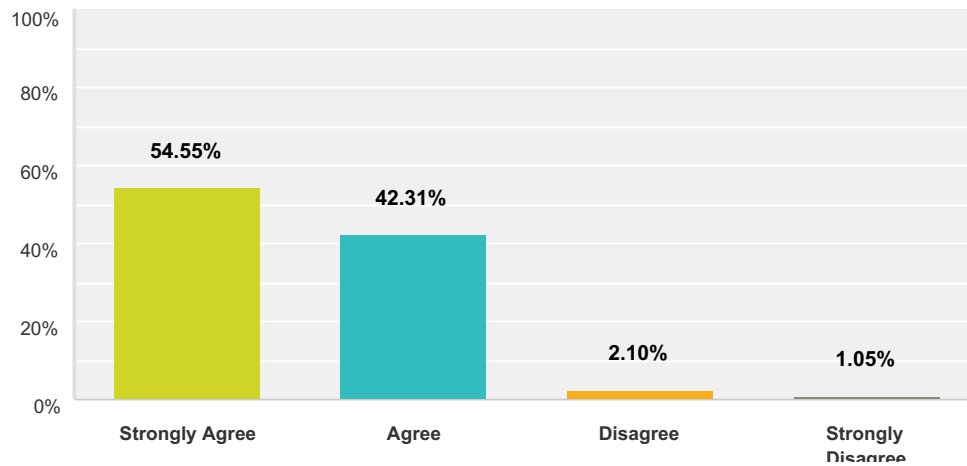
#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	could combine 4.4 and 4.6 since you need direct supervision up until competency is attained and whenever repeating an image regardless of competency level it's really the same direct supervision and could be part of the same policy	10/13/2016 10:57 AM
2	Like in previous versions---4.4, 4.5 and 4.6 are all very similar and in a lot of programs they are included on the same policy. I would suggest listing them all in one objective but using a bulleted list like in 4.2---that would reduce the number of objectives to address for submission of self-studies and interim reports, and also for the report of site visitor findings.	10/11/2016 4:10 PM
3	4.4, 4.5, and 4.6 Are all under the same policy and procedures for program students. This should be addressed in one standard not 3.	9/22/2016 2:00 PM
4	4.4, 4.5 and 4.6 could be combined into one objective. when doing a self study or program accreditation visit, this information is usually duplicated in the self study 3 times since the objectives are separate.	9/22/2016 6:42 AM
5	4.1, 4.3, and 4.6 are closely related and can be consolidated	9/21/2016 6:02 PM
6	If the educational program is sound this is included in the curriculum. To have to demonstrate and document is a redundant process.	9/13/2016 9:53 PM
7	Although I realize that the objectives are asking for specific information, I used the same program responses for objectives 4.4, 4.5,4.6 so I think that they could be combined. I worried about these three objectives enough to call the JRCERT and ask for help/clarification/permission to use the same narrative for more than one objective.	5/25/2016 3:29 PM
8	Objectives 4.4, 4.5, and 4.6 should be combined into one objective.	5/4/2016 1:59 PM

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9	4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency. 4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency. 4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images. While I understand that these are separate objectives, when doing a self-study and/or site visit, the documentation for the three of these separately becomes redundant. Is there a way to concisely write these 3 as one objective?	4/29/2016 5:02 PM
10	Because Objectives 4.4, 4.5 and 4.6 all pertain to supervision, they could be combined. We have one clinical supervision policy that addresses all of these objectives so my narrative and supporting documentation for 4.5 and 4.6 are the same as those for 4.4.	4/29/2016 12:55 PM
11	4.1 & 4.3 seem to elicit redundant responses.	4/29/2016 10:40 AM

Q25 The Objectives of Standard Four are relevant.

Answered: 286 Skipped: 199



Answer Choices	Responses	
Strongly Agree	54.55%	156
Agree	42.31%	121
Disagree	2.10%	6
Strongly Disagree	1.05%	3
Total		286

#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	Objective 4.7: It could be helpful to list out all policies that the JRCERT would like to see in a clinical handbook related to health and safety of students.	9/22/2016 2:54 PM
2	All references in Standard 4.3 to "radiation safety" should be eliminated and the standard should be properly updated with references to "MRI safety."	9/22/2016 8:33 AM
3	This disagreement goes back to Standard One. Didactic dismissal is far easier to justify than a clinical dismissal. With the increasing use of clinical adjuncts and imaging department volunteer clinical instructors it is hard to pinpoint when students have behavioral or procedural trouble that warrant dismissal. The faculty, department staff and patients will not be safe while this student is enrolled or when they graduate.	9/22/2016 8:01 AM
4	Optimal use of radiation is not relevant for MR programs. Specifically, "Objective 4.3 Assures that students employ proper radiation safety practices." I would suggest changing "radiation safety practices" to "MR safety practices".	9/22/2016 7:36 AM
5	Exception of Standard 4.3	9/22/2016 6:43 AM
6	While I don't really disagree, I want to say that it is difficult to teach students radiation safety here at in the lab, only to have them go to clinicals where safety is dismissive. Both lack of collimation, and the use of low kVp are commonplace and students are conflicted. I understand that it is not the role of the JRCERT to advocate practicing radiographers good radiation protection skills, but it is difficult for educators and unfortunate for the general population that learned skills are not practiced daily.	9/22/2016 6:39 AM
7	Objective 4.5 - The JRCERT needs to be realistic about mobile examinations. Immediately available should include the ability to call a technologists. Having a technologists "in the vicinity" is really no different. Once students are deemed competent, they should be able to perform these duties independently. Staff need to be more attune to current educational trends within the health care arena.	8/31/2016 1:35 PM
8	See above	5/3/2016 9:34 AM

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Q26 Are there any resources that you need to meet or improve program compliance with the Objectives of Standard Four?

Answered: 89 Skipped: 396

#	Responses	Date
1	No	10/11/2016 4:10 PM
2	No.	10/11/2016 11:57 AM
3	no	10/4/2016 9:17 AM
4	no	10/3/2016 8:15 PM
5	no	10/1/2016 2:52 PM
6	no	9/30/2016 2:43 PM
7	no.	9/30/2016 11:40 AM
8	No	9/30/2016 9:05 AM
9	no	9/28/2016 2:45 PM
10	Having just done a site visit and self-study a year ago, the need for a MRI safety policy is not clearly identified within Standard 4. Leslie's communication to the program directors is what spurred the need to develop one. Perhaps clearly spelled out in the objectives.	9/28/2016 1:33 PM
11	no	9/27/2016 10:08 AM
12	no	9/26/2016 3:58 PM
13	no	9/26/2016 12:55 PM
14	how do we promote health?	9/26/2016 10:00 AM
15	no	9/26/2016 8:11 AM
16	no	9/24/2016 11:45 PM
17	No	9/23/2016 12:53 PM
18	No	9/23/2016 10:26 AM
19	no	9/23/2016 10:24 AM
20	No	9/22/2016 4:29 PM
21	No	9/22/2016 2:00 PM
22	no	9/22/2016 1:10 PM
23	Specific requirements for compliance with Standard Four are needed. For example, what forms must be used, posted, etc.	9/22/2016 1:06 PM
24	No	9/22/2016 1:02 PM
25	A safe way to report radiation violations of clinical sites without losing my job and or clinical site.	9/22/2016 12:48 PM
26	No	9/22/2016 12:03 PM
27	no	9/22/2016 11:53 AM
28	No	9/22/2016 11:49 AM
29	No	9/22/2016 11:10 AM
30	None noted...	9/22/2016 11:00 AM
31	No	9/22/2016 10:21 AM
32	NO	9/22/2016 10:04 AM

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33	none	9/22/2016 10:03 AM
34	No	9/22/2016 9:17 AM
35	No	9/22/2016 9:11 AM
36	NO	9/22/2016 9:09 AM
37	No	9/22/2016 9:08 AM
38	Include information about dosimeters in the energized lab setting and MRI student screening as part of the narrative to demonstrate compliance for objective 4.1 and 4.3.	9/22/2016 9:01 AM
39	no	9/22/2016 8:55 AM
40	no	9/22/2016 8:48 AM
41	n	9/22/2016 8:39 AM
42	No	9/22/2016 8:27 AM
43	4.1 states programs are encouraged to identify a threshold dose below those identified in NRC regulations. However it seems to be the expectation of the JRC when completing a interim report or self-study that the dose is below NRC recommendations. I think the work "encouraged" should be replaced with "should".	9/22/2016 8:21 AM
44	no	9/22/2016 8:02 AM
45	No	9/22/2016 7:53 AM
46	Everyone needs a clearer understanding of "threshold dose"	9/22/2016 7:52 AM
47	no	9/22/2016 7:47 AM
48	Please have example of radiation safety. Will this evaluate "best practice". MRI safety is not radiation safety. We all should know that MR is part of EM Spectrum, but does not produce ionizing radiation. Having safety is fine, but it should be emphasized that safety is more than radiation safety.	9/22/2016 7:40 AM
49	no	9/22/2016 7:37 AM
50	No	9/22/2016 7:25 AM
51	No	9/22/2016 6:52 AM
52	no	9/22/2016 6:41 AM
53	no	9/21/2016 9:09 PM
54	No	9/21/2016 8:53 PM
55	No.	9/21/2016 7:11 PM
56	No	9/21/2016 6:36 PM
57	No	9/21/2016 6:31 PM
58	No.	9/21/2016 6:11 PM
59	No	9/21/2016 5:41 PM
60	No	9/18/2016 11:34 AM
61	Link policies to objectives.	9/9/2016 5:26 PM
62	No	7/31/2016 9:11 PM
63	I believe standard 4 is where the proposed addition of MRI safety guidelines will be added. At this time it is not clearly communicated regarding the MRI safety requirements.	7/22/2016 12:34 PM
64	No	7/22/2016 12:33 PM
65	Just write a damn model pregnancy policy and hnd it down already, please! Too mny citations here for silly stuff.	7/13/2016 3:23 PM
66	No	6/30/2016 12:05 PM
67	No	6/28/2016 5:15 PM
68	No	6/26/2016 11:32 AM

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69	I have meet my to gaols One I remain in good standings with vitamin shop And Nova Care sports medicine Dept Via POCM	6/13/2016 5:03 PM
70	None	6/13/2016 4:59 PM
71	We should take another look at what competencies are required and adjust to more relevant and up to date planning objectives. ie. Not 3D head and Neck as much as VMAT etc.	6/13/2016 8:01 AM
72	No	6/7/2016 2:32 PM
73	No	6/7/2016 1:36 PM
74	No.	6/2/2016 2:33 PM
75	no	6/2/2016 10:44 AM
76	Would like to see a (suggested) standardized template for the pregnancy policy	5/25/2016 3:29 PM
77	no	5/19/2016 1:19 PM
78	No	5/9/2016 11:07 AM
79	No.	5/4/2016 3:02 PM
80	no	5/4/2016 11:40 AM
81	No	5/4/2016 8:55 AM
82	No	4/29/2016 5:02 PM
83	No	4/29/2016 12:55 PM
84	No	4/29/2016 12:54 PM
85	YES Having some videos or other documents available for specific MRI safety practices would be helpful. All clinical sites have different resources, so having one standard for all students under the JRCERT would be helpful. The same would be useful for health and safety.	4/29/2016 7:35 AM
86	No	4/28/2016 2:03 PM
87	no	4/28/2016 11:35 AM
88	no	4/28/2016 10:33 AM
89	NO	4/27/2016 4:48 PM

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Q27 Are there additional content areas (objectives) that should be included under Standard Four?

Answered: 85 Skipped: 400

#	Responses	Date
1	specifically address MRI safety	10/13/2016 10:57 AM
2	No.	10/11/2016 11:57 AM
3	no	10/4/2016 9:17 AM
4	no	10/3/2016 8:15 PM
5	no	10/1/2016 2:52 PM
6	no	9/30/2016 2:43 PM
7	don't think so.	9/30/2016 11:40 AM
8	No	9/30/2016 9:05 AM
9	no	9/28/2016 2:45 PM
10	no	9/27/2016 10:08 AM
11	no	9/26/2016 3:58 PM
12	no	9/26/2016 12:55 PM
13	no	9/26/2016 8:11 AM
14	yes... There should be policies for infectious disease control and protecting students from needle sticks exposures and splash exposures.. They should not be sent home to take care of themselves..	9/24/2016 11:45 PM
15	No	9/23/2016 12:53 PM
16	No	9/23/2016 10:26 AM
17	no	9/23/2016 10:24 AM
18	No	9/22/2016 4:29 PM
19	No	9/22/2016 2:00 PM
20	no	9/22/2016 1:10 PM
21	No	9/22/2016 1:02 PM
22	No	9/22/2016 12:03 PM
23	no	9/22/2016 11:53 AM
24	No	9/22/2016 11:49 AM
25	None that I know	9/22/2016 11:10 AM
26	None noted...	9/22/2016 11:00 AM
27	Nio	9/22/2016 10:21 AM
28	NO	9/22/2016 10:04 AM
29	no	9/22/2016 10:03 AM
30	No	9/22/2016 9:17 AM
31	No	9/22/2016 9:11 AM
32	NO	9/22/2016 9:09 AM
33	No	9/22/2016 9:08 AM

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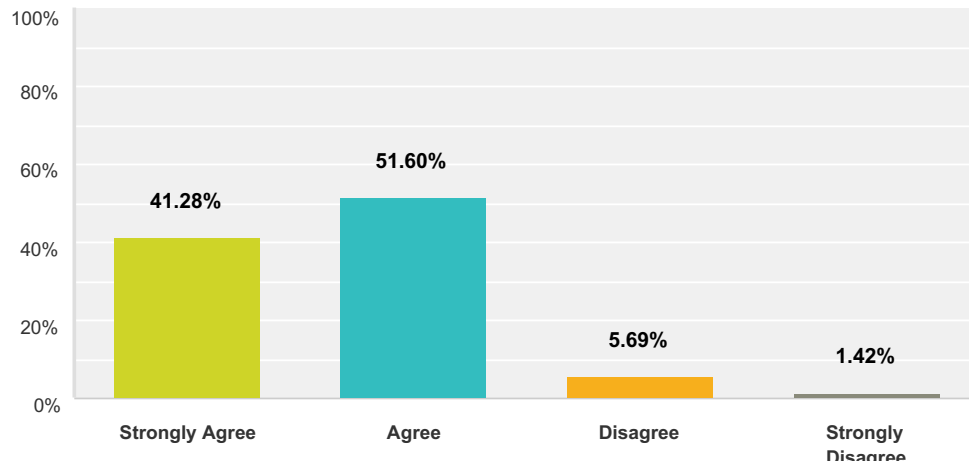
34	MRI Safety	9/22/2016 8:55 AM
35	no	9/22/2016 8:55 AM
36	no	9/22/2016 8:48 AM
37	n	9/22/2016 8:39 AM
38	No	9/22/2016 8:27 AM
39	No	9/22/2016 8:21 AM
40	no	9/22/2016 8:02 AM
41	No	9/22/2016 7:53 AM
42	no	9/22/2016 7:47 AM
43	no	9/22/2016 7:37 AM
44	No	9/22/2016 7:25 AM
45	No	9/22/2016 6:52 AM
46	None at this time.	9/22/2016 6:43 AM
47	no	9/22/2016 6:41 AM
48	no	9/21/2016 9:09 PM
49	No	9/21/2016 8:53 PM
50	No.	9/21/2016 7:11 PM
51	No	9/21/2016 6:36 PM
52	No	9/21/2016 6:31 PM
53	No.	9/21/2016 6:11 PM
54	No	9/21/2016 5:41 PM
55	We have a Policy and Procedure Manual, along with an Radiation Protection Manual for the students. Would you want to call that our separate?	9/21/2016 5:41 PM
56	No	9/18/2016 11:34 AM
57	No	7/31/2016 9:11 PM
58	No	7/22/2016 12:33 PM
59	Break out 4.7 to be more prescriptive.	7/13/2016 3:23 PM
60	In the Pulse it stated that MRI safety education is required as well. However, it states nothing about this in the standard. Is this required? If so, it should be clearly communicated via email not in a publication that some may not read.	7/6/2016 3:01 PM
61	No	6/30/2016 12:05 PM
62	No	6/28/2016 5:15 PM
63	No	6/26/2016 11:32 AM
64	Preparatory standards Two months of standard medical office receptionist clerical duties /w exception to Billing & Accounting Only Transcripts, Record keeping, Charts, and other Pre nursing profession responsibilities updates before Permanent hiring Part time 20 to 25 hrs or 40hrs	6/13/2016 5:03 PM
65	No	6/13/2016 4:59 PM
66	Inverse planning Head and Neck instead of forward planning.	6/13/2016 8:01 AM
67	No	6/7/2016 2:32 PM
68	No	6/7/2016 1:36 PM
69	No.	6/2/2016 2:33 PM
70	no	6/2/2016 10:44 AM

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71	none known	5/25/2016 3:29 PM
72	no	5/19/2016 1:19 PM
73	No	5/9/2016 11:07 AM
74	No.	5/4/2016 3:02 PM
75	no	5/4/2016 11:40 AM
76	NO	5/4/2016 8:55 AM
77	No	4/29/2016 5:02 PM
78	No	4/29/2016 12:55 PM
79	No	4/29/2016 12:54 PM
80	Remediation of students	4/29/2016 9:16 AM
81	No	4/29/2016 7:35 AM
82	No	4/28/2016 2:03 PM
83	no	4/28/2016 11:35 AM
84	I am troubled as a site visitor by seeing programs that automatically cut a students grade for missing any class or clinical assignments. Although it is understandable that good attendance practices must be developed, I fear that requiring perfect attendance encourages students to attend class or clinicals when they are sick, thus potentially making others sick. (By the way, hospital employees are encouraged to stay home if sick.) In addition, since we are working around sick people all day students may well have gotten sick by being around those sick patients . . . Other things could be incorporated to encourage perfect attendance without unduly penalizing the sick student (a built-in sick day, allow for make up, verbal warning, etc.) Just seems ironic that students may get sick by being around sick people in clinic and then they are either required to attend anyway or automatically have their grades cut. This is not supporting the health of the student.	4/28/2016 10:33 AM
85	NO	4/27/2016 4:48 PM

Q28 The objectives for Standard Five are clear (the program understands the intent of the objectives).

Answered: 281 Skipped: 204



Answer Choices	Responses	
Strongly Agree	41.28%	116
Agree	51.60%	145
Disagree	5.69%	16
Strongly Disagree	1.42%	4
Total		281

#	If Disagree or Strongly Disagree, please indicate area(s) of concern.	Date
1	I think this is much more clear than it has been---I like the split of the program effectiveness and the analysis and actions objectives.	10/11/2016 4:14 PM
2	Farrrrrr to wordy! One of our English Professors looked at this and cringed. Multiple points crammed into one sentence. Needs to be broken down into individual points. Set the point and simplify. 1. Develops and implements. 2. Planning and evaluation. 3. Student learning and program effectiveness. 4. Support of the programs mission. This gets a grade of "D".	10/7/2016 1:59 PM
3	The objectives are clear, but what makes Standard 5 the "dreaded standard 5" is how vague the instructions are for assessing the assessment. It seems that it is very hard to prove that this is happening and programs have a hard time meeting this part of the standard because they do not know exactly what they are supposed to do. Further detailed instructions on how to satisfy this part of the standard would be very helpful!!!	10/2/2016 3:08 PM
4	Within STANDARD FIVE, I think schools should be required to measure not only first time pass rates but repeat rates as well relating to the ARRT examination. Second and third time attempt pass rates are very important too. There are many very successful graduates from programs that do not always pass the first time. Passing the first time is a great outcome measurement tool. However, there is no data required for second time efforts, etc. Dedication toward assisting all graduates achieve certification in Radiography should be measured based upon all ARRT policies. All attempt data resulting from graduated classes should be reflected in Standard Five.	9/27/2016 7:25 AM
5	Each program needs a mission?	9/26/2016 10:01 AM
6	What is required for the assessment plan is unclear. Can the JRCERT develop some examples and publish more clear expectations for the assessment plan?	9/23/2016 3:21 PM

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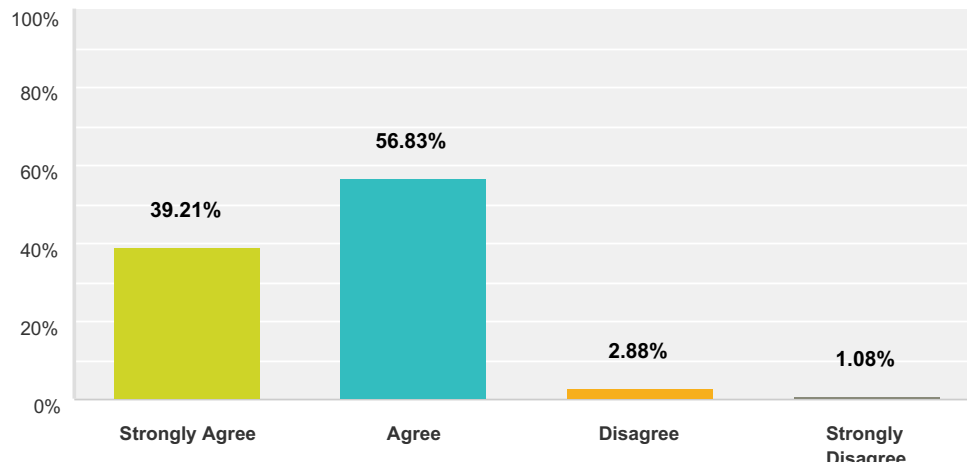
7	The information wanted is vague. There should be a correct sample posted in the format that JRCERT wants so it is not a guessing game. Even though JRCERT says they do not have to look the same, they really do. Keeping a quality successful program accredited should not be this difficult. A lot of time is spent keeping the program assessment statistics update. Program directors have many duties such as teaching, clinical, and administrative work not just for JRCERT but for the college as well. A simple sample would be helpful to all programs. The sample on the interim report power point was no where close to what was wanted by JRCERT for the assessment page. Now you have to do the yearly rubric as well as 5+ year rubric.	9/22/2016 2:12 PM
8	The task is clear but there is no transparency of the expectation of JRCERT. I attended a workshop that was not beneficial at all.	9/22/2016 1:09 PM
9	The statement is too wordy	9/22/2016 11:13 AM
10	My main concern with the development and implementation of the assessment plan has been that if the JRCERT wants assessments and outcomes to be presented and measured in a certain way then I think it would save Programs time if a template was created and shared by the JRCERT so that all Programs would do assessments the same which is what I strongly feel is what the Standards really require. It would save time for everyone that could better benefit the students. There would be no more revisions of the actual Assessment Plan needed or required. All Programs would be on the same page.	9/22/2016 10:00 AM
11	While I agree, it seems that the JRCERT prefers the development of an assessment committee to analyze the student learning outcome data and program effectiveness data. If this is the preferred method, this should be more clearly defined in this objective.	9/22/2016 9:21 AM
12	5.4 should be further broken down. The sharing of data is pretty straightforward however the analysis piece needs further explanation. I think the modules concerning Standard 5 on the JRCERT website are a very positive step in the right direction however it can still be hard to determine exactly what the JRC is looking for in this objective.	9/22/2016 8:27 AM
13	The DOE has assessment as a major aspect of this area for all accrediting bodies of higher education. I think the word should be included for those who may be newer to the educational process. The JRCERT does do a good job of helping with understanding assessment. We would like to have the word emphasized as it is the basis for this Standard five.	9/22/2016 7:44 AM
14	Standard 5.1 - Clarification of "minimum". I am assuming this is a requirement from the Department of Education but the assessment gained from Program Effectiveness is a better measure. I have seen good assessment plans but then the program does not have a 75% pass rate or poor program completion. I guess there is not turning back but just an opinion. Ideally the JRC-DMS program effectiveness for assessment is a good alternative. Stand 5.1 and 5.5 are worth a look. It would be easier to add Standards than remove them.	9/22/2016 6:43 AM
15	I agree.... however; More information regarding various tools the JRCERT deems appropriate or valid to measure common learner outcomes. This would assure what was approved/recommended as valid tools following an interim report, those same tools are acceptable during self-study and site visit for re-accreditation since the program needs to use those tools for four years of assessment data. In addition, programs of like, such as radiography, should have similar goals and outcomes and could perhaps be more dictated by the JRCERT; allowing programs individual uniqueness with tools and benchmarks however. It is understandable why JRCERT allows programs to be unique in establishing their own goals and outcomes for the same discipline, but on the other hand, we are educating students following the same guided curriculum requirements and generally have the same overall goal of providing the healthcare industry with the same standards of care and ethical behaviors in mind. The JRCERT established the common program learner outcomes of communication with diversity as well as students exhibiting interest in enhancing knowledge and demonstrate lifelong learners etc. Would the JRCERT consider establishing additional "common" program learner outcomes? This may guide programs to be more consistent at assessing valid outcomes to assure graduates have the stellar work-readiness skills the healthcare industry needs and is seeking.	9/21/2016 6:13 PM
16	This section is filled with all sorts of psychological babble and buzzwords. It is almost impossible to design actual, relevant outcomes when we are beholden to the JRCERT to create meaningless outcomes that comply with your labelling.	7/22/2016 10:40 AM
17	Objective 5.5 - might be beneficial to add in the formation of an assessment committee and the meeting minutes are outside of the purview of the advisory committee and are in addition to the advisory committee.	6/27/2016 12:40 PM

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18	<p>The standards are great, only 5.4 and 5.5 need better examples of what formatting is wanted here. There is no problem obtaining the information needed just getting an acceptable way that JRCERT wants it. 5.4 and 5.5 are not clear as what JRCERT wants for a response even if the program has the supporting information. The modules on the JRCERT site for 5.4 and 5.5 do not demonstrate the way JRCERT wants it formatted. The example on the modules are for Advisory Committee Meetings minutes, not assessment committee meeting minutes looking at outcomes each outcome. If JRCERT wants to change the format to 1-3 benchmark instead of percentages, add the number of students in a new column, and also indicate the students year in the program not semester and then do not send it out to all the programs. That is not being transparent to the programs. There have been no examples on the presentations, emails, or on the website. Programs getting a ding for this even though they presented the information asked for, JRCERT does not accept it because it is not in their format. When a program asks for specifics they then get knocked back because they asked for help. This is supported by programs on the list after they were presented to the board and what their issues were for changes in their status. There is undeniable confusion on what JRCERT formatting and what programs are providing on 5.4 and 5.5.</p>	6/13/2016 5:40 PM
19	<p>Assessment as a whole is very redundant. Our college and state requires data collection and analysis and JRCERT has an additional plan. Overall, JRC needs to be more flexible on the requirements to accept varied data. Annual program completion rate: our college collects this data by course, and by semester. This is a more accurate picture versus start to finish.</p>	5/20/2016 10:04 AM
20	<p>Very vague. What the program thinks is a valid system may be found lacking by JRCERT. If the program develops and implements its own system, as stated in the Standard, it should not be cited as deficient. The Standard states a system is developed and implemented, not what it should measure.</p>	5/5/2016 9:59 AM
21	<p>I understand the purpose of having an ongoing assessment plan and the addition of the Assessment Resources on the JRCERT website have helped. However, it is still difficult to understand exactly what the JRCERT considers an acceptable and accurate assessment plan.</p>	5/4/2016 11:42 AM
22	<p>Standard 5.2- Clarify in the instructions for calculating first time exam pass-rate how to figure in students who graduate, but choose NOT to take the ARRT exam.</p>	4/29/2016 8:36 AM

Q29 There are NO redundancies associated with Standard Five.

Answered: 278 Skipped: 207

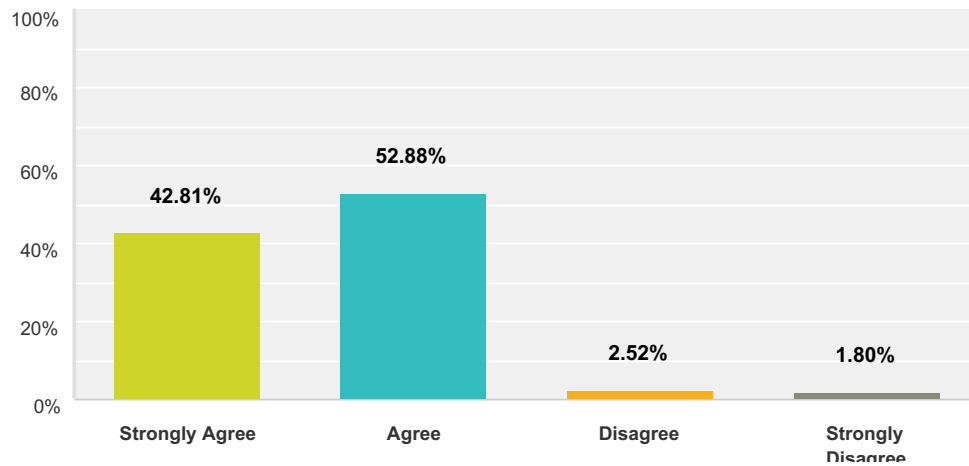


Answer Choices	Responses	
Strongly Agree	39.21%	109
Agree	56.83%	158
Disagree	2.88%	8
Strongly Disagree	1.08%	3
Total		278

#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	I would suggest the mission statement objectives be moved to this standard and out of standard one and wherever else they fall. Review of the mission statement is typically completed in conjunction with the assessment plan, goals and SLO's so I think it would be best to put them all together. It might have been this way in the most recent version of the standards, but I believe all of those items should be together in the next version.	10/11/2016 4:14 PM
2	Standard 5.2 and 5.3 could be combined.	9/28/2016 1:37 PM
3	change the word mission	9/26/2016 10:01 AM
4	5.1 and 5.2 are redundant and 5.3 and 5.4 are also redundant	9/22/2016 2:12 PM
5	5.3, 5.4, and 5.5 are similar. Suggest refining.	9/22/2016 1:15 PM
6	see above	9/22/2016 11:13 AM
7	I think this standard is closely related to standard 3. However, I do understand why you would want to highlight this seperately. Standard 5.4 and 5.5 are cloesly related	9/21/2016 6:05 PM

Q30 The Objectives of Standard Five are relevant.

Answered: 278 Skipped: 207



Answer Choices	Responses	
Strongly Agree	42.81%	119
Agree	52.88%	147
Disagree	2.52%	7
Strongly Disagree	1.80%	5
Total		278

#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	These items are extremely relevant!	10/11/2016 4:14 PM
2	While it is relevant the mission portion seems a bit out of place. As part of a college we have a general mission and health profession have more specific ones as well. However, comparing these items to the mission do not seem needed... They are important enough standing alone.	9/25/2016 2:51 PM
3	I believe the outcomes need to be more broad. If you have a successful program, then the learning objectives and outcomes are being met. I hate being micromanaged on the assessment plan.	9/22/2016 12:50 PM
4	Objective 5.5 This is a required minimum every 2 year review. It seems that the minimum review could be lengthened to every 5 years as a minimum. It is very hard to come up with different assessments for a program. It is good to review and see if the outcomes are accurate and providing the needed information but every 2 years as a minimum seems too much.	9/22/2016 8:31 AM
5	Instead of tracking first-time pass rate only on the ARRT registry within 6 months, if this could be changed to tracking graduate pass rate within 6 months, this would be helpful. A student may experience test anxiety the first time that they take the exam, but retake it within the 6 month window after graduation and pass it. The end result is still a registered technologist within the 6 month window. If they don't retake it within 6 months or they don't pass it within the 6 month window on attempted retake/s, then it counts against the program.	9/22/2016 8:11 AM
6	There will always be someone who slips through the education and clinical crack by performing at the minimum and when protected by the administration.	9/22/2016 8:02 AM
7	Students in today's world often feel like it is their right to either be "hand held" or complain about it. I am sure the JRCERT sees a number of student complaints that are nothing more than students needing to work harder.	9/22/2016 6:42 AM

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8	Too prescriptive. Outcomes should reflect the variations within programs and flexibility to develop a plan should be given. It appears staff have "knee jerk" reactions to POTENTIAL changes with the USDE and/or CHEA. Staff should wait until regulations/requirements have been implemented before asking programs to make changes (e.g., requiring programs to provide information their state approves the program - a lot of work for something that was never required).	8/31/2016 1:39 PM
9	Agreed however, small programs are in trouble when 1 or 2 students fail for whatever reason. Text anxiety or any one of a number of reasons not associated with student learning can inordinately affect a quality programs pass rates. How can we respond to this?	7/13/2016 4:21 PM
10	I have previously responded and want to add another comment. Job placement rate should be published and monitored ONLY. The JRCERT should not be setting a threshold (75%). It is apparent by the JRCERT changing from a 6 month to 12 months for reporting there is an issue. The following are other issues: Programs do not control job placement. We prepare the student but we do not guarantee the graduate employment. Why penalize a program for an issue out of their control? If the JRCERT is concerned the JRCERT should stop accrediting new programs, which legally we know they cannot. New programs impact the job placement of existing programs' graduates. In my state a new program was approved by the JRCERT when the existing state programs' graduates were having difficulty finding employment. This program that was approved is 10 minutes away from an existing program. There are now graduates from two programs competing for jobs in the same area. Job placement gets impacted by other issues as well. Ex. A graduate seeks employment and is offered a job that for reasons outside of the sponsor's control (schedule, pay, etc.) they decline. That student becomes part of the cohort not employed, which impacts the program data. Should the program be held responsible for their placement rate when graduate(s) decline jobs? I know some of our grads have declined employment. A graduate may have issues (i.e personality, cooperation w others) that would impact the willingness of the program to endorse/recommend the graduate for employment. They have academically been successful and the program has no grounds for dismissal but based on the other issues faculty will not recommend. The result -no employment because of the graduate's personality etc.. This impacts the unemployed cohort. I would recommend the JRCERT look at other Allied Health accrediting agencies. I know some accrediting organizations now track and monitor job placement but do not require a threshold and do not hold it against the program because the agency recognizes the employment rate is not controlled by the program.	6/15/2016 6:39 PM
11	5.2 - Job placement rate should not be the responsibility of the program , students move away , we are not always able to contact them 1 year after graduation , some students refuse to respond because they are no longer students. When students are certified by the ARRT. they can be asked at their first renewal of certification form about employment status , graduation date, college attended, and if they are continuing their education This data can be sorted and shared with the JRCERT and made available to the colleges A more accurate count of when students are employed can be obtained in this manner.	6/7/2016 1:51 PM
12	While the 5-year average credentialing pass rate, 5-year job placement rate, and annual completion rate are relevant and, one may argue, the more objective components of a program's effectiveness, graduate and employer satisfaction seems to be more subjective (i.e., take 2 students who graduate with the same credentialing exam score and who are both offered full-time jobs. One graduate dislikes the boss while the other loves his or her job. The graduate who is unhappy in the workplace may be more likely to displace such job dissatisfaction and thus report him-or herself as less "satisfied" with the program several months after graduating than a graduate who is happy in the workplace. Same for employers -- too many variables come into play that are not necessarily relevant to the program but rather speak to the individual employers' company culture).	6/2/2016 2:49 PM
13	It has not been documented that educational assessment has improved patient care, which is the only reason our programs exist.	5/5/2016 9:59 AM
14	While outcomes assessment is critical why does the JRCERT not accept that when a benchmark is achieved the program is successful rather than the benchmark is achieved you still have to give them an explanation and review the the data. This seems that even when a program is achieving the JRCERT is still not satisfied.	5/3/2016 9:37 AM
15	While the ways programs can report job placement rate make it easier for programs to comply with the standard, in my opinion does not yield very useful or accurate information for potential applicants to programs who are investing time and money to pursue a career with limited job placements.	4/29/2016 10:47 AM

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Q31 Are there any resources that you need to meet or improve program compliance with the Objectives of Standard Five?

Answered: 91 Skipped: 394

#	Responses	Date
1	N...	10/11/2016 4:14 PM
2	No.	10/11/2016 11:58 AM
3	no	10/4/2016 9:17 AM
4	no	10/3/2016 8:16 PM
5	Anything and everything to help us with Standard Five, especially on how to assess the assessment.	10/2/2016 3:08 PM
6	no	10/1/2016 2:53 PM
7	no	9/30/2016 2:45 PM
8	no.	9/30/2016 11:43 AM
9	No	9/30/2016 9:06 AM
10	no	9/28/2016 2:45 PM
11	no	9/26/2016 4:00 PM
12	no	9/26/2016 12:57 PM
13	methods for improving survey return. many programs struggle with this.	9/26/2016 8:44 AM
14	no	9/26/2016 8:15 AM
15	A module on how to evaluate clinical instructor performance other than student survey, which tends to be skewed based on personality rather than actual ability.	9/23/2016 2:20 PM
16	No	9/23/2016 12:53 PM
17	no	9/23/2016 10:27 AM
18	No	9/22/2016 4:30 PM
19	The area of assessment is subjective in nature. More information for what the JRCERT expects in an assessment plan would be a nice resource. aka examples	9/22/2016 2:39 PM
20	No	9/22/2016 2:12 PM
21	Would like to attend an assessment workshop for better understanding and implementation	9/22/2016 2:07 PM
22	no	9/22/2016 1:15 PM
23	outline guide of expectations Rubic	9/22/2016 1:09 PM
24	More workshops should be offered to explain what is required. Guidelines are vague once you have the required content areas. More examples are needed and should be shared by all!	9/22/2016 1:07 PM
25	No	9/22/2016 12:03 PM
26	no	9/22/2016 11:54 AM
27	No	9/22/2016 11:50 AM
28	Alternatives to sharing each program SLO with Advisory Committee should be explored. My Ad Committee is comprised of technologists who do not care if students met the benchmark for an essay or if students understand the difference between licensure and professional organizations. While this info is important to our profession, my Ad Committee has other things to do than listen to a 2 hour meeting about these objectives.	9/22/2016 11:29 AM
29	I am a new program director and will attend the outcome assessment program in May. I think that is a resource that I need.	9/22/2016 11:12 AM

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30	None noted...	9/22/2016 11:01 AM
31	No	9/22/2016 10:21 AM
32	NO	9/22/2016 10:05 AM
33	none	9/22/2016 10:05 AM
34	I do think the objectives are very important and relevant I do think that it would simplify the Assessment process if all Assessment Plans were standardized with a template. Also it would be very helpful if an assessment workshop could be held as a live webinar for those of us having difficulty justifying going to Chicago for a 4 hour seminar.	9/22/2016 10:00 AM
35	NO	9/22/2016 9:52 AM
36	No	9/22/2016 9:21 AM
37	No	9/22/2016 9:12 AM
38	More one on one time with students	9/22/2016 9:09 AM
39	No suggestions. I believe the information provided for Standard 5 is clearly presented to programs. Additionally, the JRCERT has numerous resources available online to provide support for programmatic assessment.	9/22/2016 9:03 AM
40	no	9/22/2016 8:57 AM
41	no	9/22/2016 8:48 AM
42	n	9/22/2016 8:39 AM
43	No	9/22/2016 8:31 AM
44	Further explanation and/or examples.	9/22/2016 8:27 AM
45	no	9/22/2016 8:14 AM
46	Alternative methods for obtaining data for Graduate & Employer Satisfaction. Our program has had difficulty year after year, despite using various survey methods. Graduates are not obligated to us once they leave the program and response rates to surveys tend to be VERY low. We don't always know where grads are employed once they're done and even when we do the employer surveys are also rarely returned completed.	9/22/2016 8:01 AM
47	no	9/22/2016 7:40 AM
48	No	9/22/2016 6:54 AM
49	Ongoing improvement is needed for our program to maintain the program's benchmark for program completion rate. Retention verses Attrition is a concern.	9/22/2016 6:46 AM
50	It might be nice to know the class average for each area of the registry for an entire class that graduates so that the school could be able to see any weakness or areas of concern	9/21/2016 9:11 PM
51	Attending a JRCERT workshop would benefit new faculty.	9/21/2016 8:57 PM
52	No.	9/21/2016 7:13 PM
53	The assessment workshops are very helpful.	9/21/2016 6:37 PM
54	No	9/21/2016 6:31 PM
55	just clarification and more examples perhaps for outcomes, tools/benchmarks. Programs want to set high benchmarks certainly but what may not be realistic? They cannot be changed if not met but some examples of standard benchmarks associated with some common learner outcomes may be helpful.	9/21/2016 6:13 PM
56	No.	9/21/2016 6:11 PM
57	A more streamlined software or resource for all programs to utilize so that the standard would be more consistent in meeting the objective of Standard 5	9/21/2016 5:53 PM
58	No	9/21/2016 5:42 PM
59	No	9/18/2016 11:34 AM
60	Link policies to objectives. Modules and checklists are very helpful and I love the sample meeting minutes.	9/9/2016 5:29 PM
61	Staff who provide consistent messages on outcomes. There are only four staff who work with programs . . . it would appear a consistent message could be given by each.	8/31/2016 1:39 PM
62	No	7/31/2016 9:12 PM

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63	No	7/22/2016 12:34 PM
64	Think about small (7 or less students) programs and come up with some sort of more fair mechanism to measure this.	7/13/2016 4:21 PM
65	No	6/30/2016 12:06 PM
66	I attended a 1/2 day workshop for outcomes and assessment and it really did not help - I have also accessed all the tools on the website. I feel we need more guidance regarding assessment tools	6/29/2016 12:10 PM
67	No	6/28/2016 5:21 PM
68	Additional guidance on what is expected for student learning outcomes measurement and analysis. JRCERT representatives have given unclear and sometimes contradictory guidance on this STANDARD.	6/28/2016 8:09 AM
69	No	6/26/2016 11:32 AM
70	None	6/13/2016 5:40 PM
71	No	6/13/2016 8:01 AM
72	No	6/7/2016 2:36 PM
73	The ability to contact newly certified technologists is already available to the ARRT, the certification renewal forms may have to be revised, there should not be a cost to the programs unless they have to pay for the data.	6/7/2016 1:51 PM
74	No.	6/2/2016 2:49 PM
75	Suggestions on how to share student learning outcome data and PED data to communities of interest to ensure compliance Examples of good vs. inadequate objectives and outcomes for the assessment plan. This was provided at the Outcomes Assessment workshop and was very beneficial	6/1/2016 3:01 PM
76	none known	5/25/2016 3:32 PM
77	no	5/19/2016 1:21 PM
78	Student retention resources	5/6/2016 3:13 PM
79	5.5 periodically evaluates the assessment plan to assure continuous program improvement. I feel that we set high benchmarks and meet them, but we still have to have a plan on improvement is tough. Maybe we have strong students.- I understand if we continue to meet then we should re-evaluate the tool or benchmark.	5/5/2016 1:52 PM
80	No.	5/4/2016 4:14 PM
81	Examples of program assessment methods and how to document each objective that reflects accuracy and ongoing improvement.	5/4/2016 11:42 AM
82	No	5/4/2016 8:56 AM
83	Time If there is a specific template that should be used, make that known and provide it to the programs.	4/29/2016 5:03 PM
84	No	4/29/2016 12:55 PM
85	I appreciate the Outcomes Corner and Outcomes workshops that are made available by the JRCERT to help understand the intent of this standard.	4/29/2016 8:28 AM
86	A specific template for assessments would be nice. I understand every program would have different views of the education necessary, but having a template all programs could use as a guideline would make it more efficient across the board. A template to publish data to the public would also be nice.	4/29/2016 7:38 AM
87	No	4/28/2016 2:04 PM
88	no	4/28/2016 11:35 AM
89	no	4/28/2016 10:34 AM
90	Program Directors would appreciate more assistance in this area. Keeping assessments relevant, yet measurable and useful is very tricky and can be confusing.	4/27/2016 6:37 PM
91	NO	4/27/2016 4:48 PM

Q32 Are there additional content areas (objectives) that should be included under Standard Five?

Answered: 73 Skipped: 412

#	Responses	Date
1	No.	10/11/2016 11:58 AM
2	no	10/4/2016 9:17 AM
3	no	10/3/2016 8:16 PM
4	no	10/1/2016 2:53 PM
5	no	9/30/2016 2:45 PM
6	don't think so.	9/30/2016 11:43 AM
7	No	9/30/2016 9:06 AM
8	no	9/28/2016 2:45 PM
9	no	9/26/2016 4:00 PM
10	no	9/26/2016 12:57 PM
11	what kind of system? is it up to the program? or is a standard system developed by the JRCERT	9/26/2016 8:15 AM
12	No	9/23/2016 12:53 PM
13	no	9/23/2016 10:27 AM
14	No	9/22/2016 4:30 PM
15	No	9/22/2016 2:12 PM
16	no	9/22/2016 1:15 PM
17	No	9/22/2016 1:09 PM
18	No	9/22/2016 12:03 PM
19	no	9/22/2016 11:54 AM
20	No	9/22/2016 11:50 AM
21	None that I know	9/22/2016 11:12 AM
22	None noted...	9/22/2016 11:01 AM
23	No	9/22/2016 10:21 AM
24	NO	9/22/2016 10:05 AM
25	no	9/22/2016 10:05 AM
26	NO	9/22/2016 9:52 AM
27	No	9/22/2016 9:21 AM
28	No	9/22/2016 9:12 AM
29	No	9/22/2016 9:09 AM
30	no	9/22/2016 8:57 AM
31	no	9/22/2016 8:48 AM
32	n	9/22/2016 8:39 AM
33	No	9/22/2016 8:31 AM

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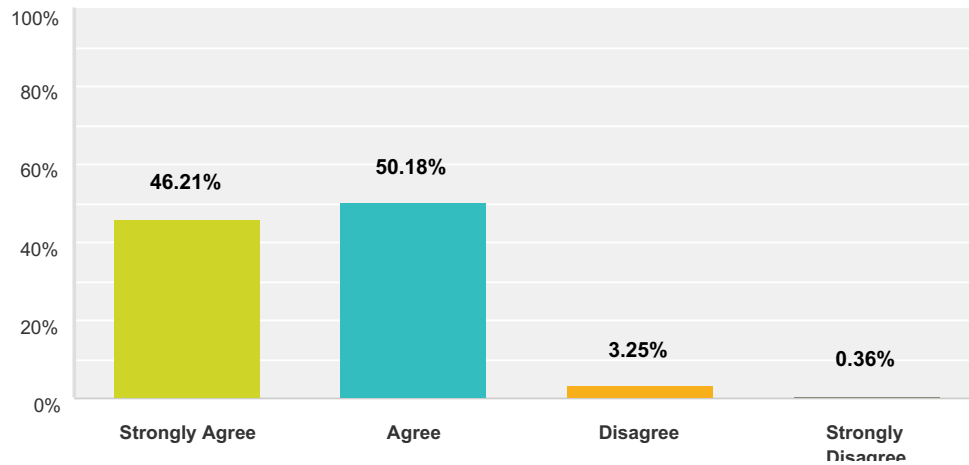
34	No	9/22/2016 8:27 AM
35	no	9/22/2016 8:14 AM
36	No	9/22/2016 8:01 AM
37	Why not simply "STATE" what are the Programmatic Accreditation Standards instead of going with what the Programs state. Most other program accreditations state what is required, why not the JRCERT?	9/22/2016 7:57 AM
38	no	9/22/2016 7:40 AM
39	No	9/22/2016 6:54 AM
40	No	9/22/2016 6:46 AM
41	no	9/21/2016 9:11 PM
42	No	9/21/2016 8:57 PM
43	No.	9/21/2016 7:13 PM
44	No	9/21/2016 6:37 PM
45	No	9/21/2016 6:31 PM
46	No.	9/21/2016 6:11 PM
47	More clarity in what exactly how the JRCERT wants to see as evidence. Maybe a format to be followed by all programs. Especially in ways of communication.	9/21/2016 5:53 PM
48	It would be wonderful if you provided more guidance on this objective, like having some standard outcomes so we can compare to other schools.	9/21/2016 5:43 PM
49	No	9/21/2016 5:42 PM
50	No	9/18/2016 11:34 AM
51	No	7/31/2016 9:12 PM
52	No	7/22/2016 12:34 PM
53	No	6/30/2016 12:06 PM
54	No	6/28/2016 5:21 PM
55	No	6/26/2016 11:32 AM
56	No	6/13/2016 5:40 PM
57	No	6/13/2016 8:01 AM
58	No	6/7/2016 2:36 PM
59	no	6/7/2016 1:51 PM
60	No.	6/2/2016 2:49 PM
61	none known	5/25/2016 3:32 PM
62	no	5/19/2016 1:21 PM
63	No.	5/4/2016 4:14 PM
64	no	5/4/2016 11:42 AM
65	No	5/4/2016 8:56 AM
66	No	4/29/2016 5:03 PM
67	My institution requires a formal Program Review and Planning Process every three years and also measures General Education Outcomes, soon to be called Essential Learning Outcomes (ELO's). These include critical thinking, civic responsibility, oral and written communication, global awareness, cultural sensitivity and information literacy. Where possible, we try to identify tools that would apply to both the ELO's and our program's student learning outcomes, but even so, we are engaged in two to three largely separate assessment initiatives. To recognize the responsibility programs have in terms of providing not only an education in radiography, but an education in the broader sense, an objective that asks programs to describe institution assessment initiatives may be something to consider.	4/29/2016 1:06 PM
68	No	4/29/2016 12:55 PM

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69	No	4/29/2016 7:38 AM
70	None at the present time	4/28/2016 2:04 PM
71	no	4/28/2016 11:35 AM
72	no	4/28/2016 10:34 AM
73	NO	4/27/2016 4:48 PM

Q33 The objectives for Standard Six are clear (the program understands the intent of the objectives).

Answered: 277 Skipped: 208



Answer Choices	Responses	
Strongly Agree	46.21%	128
Agree	50.18%	139
Disagree	3.25%	9
Strongly Disagree	0.36%	1
Total		277

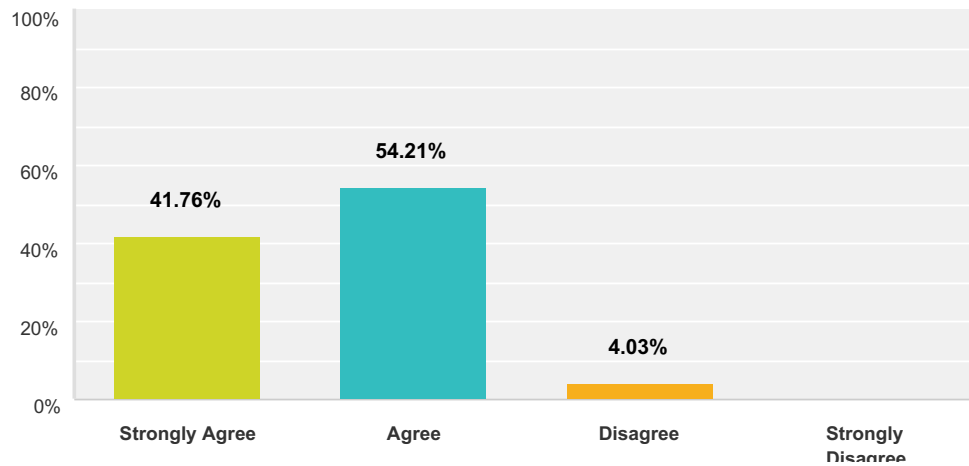
#	If Disagree or Strongly Disagree, please indicate area(s) of concern.	Date
1	6.6 is unclear and I feel like it's a "portal or database" issue and not really an objective for the standards. I was not sure how to reply to this in the self-study except to say "all is good and we have no changes." Again, it was a bit confusing as to how to write a narrative for this one.	10/11/2016 4:19 PM
2	Could 6.3 be documented under the section of clinical site information (clinical staff)	10/3/2016 8:22 PM
3	6.3 part-time didactic----holds academic credentials and /or professional appropriate... ? -are you asking about college degree specifically -separate from the ARRT, because in nursing they do both clinical and didactic but must have their degree related to the subject they teach. -perhaps clarify this	9/30/2016 2:50 PM
4	It's not really clear what is expected for this standard.	9/30/2016 11:44 AM
5	I agree, however this is why the program is requesting a site visit to comply with JRCERT standard. Is this what JRCERT is determining.	9/22/2016 1:35 PM
6	It seems like these objectives could be satisfied within the other standards. However, an objective could be added that speaks specifically to support of accreditation efforts of program directors by the sponsoring institution.	9/22/2016 10:36 AM
7	Standard 6.2 is not relevant to appropriate professional practice in the field and its intent is unclear, since it does not require an MRI Program Director to hold current MR registration from the ARRT or equivalent.	9/22/2016 8:38 AM
8	I agree with this statement but some of the policies are very loosely interpreted by each site visitor's personal opinion.	9/22/2016 7:42 AM

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9	<p>Agree but with some input. It would be beneficial for programs that are part of an organization chart, to have clarification of the general and typical duties and responsibilities of clinical coordinators, in addition to what is stated in 6.2 It is well understood that program directors have a responsibility to assure the overall effectiveness of the program but programs may benefit by having more clear guidelines as to the role of the clinical coordinator and how that role assists the PD,(in regards to the clinical activities etc) in program effectiveness. The JRCERT is very clear that all program faculty should play a role in assuring program effectiveness, annual assessment etc. and a stronger statement of support in such or perhaps more guidelines as to the clinical coordinators role in these activities would allow program directors to better validate this participatory role and assure duties are delineated similarly for all programs of the same discipline that require clinical coordinators.</p>	9/21/2016 6:32 PM
10	<p>Objective 6.6 states the JRCERT requires notification of substantive change within 30 days of implementation. This appears to conflict with policy 11.408 which states JRCERT approval prior to implementation. Just seems confusing.</p>	9/9/2016 5:34 PM
11	<p>Clear in the sense of what this means, almost impossible to meet the nitpicking criteria that is used for interim reports and inspections. We have often found that a submission that was approved is rejected when used during the next report. No consistency between evaluators.</p>	7/22/2016 10:41 AM
12	<p>6.1 Wasn't clear if this objective was addressing accreditation of the clinical site (TJC) or the educational program (JRCERT) as recognized by USDE, I included both. 6.3 Should verification of current state certification/license (if applicable) be submitted in addition to ARRT verification?</p>	5/25/2016 3:46 PM
13	<p>6.3 Part-time didactic faculty should have a bachelors degree. Particularly when colleges are using part-time people with limited experience as much as possible.</p>	5/20/2016 10:06 AM
14	<p>Specialized accreditation needs to be defined</p>	4/28/2016 2:05 PM

Q34 There are NO redundancies associated with Standard Six.

Answered: 273 Skipped: 212



Answer Choices	Responses	
Strongly Agree	41.76%	114
Agree	54.21%	148
Disagree	4.03%	11
Strongly Disagree	0.00%	0
Total		273

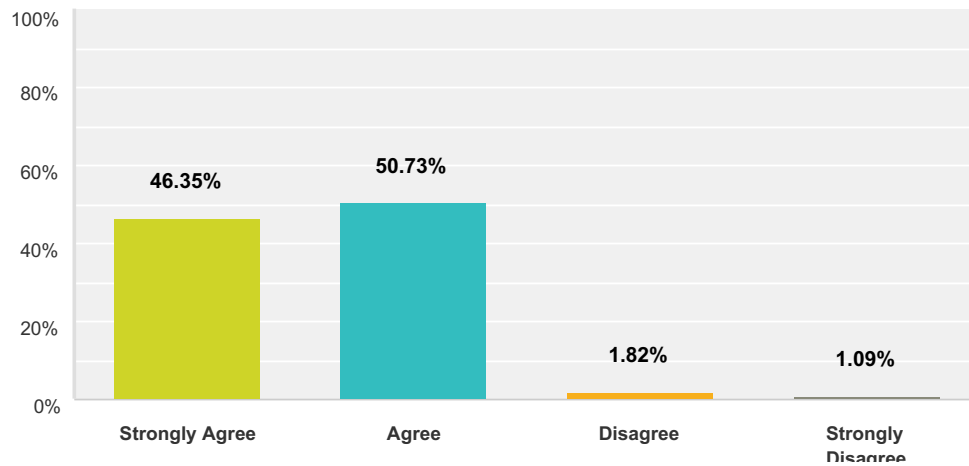
#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	6.3 maybe separate academic and clinical instructors and enter clinical instructors under clinical site info ?	10/3/2016 8:22 PM
2	remove the word specialized	9/26/2016 10:01 AM
3	Some of the objectives seem to overlap and are redundant: 6.1; 6.5	9/26/2016 8:03 AM
4	See previous comments about 2.5 and 6.4	9/23/2016 2:21 PM
5	6.4 Established and maintains affiliation agreements with clinical settings 2.5 Assures JRCERT recognition of clinical settings. Could these be combined? Once established, all JRCERT recognized clinical sites need to maintain affiliation agreements with the clinical setting.	9/23/2016 2:13 PM
6	It seems that compliance with the Standards is easily verified by evaluating the program's compliance with the other Standards. It seems self-evident to me.	9/22/2016 12:57 PM
7	See previous statement.	9/22/2016 10:36 AM
8	6.2 and 4.1--I see the difference but is there a way to combine these 2 objectives into one? 6.4 and 2.5--is there a way to combine? 6.5 and 4.1--is there a way to combine? 6.6--if you have done everything else in the Standards wouldn't you already meet this objective? I understand that is to cover sending in appropriate documentation but seems unnecessary.	9/22/2016 6:47 AM
9	If a program is in compliance with standard five then this is being meet.	9/13/2016 9:53 PM

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10	<p>With regard to standard 6.2, the JRCERT currently permits a non-CMD RTT to be the Program Director of a Medical Dosimetry program. However, the reverse is not permitted, i.e. a non-RTT CMD cannot be the Program Director of a Radiation Therapy program, which I agree with. I think the first scenario is now redundant for the following reasons: 1. The Medical Dosimetry field is now mature enough that we should require that the Program Director be a CMD or a DABR. These backgrounds are much more aligned than a non-CMD RTT background. 2. Medical dosimetry planning techniques and technologies are now so complex, and change so fast, that programs are better served having someone with a CMD/DABR background overseeing it. The role of the educational coordinator in the scenario with a non-CMD RTT as program director should be evaluated and restructured to reflect the additional responsibilities that fall on him/her as a result of this structure.</p>	6/30/2016 8:44 AM
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Q35 The Objectives of Standard Six are relevant.

Answered: 274 Skipped: 211



Answer Choices	Responses	
Strongly Agree	46.35%	127
Agree	50.73%	139
Disagree	1.82%	5
Strongly Disagree	1.09%	3
Total		274

#	If Disagree or Strongly Disagree, please indicate area(s) of concern:	Date
1	Standard 6.2 is not relevant to appropriate professional practice in the field and its intent is unclear, since it does not require an MRI Program Director to hold current MR registration from the ARRT or equivalent.	9/22/2016 8:38 AM
2	I strongly feel that the degree needed to teach is up to the institution in which hires that individual and evaluates them based on their skill, knowledge and proficiency. For the JRCERT to dictate that a specific degree for program director, clinical coordinator, didactic faculty, part-time faculty, clinical instructor, or clinical staff is presumptuous in the fact that just because you have a higher degree makes you more qualified. As an example, having a masters degree doesn't make you any more qualified to be a program director than someone who has a baccalaureate degree with years of experience in the educational process. Same goes for a clinical coordinator vs a full time didactic faculty vs a part-time faculty member. Degree doesn't equate to better or proficiency. The degree for the different positions should be left up to the hiring institution.	9/21/2016 6:16 PM
3	Objective 6.5 explanation stating that JRCERT does not recognize branch campuses is problematic for programs as they expand to multiple campuses and online learning environments. JRCERT may be impeding program expansion plans by requiring that each campus hold separate accreditation awards. This does not seem necessary if the program is under the guidance of the same program director and educational coordinator.	6/28/2016 8:17 AM
4	Retention rate- By factoring in students who voluntarily withdraw from the program for personal matters or financial issues, it is difficult to maintain a passing retention rate. Also, these students do not indicate the performance of the program.	5/23/2016 11:38 AM
5	The requirement that a clinical instructor be approved by the JRCERT should not be required. Again, many other accrediting agencies do not require a program to seek approval to hire a clinical instructor. Also in many programs the CI is a just a name to satisfy JRCERT and the technologists are the ones that are actually doing the competencies and the clinical coordinator is the one that reviews the evaluation and or images. Not sure why such emphasis is placed on this because the CI is not always the one with the most student contact.	5/3/2016 9:42 AM

Q36 Are there any resources that you need to meet or improve program compliance with the Objectives of Standard Six?

Answered: 78 Skipped: 407

#	Responses	Date
1	Yes---I would suggest that the self-study documents in standard 6 somehow "communicate" with the database and clinical education settings. I had to upload the same information many, many times. It would be nice if these two or three items weren't parallel and would actually communicate---that would save a ton of time uploading the same resume, ARRT documentation, affiliation agreements, etc. multiple times.	10/11/2016 4:19 PM
2	No.	10/11/2016 11:58 AM
3	no	10/4/2016 9:31 AM
4	no	10/3/2016 8:22 PM
5	no	10/1/2016 2:53 PM
6	no	9/30/2016 2:50 PM
7	no.	9/30/2016 11:44 AM
8	No	9/30/2016 9:06 AM
9	no	9/28/2016 2:46 PM
10	no	9/27/2016 10:10 AM
11	Using the portal to house our contracts would be helpful so that JRCERT could see we are in compliance at all times.	9/26/2016 6:54 PM
12	no	9/26/2016 4:01 PM
13	no	9/26/2016 12:58 PM
14	no	9/26/2016 8:16 AM
15	indicate specifically what organizations you are looking for accreditation or compliance with in regards to 6.1; 6.2; 6.5	9/26/2016 8:03 AM
16	No	9/23/2016 12:53 PM
17	no	9/23/2016 10:27 AM
18	No	9/22/2016 4:31 PM
19	No	9/22/2016 2:15 PM
20	no	9/22/2016 1:16 PM
21	No	9/22/2016 1:09 PM
22	No	9/22/2016 12:04 PM
23	no	9/22/2016 11:54 AM
24	No	9/22/2016 11:50 AM
25	Direct communication with the ARRT for updating credentials would be a nice addition. By the time my site visit team arrived, many of the submitted credentials had expired.	9/22/2016 11:31 AM
26	No	9/22/2016 11:13 AM
27	None noted...	9/22/2016 11:02 AM
28	It would be immensely supportive of quality outcomes to establish a tool within the review process for program directors to confidentially state program weaknesses and obstacles to JRCERT, outside of the self study. The self study tends to be whitewash by institutional administrators and, therefore, does not help improvement the program.	9/22/2016 10:36 AM
29	No	9/22/2016 10:21 AM
30	none	9/22/2016 10:06 AM

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31	NO	9/22/2016 10:05 AM
32	NO	9/22/2016 9:53 AM
33	No	9/22/2016 9:23 AM
34	No	9/22/2016 9:13 AM
35	No	9/22/2016 9:10 AM
36	no	9/22/2016 8:58 AM
37	no	9/22/2016 8:48 AM
38	n	9/22/2016 8:40 AM
39	No	9/22/2016 8:33 AM
40	No	9/22/2016 8:29 AM
41	no	9/22/2016 8:17 AM
42	No	9/22/2016 8:02 AM
43	Without knowing the sub-standards, this section seems to be appropriate.	9/22/2016 7:45 AM
44	no	9/22/2016 7:40 AM
45	No	9/22/2016 6:57 AM
46	no	9/22/2016 6:49 AM
47	no	9/21/2016 9:12 PM
48	No	9/21/2016 8:59 PM
49	No.	9/21/2016 7:13 PM
50	The accreditation workshops are very helpful.	9/21/2016 6:40 PM
51	JRCERT advisory statement (in more detail) on the interpretation of some common duties and responsibilities for clinical coordinators to allow for a better understanding.	9/21/2016 6:32 PM
52	No	9/21/2016 6:31 PM
53	No.	9/21/2016 6:12 PM
54	No	9/21/2016 5:43 PM
55	No	9/18/2016 11:35 AM
56	Link policies to objectives.	9/9/2016 5:34 PM
57	No	7/31/2016 9:13 PM
58	No	7/22/2016 12:36 PM
59	As long as the office continues to review this information, is it really necessary for the SVT to indicate on the checklist that they have reviewed it as well?	7/13/2016 4:23 PM
60	No	6/30/2016 12:12 PM
61	No	6/28/2016 5:22 PM
62	No	6/26/2016 11:33 AM
63	None	6/13/2016 5:40 PM
64	No	6/13/2016 8:02 AM
65	No	6/7/2016 2:37 PM
66	no	6/7/2016 1:56 PM
67	none known	5/25/2016 3:46 PM
68	no	5/19/2016 1:22 PM
69	No.	5/4/2016 4:14 PM

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70	no	5/4/2016 11:43 AM
71	No	5/4/2016 8:56 AM
72	No	4/29/2016 5:10 PM
73	No	4/29/2016 1:07 PM
74	No	4/29/2016 12:55 PM
75	No	4/29/2016 7:40 AM
76	no	4/28/2016 11:36 AM
77	no	4/28/2016 10:36 AM
78	NO	4/27/2016 4:49 PM

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Q37 Are there additional content areas (objectives) that should be included under Standard Six?

Answered: 69 Skipped: 416

#	Responses	Date
1	No.	10/11/2016 11:58 AM
2	no	10/4/2016 9:31 AM
3	no	10/3/2016 8:22 PM
4	no	10/1/2016 2:53 PM
5	no	9/30/2016 2:50 PM
6	don't think so.	9/30/2016 11:44 AM
7	No	9/30/2016 9:06 AM
8	no	9/28/2016 2:46 PM
9	no	9/27/2016 10:10 AM
10	no	9/26/2016 4:01 PM
11	no	9/26/2016 12:58 PM
12	no	9/26/2016 8:16 AM
13	No	9/23/2016 12:53 PM
14	no	9/23/2016 10:27 AM
15	No	9/22/2016 4:31 PM
16	No	9/22/2016 2:15 PM
17	no	9/22/2016 1:16 PM
18	No	9/22/2016 1:09 PM
19	No	9/22/2016 12:04 PM
20	no	9/22/2016 11:54 AM
21	No	9/22/2016 11:50 AM
22	None that I know	9/22/2016 11:13 AM
23	None noted...	9/22/2016 11:02 AM
24	No	9/22/2016 10:21 AM
25	no	9/22/2016 10:06 AM
26	NO	9/22/2016 10:05 AM
27	NO	9/22/2016 9:53 AM
28	No	9/22/2016 9:23 AM
29	No	9/22/2016 9:13 AM
30	No	9/22/2016 9:10 AM
31	no	9/22/2016 8:58 AM
32	no	9/22/2016 8:48 AM
33	n	9/22/2016 8:40 AM

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34	No	9/22/2016 8:33 AM
35	No	9/22/2016 8:29 AM
36	no	9/22/2016 8:17 AM
37	No	9/22/2016 8:02 AM
38	no	9/22/2016 7:40 AM
39	No	9/22/2016 6:57 AM
40	no	9/22/2016 6:49 AM
41	no	9/21/2016 9:12 PM
42	No	9/21/2016 8:59 PM
43	No.	9/21/2016 7:13 PM
44	No	9/21/2016 6:40 PM
45	No	9/21/2016 6:31 PM
46	No.	9/21/2016 6:12 PM
47	No	9/21/2016 5:43 PM
48	No	9/18/2016 11:35 AM
49	No	7/31/2016 9:13 PM
50	No	7/22/2016 12:36 PM
51	No	6/30/2016 12:12 PM
52	No	6/28/2016 5:22 PM
53	No	6/26/2016 11:33 AM
54	No	6/13/2016 5:40 PM
55	No	6/13/2016 8:02 AM
56	No	6/7/2016 2:37 PM
57	no	6/7/2016 1:56 PM
58	none known	5/25/2016 3:46 PM
59	no	5/19/2016 1:22 PM
60	No.	5/4/2016 4:14 PM
61	no	5/4/2016 11:43 AM
62	No	5/4/2016 8:56 AM
63	No	4/29/2016 5:10 PM
64	No	4/29/2016 1:07 PM
65	No	4/29/2016 12:55 PM
66	Having a requirement here for the ongoing professional development for specific educational content would be beneficial to some programs.	4/29/2016 7:40 AM
67	no	4/28/2016 11:36 AM
68	no	4/28/2016 10:36 AM
69	NO	4/27/2016 4:49 PM

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Q38 Additional Comments:

Answered: 68 Skipped: 417

#	Responses	Date
1	I like the way some of the standards have sub-categories---it helps programs know for sure how to address certain objectives. I would suggest leaving those sub-categories in the next version, and maybe adding more if you combine several objectives into one objective. I like the bulleted lists as well, it makes things just a bit more clear and concise. (e.g. - pregnancy policy items). Thanks for the opportunity to provide feedback!	10/11/2016 4:21 PM
2	NONE	10/11/2016 11:59 AM
3	Although the standards have been improved over the many years of my time in education, there is still room for improvement with wording on a few of the standards. I have noticed that the JRCERT LOVES the "blank AND blank" scenario and has several of them linked together in one sentence. Simplify the wording even if it means having more than one sentence!	10/7/2016 2:07 PM
4	Is there a deadline for 6.6 ?	10/3/2016 8:23 PM
5	I am not quite sure it is appropriate for the accrediting body to set standards for the education level of the program director and the clinical coordinator. It is too intrusive and it is something that should be decided by the college or hospital program.	10/2/2016 3:10 PM
6	more information about using sampling templates on assessment plans and their tools/methods of measuring would be helpful	9/30/2016 2:51 PM
7	None...	9/28/2016 1:37 PM
8	nothing else regarding the standards however, the annual report process would be impossible to be more confusing. This report process needs work and it would be interesting to know how many program directors did it wrong due to the confusion.	9/27/2016 1:51 PM
9	Develop a survey like this one to replace the narrative and exhibit method that is currently used for the self study process. This would increase the efficiency and focus during this process.	9/26/2016 6:59 PM
10	none	9/26/2016 12:59 PM
11	During site visits--verify and recommend that a program does have the clerical support needed.	9/26/2016 12:14 PM
12	Thank you for opportunity to participate in this survey	9/23/2016 2:21 PM
13	n/a	9/23/2016 10:28 AM
14	Exhibits are redundant throughout the standards. It should be noted that if it is provided in Standard 1 and so on that it should be sufficient to not have to keep scanning it in for each individual standard over and over to put in the portal. I was told at the JRCERT meetings in Chicago that it is best to scan it each time so when the board meets they do not have to go back and forth. However, program directors are busy too. There should be a solution to accommodate both parties for the future reports.	9/22/2016 2:34 PM
15	I believe that the current Standards are relevant and meet the objectives of program accreditation and allow for effective educational programs.	9/22/2016 2:26 PM
16	Thank you for support with standards. I've always had questions answered in a timely, professional manner.	9/22/2016 2:11 PM
17	Although the Standards listed are broad, provide workshops that give a lot of examples of what is required. Too much of a self-study is open for interpretation. Don't make us guess at this! Give concrete examples.	9/22/2016 1:09 PM
18	none	9/22/2016 11:55 AM
19	None	9/22/2016 11:51 AM
20	Overall, I believe JRCERT accreditation assures the quality of our programs within the radiologic sciences.	9/22/2016 11:32 AM
21	Just open communication and assistance for questions if the need arises.	9/22/2016 11:13 AM
22	None noted...	9/22/2016 11:02 AM
23	Please it less about the failures of individual program directors and more about the responsibilities of sponsoring institutions to help rather than obstruct quality efforts of program directors!	9/22/2016 10:38 AM

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24	I feel that some of the exhibits ask for in the standards are redundant.	9/22/2016 10:35 AM
25	No further comments. Thank you.	9/22/2016 9:04 AM
26	The only comment is that since we are currently performing our self-study there are numerous redundancies in the required documentation and reporting. It seems that someone needs to review the self-study and eliminate or combine the required information needed for the objectives and standards.	9/22/2016 8:35 AM
27	In the years I've spent with regards to radiography education, the Standards have come a long way. I appreciate the continual improvement.	9/22/2016 8:30 AM
28	Forms or templates might be helpful in clarifying what exactly is required for some documentation & policies.	9/22/2016 8:19 AM
29	Throughout all levels of education a gap has been growing between the rights of students, faculty and staff. Unfortunately it becomes wider in higher education and future patients will suffer for it.	9/22/2016 8:06 AM
30	When teams are put together, at least one member should be actively working in the areas they are evaluating.	9/22/2016 7:48 AM
31	Kudos to JRCERT for asking relevant questions related to Standards revision. Perhaps JRCERT can coach ARRT how to solicit relevant community feedback.	9/22/2016 7:44 AM
32	I agree with the objectives, my concern is the first attempt pass and retention areas. We actively try to ensure first attempt pass, but often they miss score by 2 percent, etc. and they pass with 80+ on the second, letting the nerves get the best of them. I think that should be a consideration for discussion down the line.	9/22/2016 7:40 AM
33	Unless something needs to be added due to DOE, resist the urge to add any more objectives. It is very prescriptive as is and lengthy for both a self study or site visit and the more concise it can be and, at the same time, meet what DOE needs the better.	9/22/2016 6:48 AM
34	none	9/21/2016 9:12 PM
35	Not at this time.	9/21/2016 7:14 PM
36	No	9/21/2016 6:40 PM
37	Thank you for everything that all of you do to assure optimum education for our students in this profession!	9/21/2016 6:34 PM
38	You are all very nice and great to work with.	9/21/2016 5:45 PM
39	The accreditation workshop gave us an opportunity to work with accreditors, seek their input, and develop tools to assist in meeting the academic and professional expectations of the JRCERT. This was very beneficial. The JRCERT has always been a great resource to our program. Thank you!	9/21/2016 5:44 PM
40	I feel the standards are thorough and provide excellent insight to a program's practices. The standards also provide strict guidance to program faculty that if followed truthfully will provide the best student outcomes. While also providing the program with opportunities for improvement.	9/18/2016 11:40 AM
41	Still having issues receiving invoices from JRCERT. This has been extensively analyzed by our IT department and we do not have any "blocks" on our end. Not sure why this is still occurring.	9/9/2016 5:36 PM
42	Other than planned changes/additions that are in the works, I have no other suggested changes that I feel need to be made to the current Radiography standards.	7/31/2016 9:28 PM
43	My main question is regarding MRI safety and the clarity in the standards regarding this requirement.	7/22/2016 12:37 PM
44	None	7/22/2016 12:36 PM
45	The standards, as they exist, are a nightmare for school staff to comply with. Instead of spending time on clinical tasks or actually teaching, we spend hours and hours replying to nitpicking requests for clarification or changes from JRCERT.	7/22/2016 10:43 AM
46	It can be a challenge to keep up with changes in the Standards if you are not actively involved as a site-visitor. Some changes seem to occur without wide spread knowledge for programs.	7/11/2016 2:15 PM
47	Discussion should be opened on what the appropriate terminal degree should be for medical dosimetry. I truly appreciate the opportunity to provide feedback to the JRCERT and I am thankful for this very open and transparent process that you have adopted. Thank you for all you do for the programs.	6/30/2016 8:46 AM
48	Thanks for the opportunity to provide feedback.	6/28/2016 5:22 PM
49	Thank you	6/27/2016 2:50 PM
50	One comment regarding clinical coordinator position shared by no more than 4 appointees (2.2). That does not work well for me as I have CC's who are only able to give 2-3 hours per week.	6/27/2016 1:56 PM

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51	Require a minimum amount of clinical internship experience before graduation. It ensures they will have enough clinical experience and more consistency across programs for graduates entering the field.	6/24/2016 4:00 PM
52	The standards are great, only 5.4 and 5.5 need better examples of what formatting is wanted here. There is no problem obtaining the information needed only the presentation of it to be satisfactory for self-study or interim reports sent in.	6/13/2016 5:41 PM
53	My name is Clinton Patterson Of Long Island University I have from now till the end of summer 2nd Bio 3 & lab once a week so that I can gain Employment since relocating from Philadelphia Conme College via Temple University Via Nova Care sports medicine Dept Employment offer as a Nova care receptionist	6/13/2016 5:06 PM
54	As technology and strategies change it would be good to refresh the objectives more often.	6/13/2016 8:02 AM
55	As a new program director, my input is limited.	6/7/2016 2:41 PM
56	Change the tone of the standards , granted there are diploma mills and places where students might be exploited but the majority of schools are run professionally and care about student success. The ARRT states that some regional accreditation and JRCERT accreditation is acceptable for certification. It is not fair to students whose program had regional accreditation , for the JRCERT to ask organizations like the VA to only accept job applicants who graduated from a JRCERT accredited school.	6/7/2016 2:11 PM
57	none	5/25/2016 3:47 PM
58	We appreciate having JRC to help us make a stronger program.	5/20/2016 10:07 AM
59	I think the standards and objectives are extremely well outlined with the exception of objective 3.3.	5/19/2016 1:23 PM
60	None at this time.	5/4/2016 4:15 PM
61	Reducing cost of Accreditation Site Survey Visit	5/4/2016 2:49 PM
62	no	5/4/2016 11:43 AM
63	I would strongly recommend that the Standards not be expanded to be longer. The last revision was excellent for reducing and combining the number of Standards and Objectives. Keeping the Standards and Objectives concise is in everyone's best interests.	4/29/2016 5:12 PM
64	Overall, I find the current Standards and the detail provided regarding them (objectives, explanations, required program response, etc.)very understandable and fair. While I have contacted the JRCERT for clarification on a few matters over time, I found that my interpretation was typically in alignment with the intent of the objective and/or standard which to me, means that they are clearly stated. I also appreciate the definitions pertaining to program effectiveness data (e.g. what constitutes "actively seeking employment") and the degree of freedom provided to programs to make decisions (e.g. defining our point of entry and a reasonable program completion rate). This displays sensitivity to the range of program and student types. I believe that meeting the Standards is truly a reflection of a quality program.	4/29/2016 1:16 PM
65	The requirement that the JCR approve every clinical education setting and every clinical supervisor is far more onerous than those of other allied health disciplines. For example, the accrediting bodies in PA, PT, Resp. do not require this, instead depending on the professionalism of the faculty in established programs, and the periodic review process.	4/29/2016 9:59 AM
66	Documentation required should be clear and outlined in detail so as to not have any gray areas when completing the process	4/28/2016 2:06 PM
67	none	4/28/2016 10:36 AM
68	Any support JRCERT provides the Program Directors is much appreciated. For instance, when I call and ask a question and someone talks me through the subject matter or offers extra information, I can't thank you enough.	4/27/2016 6:39 PM