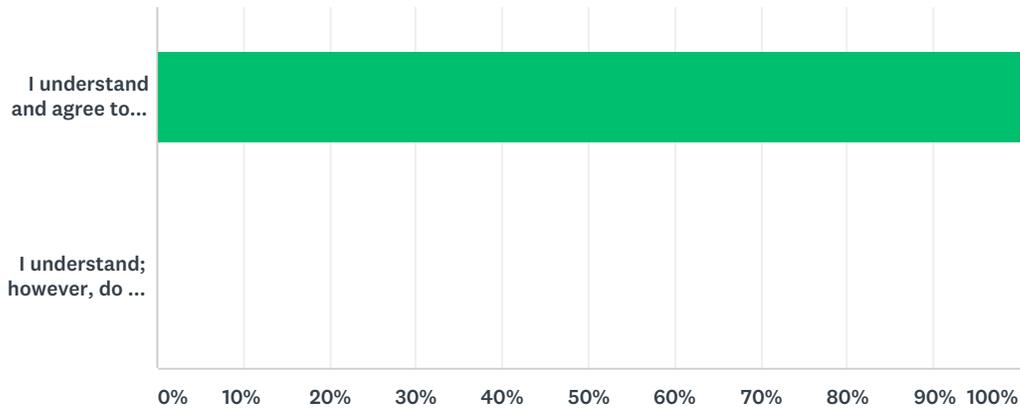


Q1 I understand that the results of this survey will be posted on the Standards Revision page of the main JRCERT Web site and choose to proceed. I also understand that if any identifying information is provided, the JRCERT will make every reasonable effort to redact such information. By continuing, I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

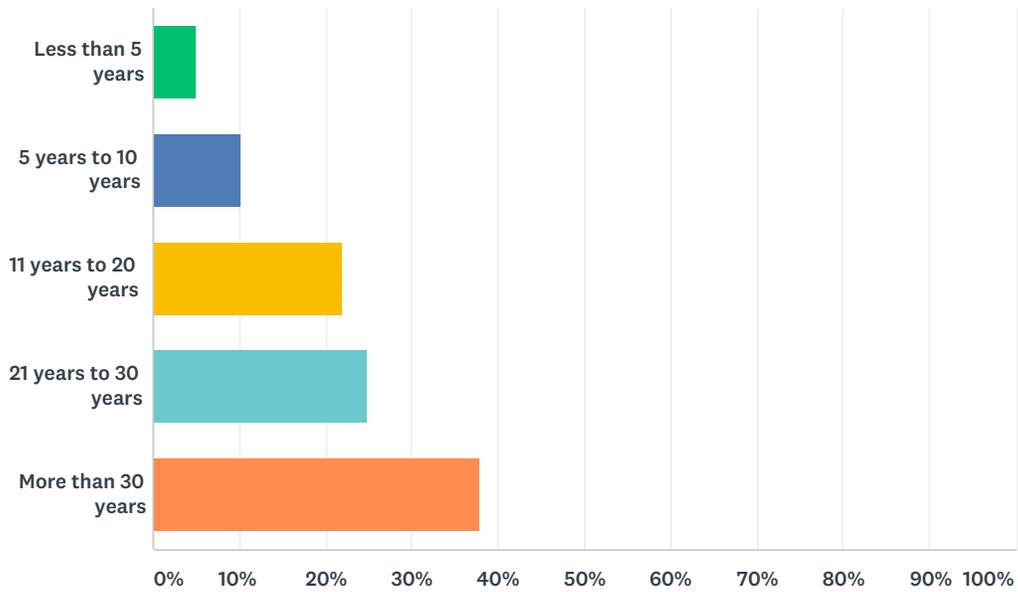
Answered: 147 Skipped: 0



ANSWER CHOICES	RESPONSES	
I understand and agree to proceed	100.00%	147
I understand; however, do not wish to continue.	0.00%	0
TOTAL		147

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

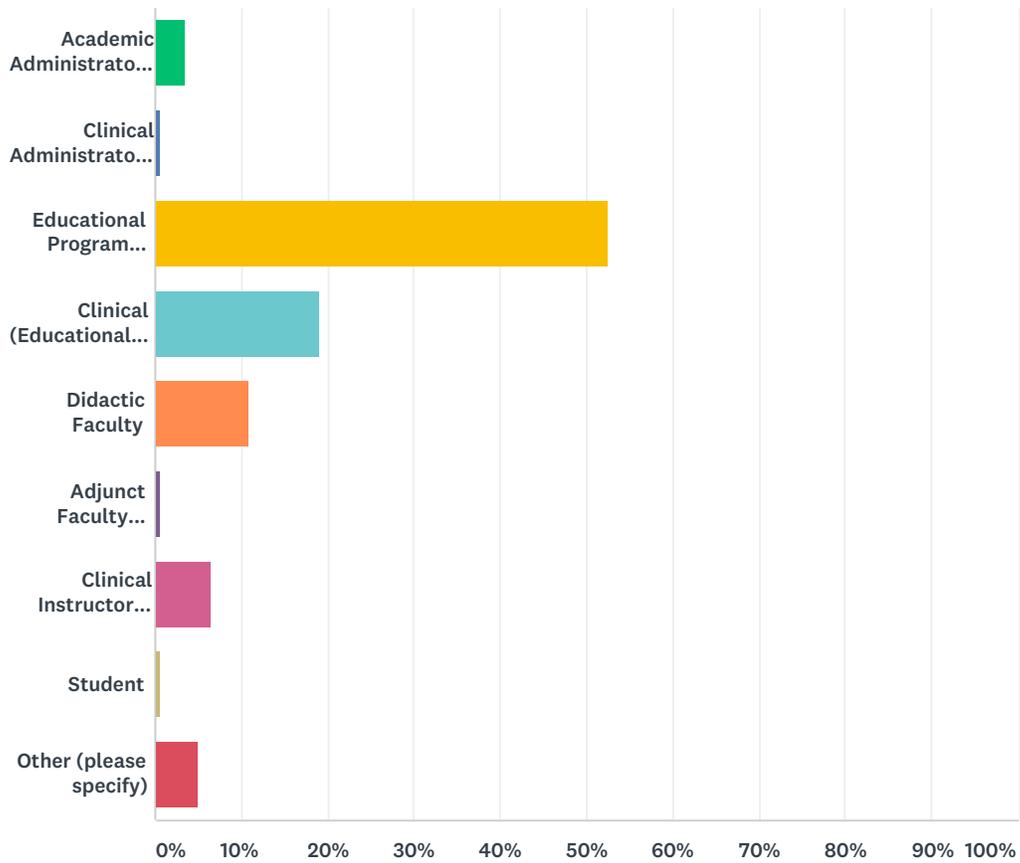
Answered: 137 Skipped: 10



ANSWER CHOICES	RESPONSES	
Less than 5 years	5.11%	7
5 years to 10 years	10.22%	14
11 years to 20 years	21.90%	30
21 years to 30 years	24.82%	34
More than 30 years	37.96%	52
TOTAL		137

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

Answered: 137 Skipped: 10



ANSWER CHOICES		RESPONSES	
Academic Administrator (Dean, Associate/Assistant Dean, Dept./Division Chair, etc.)		3.65%	5
Clinical Administrator (Medical Imaging Director, Radiation Oncology Administrator, etc.)		0.73%	1
Educational Program Director		52.55%	72
Clinical (Educational) Coordinator		18.98%	26
Didactic Faculty		10.95%	15
Adjunct Faculty (Part-time)		0.73%	1
Clinical Instructor (Clinical Supervisor, Clinical Preceptor)		6.57%	9
Student		0.73%	1
Other (please specify)		5.11%	7
TOTAL			137

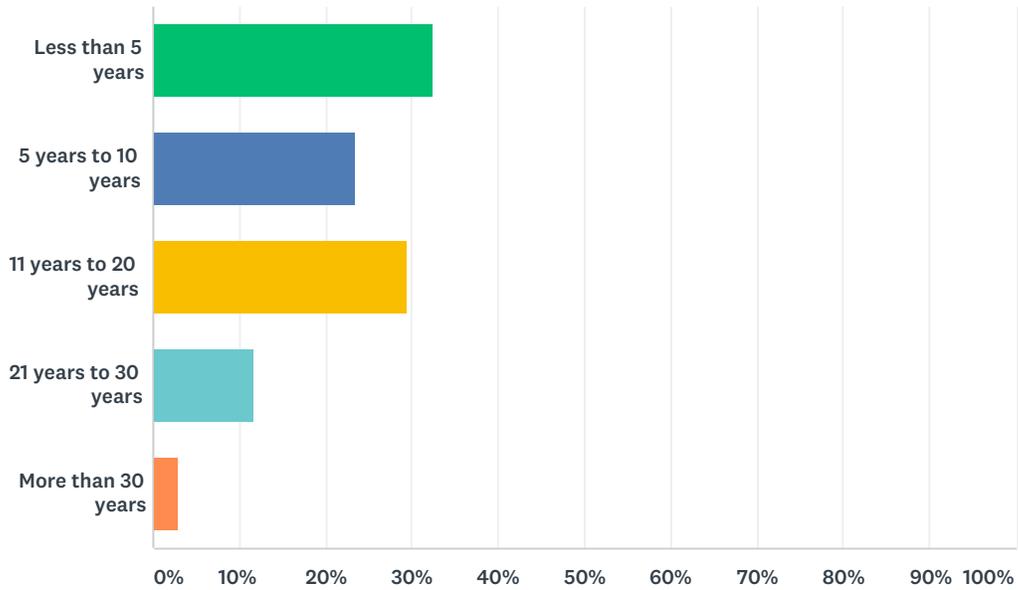
#	OTHER (PLEASE SPECIFY)	DATE
1	Educational Program Director for 33 years - currently retired	2/14/2018 3:14 PM

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2	Radiography Lab assistant	2/14/2018 2:21 PM
3	Technologist	2/8/2018 9:49 PM
4	retired	2/7/2018 11:45 PM
5	Radiology Supervisor	2/7/2018 12:41 PM
6	Former PD now working time ins a program	1/14/2018 6:05 PM
7	I am both a didactic faculty and clinical coordinator, full time.	1/12/2018 2:00 PM

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

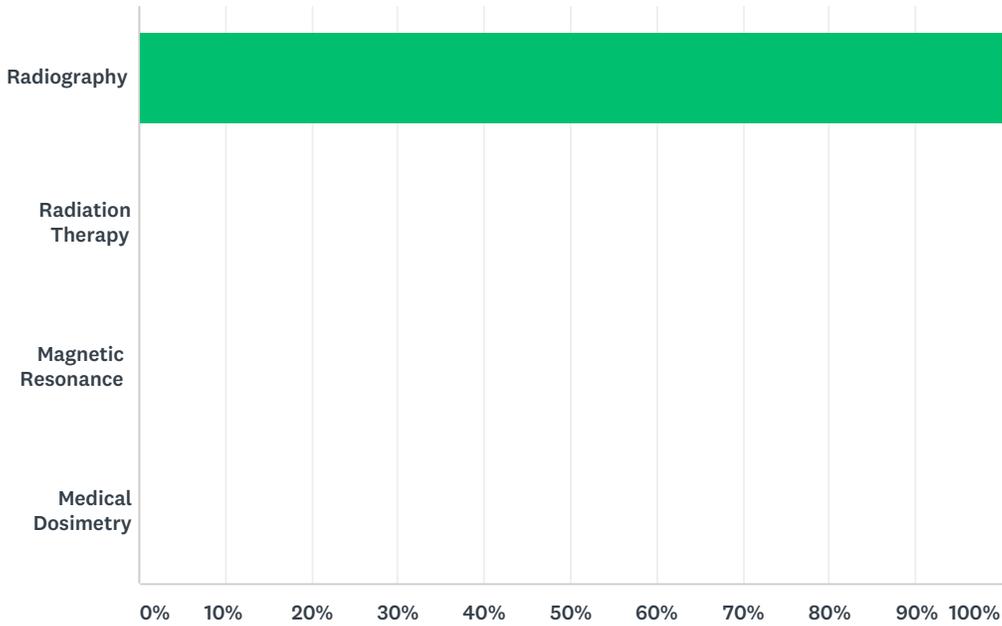
Answered: 136 Skipped: 11



ANSWER CHOICES	RESPONSES	
Less than 5 years	32.35%	44
5 years to 10 years	23.53%	32
11 years to 20 years	29.41%	40
21 years to 30 years	11.76%	16
More than 30 years	2.94%	4
TOTAL		136

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

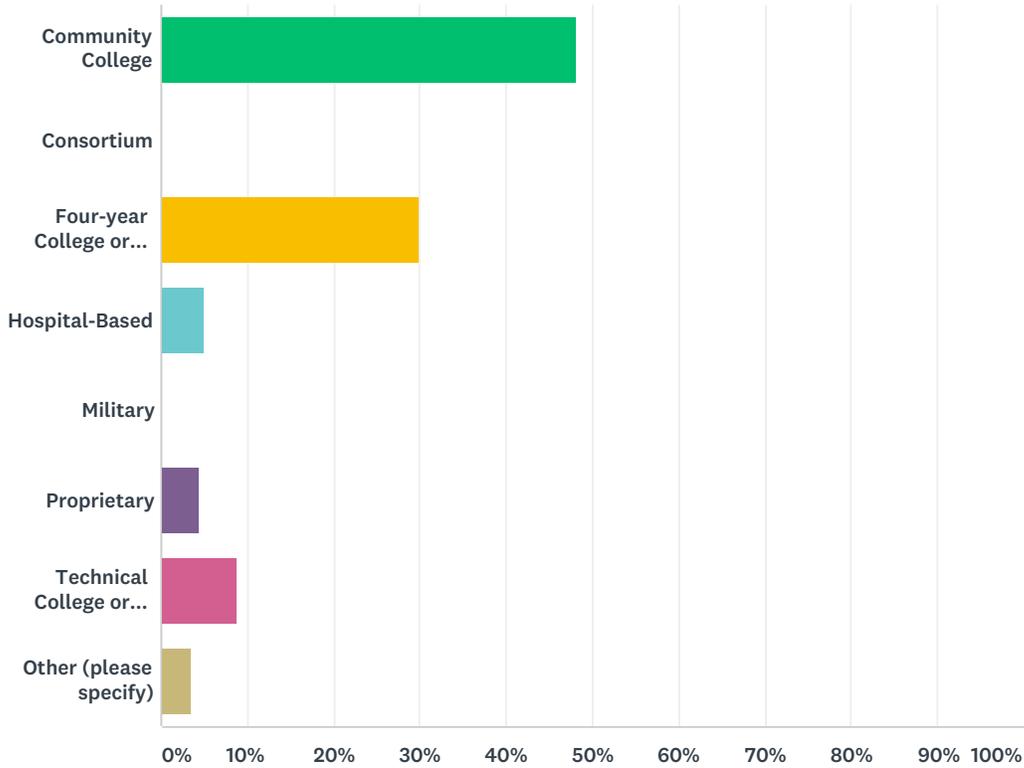
Answered: 136 Skipped: 11



ANSWER CHOICES	RESPONSES	
Radiography	100.00%	136
Radiation Therapy	0.00%	0
Magnetic Resonance	0.00%	0
Medical Dosimetry	0.00%	0
TOTAL		136

Q6 The program sponsorship is:

Answered: 137 Skipped: 10

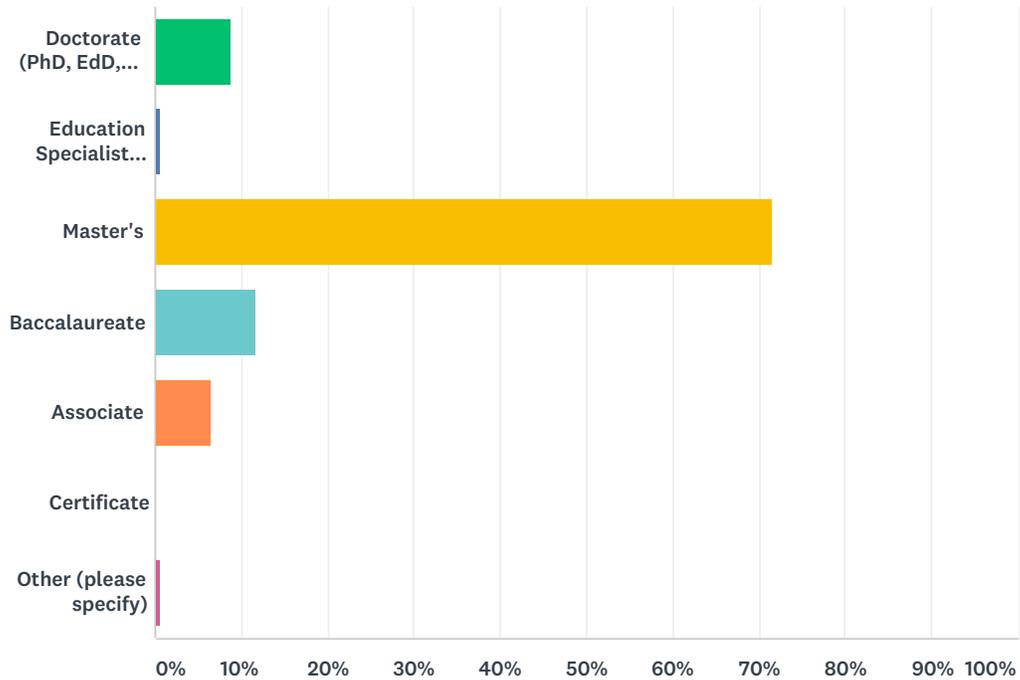


ANSWER CHOICES	RESPONSES	
Community College	48.18%	66
Consortium	0.00%	0
Four-year College or University	29.93%	41
Hospital-Based	5.11%	7
Military	0.00%	0
Proprietary	4.38%	6
Technical College or Institute	8.76%	12
Other (please specify)	3.65%	5
TOTAL		137

#	OTHER (PLEASE SPECIFY)	DATE
1	Private College	2/8/2018 10:44 AM
2	retired	2/7/2018 11:45 PM
3	Hospital-based College	2/6/2018 4:06 PM
4	Hospital-sponsored academic institution (institutionally accredited)	1/19/2018 2:48 PM
5	28 years in Hospital Based then 15 years in Community College	1/10/2018 10:25 AM

Q7 The highest academic credential I have earned is:

Answered: 137 Skipped: 10

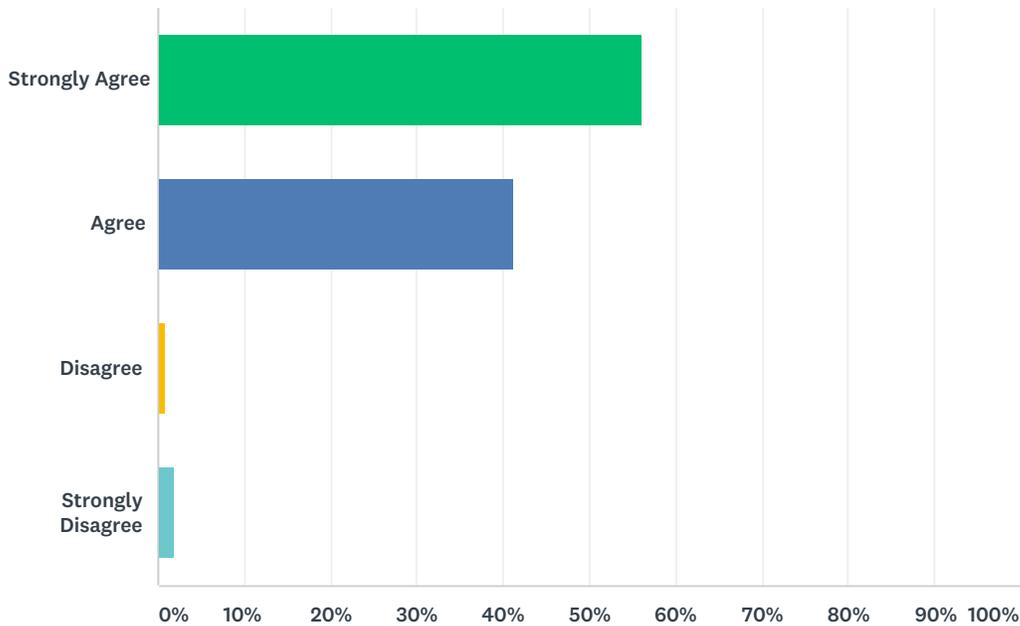


ANSWER CHOICES	RESPONSES	
Doctorate (PhD, EdD, DHEd, JD)	8.76%	12
Education Specialist (EdS)	0.73%	1
Master's	71.53%	98
Baccalaureate	11.68%	16
Associate	6.57%	9
Certificate	0.00%	0
Other (please specify)	0.73%	1
TOTAL		137

#	OTHER (PLEASE SPECIFY)	DATE
1	HS Diploma	1/9/2018 9:00 AM

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

Answered: 109 Skipped: 38



ANSWER CHOICES	RESPONSES	
Strongly Agree	55.96%	61
Agree	41.28%	45
Disagree	0.92%	1
Strongly Disagree	1.83%	2
TOTAL		109

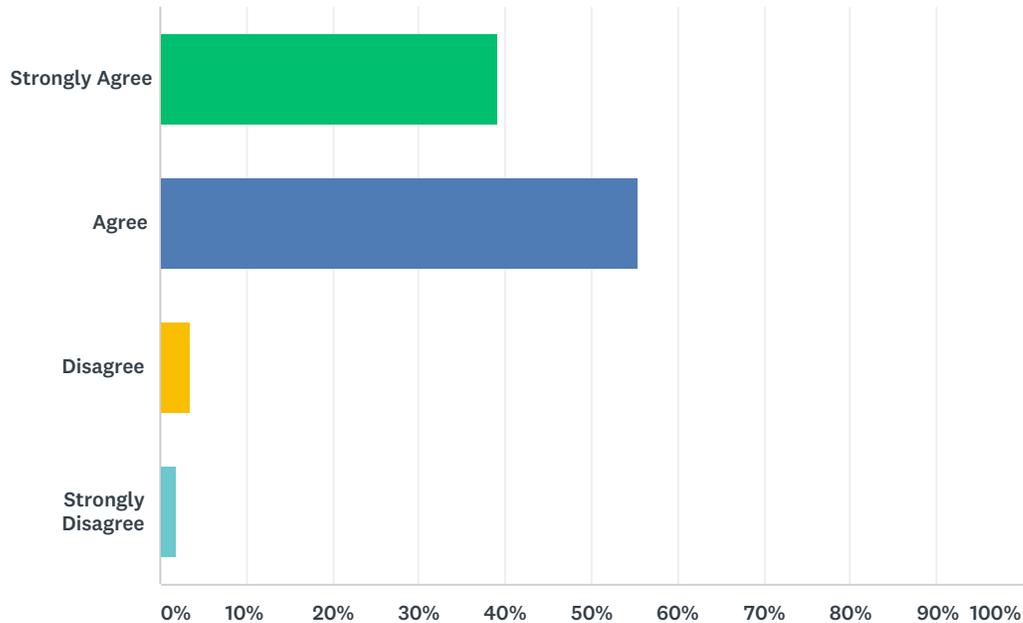
#	PLEASE PROVIDE ANY COMMENTS REGARDING CLARITY OF STANDARD ONE.	DATE
1	I understand the objectives, however, I believe that the institution and the program should be separated.	2/13/2018 1:56 PM
2	1.1 Readily available - define Contacting the institution for information - this provides information to the public. The website is to gather general information, not every little detail about the program. 1.6 3 year average - 75% pass rate requirement. 1.7 Branch campuses - If all the branch programs are run by the main branch, then award should be under the one branch and not have separate accreditation awards. If it is like a university, and they have multiple locations, then they should have separate accreditation awards.	2/12/2018 2:31 PM
3	Standards are presented as more streamlined than previous standards.	2/12/2018 12:06 PM
4	Explanation: At a minimum the sponsoring institution and/or program must publish policies etc. and/or? should be specific or clarified so that it is not misinterpreted Program effectiveness data published for 3 year average. Would like to see it stay at 5 years.	2/7/2018 10:16 AM
5	Standard 1 changes are acceptable and easily understood.	2/6/2018 6:14 PM
6	Certain evaluations are asked for in several sections of Standard 1. These should only be asked for one time.	1/26/2018 11:42 AM
7	1.7. Explanation - Please clarify "...certain clinical setting changes..."	1/23/2018 11:32 AM

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8	I don't believe articulation agreements should be required by the JRCERT to be published. They can certainly be available, but not mandated to be published.	1/12/2018 2:04 PM
9	Accountability, Fair Practices, and Public Information in Standard One is clear.	1/10/2018 12:51 PM
10	1.1 - mentions articulation agreements should be made available to the public and students. I do not believe these persons should be able to view the actual agreements. These persons should only know the names of the program's clinical sites.	1/9/2018 10:56 PM
11	All standards should be written with short sentences.	1/8/2018 9:32 AM

Q9 There are NO redundancies associated with Standard One.

Answered: 110 Skipped: 37

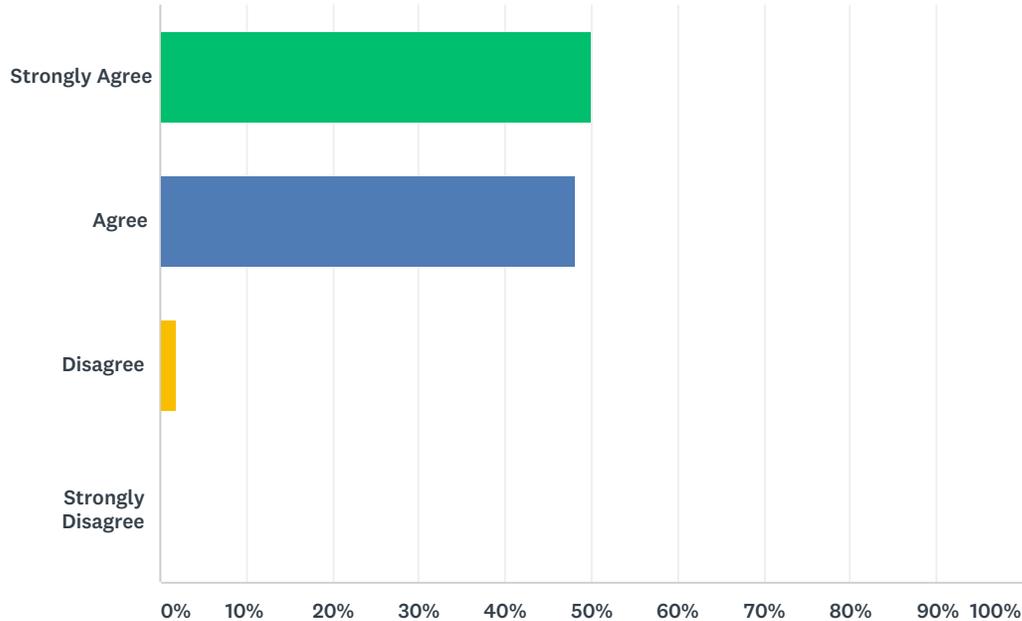


ANSWER CHOICES	RESPONSES
Strongly Agree	39.09% 43
Agree	55.45% 61
Disagree	3.64% 4
Strongly Disagree	1.82% 2
TOTAL	110

#	PLEASE PROVIDE ANY COMMENTS REGARDING REDUNDANCIES IN STANDARD ONE.	DATE
1	1.6 We find it redundant that the Program has to publish the hyperlink to the program effectiveness data on the JRCERT web site AND publish the same information on the College's website. One or the other should suffice.	2/12/2018 1:15 PM
2	There are sections where the same documents are asked for many times. They should be requested in once.	1/26/2018 11:42 AM
3	Throughout the Standards, the same evaluation (review) documents are requested. Once a document is submitted or narrative completed for that document, it should be applied to all standards that the material would be relevant for.	1/26/2018 10:47 AM
4	Don't ask for the same evaluation methods over and over.	1/26/2018 10:45 AM
5	None noted	1/10/2018 12:51 PM
6	If the institution has the policy and procedure then the program also has it.	1/8/2018 9:32 AM

Q10 The Objectives of Standard One are relevant.

Answered: 108 Skipped: 39



ANSWER CHOICES	RESPONSES	
Strongly Agree	50.00%	54
Agree	48.15%	52
Disagree	1.85%	2
Strongly Disagree	0.00%	0
TOTAL		108

#	PLEASE PROVIDE ANY COMMENTS REGARDING RELEVANCY OF STANDARD ONE.	DATE
1	1.6--depending on final decision as to years of three or five for effectiveness data--preference is to keep at a five year average.	2/15/2018 5:03 PM
2	I do not understand the relevance of the requirement to post articulation agreements. Posting the actual legal document seems unnecessary.	2/15/2018 11:10 AM
3	The objectives are relevant, but the program and the institution should be separated The institution is responsible for the faculty, staff and students, the program is responsible for the students.	2/13/2018 1:56 PM
4	Some concern with changing Program Effectiveness to 3 years, rather than the previous 5 year. I think the 5 year is a better overall view of a program. If there are poor results on the ARRT examination, it can take time to pinpoint the problem, especially in the case of a poor instructor. This is especially true working with a union.	2/12/2018 2:13 PM
5	It is vital that the students' confidentiality is ensured and maintained by all academic officials within the institution.	2/12/2018 12:06 PM
6	Objective 1.1: I am not sure "fair" is the best term to use because fair is a sliding scale, and dependent on perspective. Equitable is the better term to use in this context.	1/18/2018 4:13 PM
7	1.6 Employment rate should not be used as an indication of program effectiveness. Faculty do not control employment.	1/14/2018 6:06 PM

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8	the hospital's policies are not publicly viewable.	1/8/2018 12:28 PM
9	Neutral	1/8/2018 9:32 AM

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

Answered: 27 Skipped: 120

#	RESPONSES	DATE
1	No	2/15/2018 5:03 PM
2	no	2/15/2018 11:10 AM
3	None	2/14/2018 11:50 AM
4	no	2/14/2018 9:55 AM
5	Autonomy from the institution to do the job required.	2/13/2018 1:56 PM
6	No	2/13/2018 10:54 AM
7	No	2/12/2018 1:15 PM
8	no additional resources are needed.	2/12/2018 12:06 PM
9	IT Support	2/12/2018 10:08 AM
10	Examples of well defined	2/9/2018 3:56 PM
11	no	2/8/2018 9:56 AM
12	When the sponsoring institution does not pay the preceptors, accountability is sometimes difficult even when policy is clear. Not sure what the answer for this is.	2/7/2018 3:58 PM
13	NO	2/7/2018 2:51 PM
14	No.	2/6/2018 5:36 PM
15	No	2/6/2018 5:22 PM
16	Perhaps some definitions of "fairness" might be in order.	2/6/2018 3:46 PM
17	none	2/6/2018 3:39 PM
18	No	1/31/2018 7:20 AM
19	none	1/26/2018 11:42 AM
20	no	1/26/2018 10:45 AM
21	No	1/23/2018 11:06 AM
22	n/a	1/17/2018 2:29 PM
23	Not at this time	1/10/2018 12:51 PM
24	no	1/9/2018 10:56 PM
25	No	1/9/2018 12:02 PM
26	no	1/8/2018 6:27 PM
27	none	1/8/2018 12:48 PM

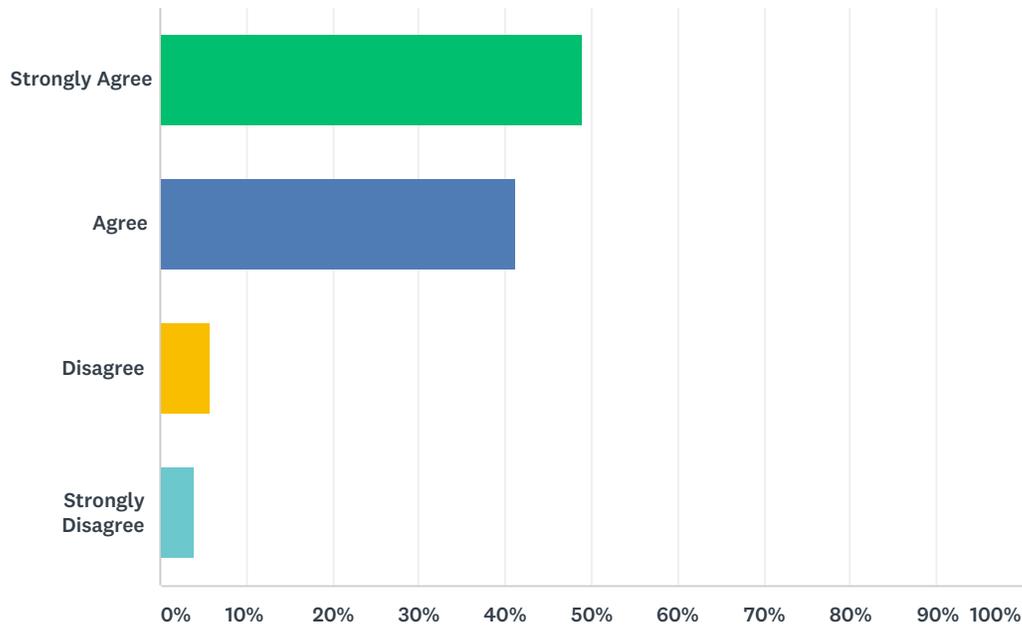
Q12 Are there additional content areas (objectives) that should be included under Standard One?

Answered: 22 Skipped: 125

#	RESPONSES	DATE
1	No	2/15/2018 5:03 PM
2	no	2/15/2018 11:10 AM
3	None	2/14/2018 11:50 AM
4	no	2/14/2018 9:55 AM
5	No	2/13/2018 10:54 AM
6	None	2/12/2018 1:15 PM
7	None observed.	2/12/2018 12:06 PM
8	no	2/12/2018 10:08 AM
9	no	2/8/2018 9:56 AM
10	no	2/7/2018 2:51 PM
11	No.	2/6/2018 5:36 PM
12	No	2/6/2018 5:22 PM
13	No	1/31/2018 7:20 AM
14	none	1/26/2018 11:42 AM
15	Don't ask for the same evaluation methods over and over.	1/26/2018 10:45 AM
16	No	1/23/2018 11:06 AM
17	No	1/17/2018 2:29 PM
18	None noted	1/10/2018 12:51 PM
19	no	1/9/2018 10:56 PM
20	No	1/9/2018 12:02 PM
21	no	1/8/2018 6:27 PM
22	none	1/8/2018 12:48 PM

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

Answered: 102 Skipped: 45



ANSWER CHOICES	RESPONSES	
Strongly Agree	49.02%	50
Agree	41.18%	42
Disagree	5.88%	6
Strongly Disagree	3.92%	4
TOTAL		102

#	PLEASE PROVIDE ANY COMMENTS REGARDING CLARITY OF STANDARD TWO.	DATE
1	I have a question about the energized lab. How accessible does it have to be? Must it be directly in the classroom or accessible by walking a short distance away. I don't feel the energized lab must be directly attached to the classroom.	2/15/2018 10:02 AM
2	2.3 Energized lab does not need to be a requirement. The student can simulate in the lab with the equipment, and still learn how to manipulate the body just like an actual live human procedure by positioning their classmates. When students image phantoms, this is still not like a real human x-ray. There is a software program that will allow the student to simulate exposures and demonstrate technical factors / image acquisition. If a college has a software program that allows the students to simulate exposures and a lab that allows the student to simulate positioning, This should be sufficient. All colleges do not have the same resources, but can still provide the necessary learning environment to produce a good radiology student. Are you going to produce a better student by the phantom exposure in the lab vs simulated exposure on computer?	2/12/2018 2:54 PM
3	We are curious as to the rationale for changing the terminology "clinical instructor" to "clinical preceptor".	2/12/2018 1:17 PM
4	This standard is so essential as students' desire and drive to learning directly correlates with the needed resources that are provided for their laboratory and classroom activities.	2/12/2018 12:09 PM

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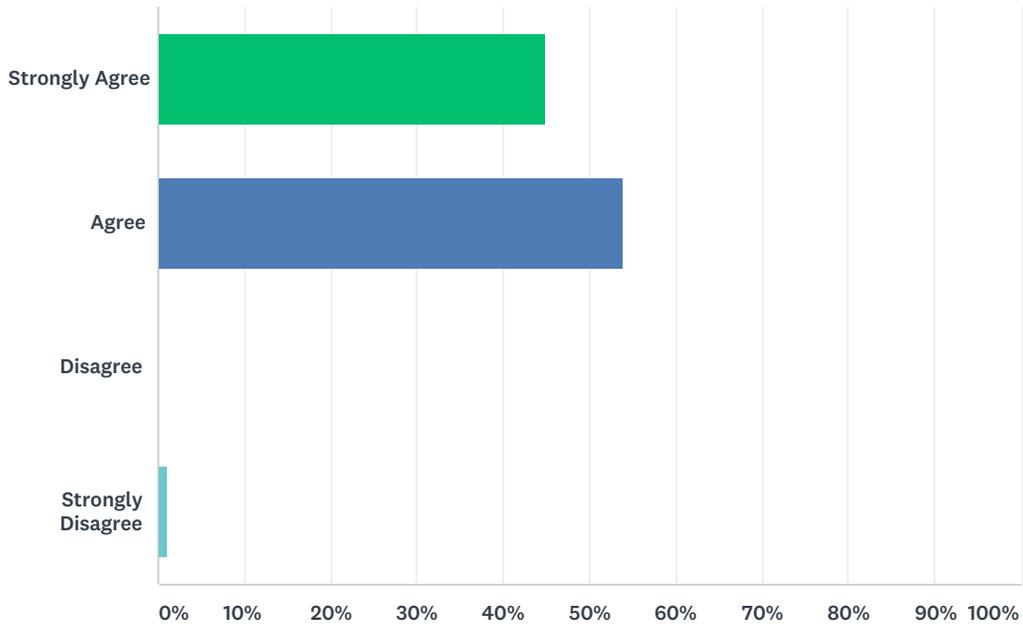
5	Regarding: 2.3 2021 Physical resources Added: Program must have at least one fully energized laboratory; As a hospital-based degree program (St Vincent CHP Indpls) the PROGRAM itself does not HAVE a dedicated ENERGIZED LABORATORY but is in the hospitals and thus students have access to energized exam rooms to perform experiments, practice, make exposures which more than meets the intent of the standard Suggestion for standard: Program must have ACCESS TO at least one fully energized laboratory;	2/7/2018 1:57 PM
6	Standard 2.3 I am unclear on the non-specific objective to require an energized x-ray lab on-site, and why this would only apply to a degree program and not a certificate program. Is an energized lab of value if it is CR only? What if it is DR? What should the program be doing with the lab? Does the lab also require a manikin? Or does the lab need to have quality control tools? Is the lab to be used for procedures and positioning practice? What about experimentation for radiation physics and exposure principles? The blanket statement "The sponsoring institution must provide the program with adequate classroom space and at a minimum, one fully energized laboratory" fails to elaborate on the energized lab besides being conducive to learning. It does not seem to matter what type of learning, as long as learning is happening. Our program happens to have excellent resources including an energized lab that offers both CR and DR imaging for our students. The staff utilizes this lab as we see to be beneficial to our students. Occasionally the equipment requires service. If the equipment is not operational (we were down for a couple months a few years back waiting for the appropriate part to be shipped) does that then make our program noncompliant with the Standards? Just like the JERCERT does not tell programs to have PowerPoint, pencils, computers, or any other specific equipment, it does not seem appropriate to nonspecifically require x-ray equipment at the school. Programs teach the content and the worthiness of this effort is evaluated by the JRCERT during site visits and through self studies. If a program is able to accomplish this task with x-ray equipment in the clinical sites only, why should that change? Because Standard 2.3 for the degree program says so? The need for an energized lab does not matter to our program at all. What does matter to me is that a requirement has been added without adequate support and objective as to what we are supposed to do with it.	2/7/2018 1:43 PM
7	The requirement for all programs to have at least one energized lab is unrealistic. Our students are assigned labs to demonstrate the effects of exposure factors. They take the images in their clinical settings. The requirement for an energized lab is cost prohibitive.	2/7/2018 12:25 PM
8	Standard 2.3 requiring college programs to provide an energized lab has drawbacks which outweigh any expected benefits of the revision. Many community colleges are in severe financial situations at the present time. Adding the enormous expense of obtaining and installing an energized unit, restructuring the laboratory to meet radiation protection and security requirements and adjusting scheduling to provide supervision in the lab will place a tremendous burden on the sponsoring institution. This requirement is not being assigned equally as there are 15 colleges on the JRCERT website that are listed as certificate programs and not subject to this requirement.	1/25/2018 1:54 PM
9	Concerned for small hospital-based programs such as ourselves. Unclear whether private energized laboratory is mandatory or if access to multiple radiography exam rooms while not in use is sufficient as resource.	1/24/2018 4:57 PM
10	I am unclear of the requirement for having at least one fully energized laboratory (new Standard 2.3). Is this a private laboratory, or is access to an actual exam room sufficient to meet this standard?	1/24/2018 10:42 AM
11	Standard 2.3 Added: Program must have at least one fully energized lab; How would this improve education? I currently work in a state of the art lab that is not energized. It was the unanimous decision of the faculty that having an energized lab would not enhance the students' clinical education. We have a complete R&F room that has all the bells and whistles, including a work station and the ability to pull up the cases that the students would be simulating so they can see what the images should look like. The students are learning the same things as if they had an energized lab- patient care, positioning, techniques, etc. We have had a very successful program for the past 20 years without an energized lab. 100% pass rate the last 3 years. Another downside for an energized lab is the cost to put in and to maintain. I would think with the difficulty that higher education is facing this would be an undue cost that would not change outcomes of success. I also believe this would lead to the closing of programs that couldn't afford to put in an energized lab. Ultimately the cost of a new lab and everything that would need to be added would be filtered down to student tuition. This doesn't seem to be in the best interest of students or programs.	1/23/2018 11:08 AM
12	Under 2.3, JRCERT should add clarifying language to the requirement that programs are required to have an energized lab. For hospital-sponsored academic institutions that awards an academic degree, the energized lab is not necessary given the abundance of radiographic rooms in the clinical environment.	1/19/2018 2:52 PM

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13	<p>Specific to standard 2.3, our institution and clinical sites support our program with physical resources to support our mission and the students' learning objectives by allowing us time in the diagnostic imaging rooms when we need it. We are a hospital based program, but award an associates degree. So in reading the degree form of the draft of standards, standard 2.3 states we must have at least one energized lab. Since we have no problems using the diagnostic rooms in Radiology our hospital would not see the need to invest money in purchasing our program an energized lab. We are a small program, so the hospital would most definitely not see a ROI for the purchase either. I do see the point in needing the space for teaching and learning if program's are not being allowed in the imaging rooms but we do not have that problem at our sites. If this is something that the JRCERT is going to accept in the explanations on a Self-study report than there should be clarification made in the objective explanation or required program response section.</p>	1/19/2018 1:07 PM
14	<p>well written and to the point</p>	1/16/2018 4:47 PM
15	<p>I have concerns regarding 2.3. An energized lab at our Community College would be difficult to secure. I do not believe the added educational value of an energized lab outweighs my security and safety concerns. Our students get ample learning opportunities at their clinical sites. I do not believe an energized lab should be a requirement.</p>	1/11/2018 10:50 AM
16	<p>I feel condensing the information into a new format makes the standard much clearer and precise.</p>	1/10/2018 1:04 PM
17	<p>2.3 - mentions programs should have at least one energized x-ray room in the lab. I do not think programs should have to have an energized room due to cost considerations and the fact that lab simulations (without exposures) provide equally valuable learning experiences for students.</p>	1/9/2018 10:58 PM
18	<p>For Standard 2.3, it states "the sponsoring institution must provide...one fully energized laboratory." Is it not possible to be affiliated with a clinical setting that allows the program to use an energized room for the laboratory components of the courses? Does the sponsoring have to provide an on-campus energized laboratory?</p>	1/9/2018 12:06 PM

Q14 There are NO redundancies associated with Standard Two.

Answered: 100 Skipped: 47

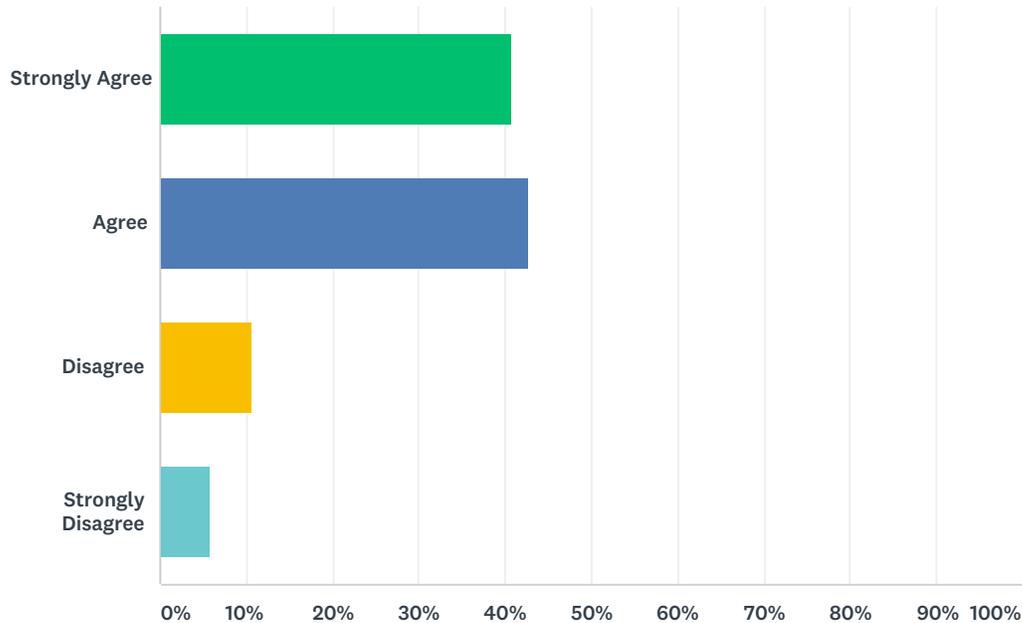


ANSWER CHOICES	RESPONSES	
Strongly Agree	45.00%	45
Agree	54.00%	54
Disagree	0.00%	0
Strongly Disagree	1.00%	1
TOTAL		100

#	PLEASE PROVIDE COMMENTS REGARDING ANY REDUNDANCIES FOR STANDARD TWO.	DATE
1	Don't ask for the same evaluation methods over and over.	1/26/2018 10:46 AM
2	I like that you separated the Title IV financial aid information out for only certificate programs. Our program just went through accreditation and had difficulty answering that one.	1/12/2018 2:07 PM

Q15 The Objectives of Standard Two are relevant.

Answered: 103 Skipped: 44



ANSWER CHOICES	RESPONSES
Strongly Agree	40.78% 42
Agree	42.72% 44
Disagree	10.68% 11
Strongly Disagree	5.83% 6
TOTAL	103

#	PLEASE PROVIDE ANY COMMENTS REGARDING RELEVANCY OF STANDARD TWO.	DATE
1	Strongly disagree to require programs to have a fully energized laboratory. The Standards should not be prescriptive in this manner. We do not specify other equipment needed. Will we have an exhaustive list in the Standards requiring us to have a full body phantom, skeletons, a C-arm, DR versus CR, anatomical phantoms, etc., etc., etc. This will place a hardship on many programs, certificate and degree and possibly cause the close of many programs. If the program has access to an energized radiographic room, when needed, then why would we want to start listing the requirement in the Standards. The finances are not only necessary to purchase equipment but to also build out space for an energized lab, rewiring, etc. physics annual inspection fees.	2/15/2018 5:09 PM
2	Standard 2.3 Would like more information concerning the decision to ensure all programs have at least one fully energized laboratory. If the program does not have phantoms and/or a processor what is the use in having an energized laboratory? I am not sure that the cost of implementation would out weigh the benefits that students may gain. Students are receiving education in the clinical setting with energized equipment. Our program has great ARRT pass rates and employers are satisfied with their performance without the program having an energized laboratory.	2/15/2018 2:58 PM
3	Due to the nature of our program's partnership, we are sponsored by the College and generally housed at the hospital. It makes no sense whatsoever to require "at minimum, one fully energized laboratory" since we have clinical rooms available. It is an extreme cost, and the clinical site serves as the laboratory. We never have an issue using a room as needed for lab. This seems to be an overreach and will cause financial hardship to the program.	2/15/2018 11:16 AM

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4	<p>What is the justification behind this move to have a fully energized lab? Does not the clinical rotations count as educating students on equipment and procedures? I believe there needs to be more information or specifications concerning what is required to be a fully energized laboratory. If you require this, then the only use for a fully energized lab would be to x-ray manikins. The last time I looked into purchasing an x-ray manikin, it was nearly \$20,000.00. As we all know, staying current in radiology, especially when it comes to x-ray equipment becomes extremely expensive. Many institutions such as mine are Community College based. Each year our funds have been depleted more and more and legislators do not see the need to dump monies into schools. Justification for an x-ray lab usually comes by seeking monies from grants or by other donations which are becoming harder and more difficult to receive. We are talking about spending nearly \$300,000.00 plus dollars. The other question I have is, does the fully energized lab at our school need to be kept up to date and if so, what standards do they need to conform to. If what the community clinical sites are to be our standard, they all are purchasing new state-of-the-art digital x-ray equipment. The new imaging plates alone are over \$100,000.00. Another thing that needs to be mentioned is what about the repair costs associated with a fully energized lab. With digital equipment, the minimum PM requirement is annually which runs into the thousands of dollars. What if there are parts needing replacing? Digital is extremely expensive to have and operate, especially if you end up with a dead detector. Setting up contracts for repairs and service run in the thousands of dollars. JRCERT really needs to re-evaluate this request. We are not revenue producing institutions like a hospital which eventually can re coop costs and expenses for such equipment purchases and repairs.</p>	2/14/2018 12:39 PM
5	2.2 Explanation - Clinical coordinator position may be shared by no more than 2 appointees.	2/9/2018 4:00 PM
6	As stated above	2/7/2018 1:43 PM
7	The requirement for all programs to have at least one energized lab is unrealistic. Our students are assigned labs to demonstrate the effects of exposure factors. They take the images in their clinical settings. The requirement for an energized lab is cost prohibitive.	2/7/2018 12:25 PM
8	Objective 2.3: While an energized laboratory may be desirable as a physical resource, so are anthropomorphic phantoms, digital imaging systems, PACS, etc. However, where is the evidence that an energized lab is necessary to achieve a program's mission? This seems to be a capricious requirement, especially when it is not required for certificate programs. This is likely to present a financial hardship on many smaller degree programs. We began as a certificate program and are now a college-based program sponsored by a hospital and accredited by a regional accreditor. We have always had access to an imaging room for laboratory classes in the way it is described in the Standards for a certificate program. I don't understand the double standard. What is the rationale for two differing Standards? Where are the research and evidence to warrant this requirement?	2/6/2018 5:36 PM
9	I would question the relevance of requiring an energized lab for Rad programs (2.3) This is unnecessary for the goal of graduating competent radiographers since all programs have adequate clinical hours for utilizing radiation on real patients. This proposed change would offer very little benefit to the student, but a significant hardship on programs that currently do not have an energized lab. It is my sincere hope that this proposal is eliminated from the final version of the standards.	1/29/2018 1:11 PM
10	We can facilitate learning without an energized lab. The sponsoring institution provides us with a non energized lab for simulation. All students have labs on campus and at the clinical sites. The labs at the sties provide access to energized labs	1/27/2018 1:09 PM
11	2.3. Explanation - The requirement for "one fully energized laboratory" is a concern for my program. There does not currently exist any space on campus for this addition. Currently, the hospital provides our student access to energized equipment.	1/23/2018 11:35 AM
12	Standard 2.3 Added: Program must have at least one fully energized lab; How would this improve education? I currently work in a state of the art lab that is not energized. It was the unanimous decision of the faculty that having an energized lab would not enhance the students' clinical education. We have a complete R&F room that has all the bells and whistles, including a work station and the ability to pull up the cases that the students would be simulating so they can see what the images should look like. The students are learning the same things as if they had an energized lab- patient care, positioning, techniques, etc. We have had a very successful program for the past 20 years without an energized lab. 100% pass rate the last 3 years. Another downsize for an energized lab is the cost to put in and to maintain. I would think with the difficulty that higher education is facing this would be an undue cost that would not change outcomes of success. I also believe this would lead to the closing of programs that couldn't afford to put in an energized lab. Ultimately the cost of a new lab and everything that would need to be added would be filtered down to student tuition. This doesn't seem to be in the best interest of students or programs.	1/23/2018 11:08 AM

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13	I am concerned that the change to "program must have at least one fully energized laboratory" may be a barrier to some programs. This is a significant expense to a college that may be out of the program's control. I wish this would be "re-thought."	1/22/2018 12:44 PM
14	Standard 2.3 states that "The sponsoring institution must provide the program with adequate classroom space and at a minimum, one fully energized laboratory." While this may be well suited for a traditional on-ground program, this does not take into effect a distance education program whereby the didactic portion is delivered online and serves the advanced placement student who already has experience in imaging and is attempting to become ARRT eligible. I see the trend in education delivering education where the student is, and at a time where the student is available. This standard does not consider alternative delivery of didactic education.	1/17/2018 2:34 PM
15	2.3 Forcing degree programs to have an energized lab is problematic. The JRCERT is making assumptions about rooms used for certificate programs. Not all schools may have the resources such as space and the cost for a room as well construction renovations. The term energized lab is not defined and is vague. For example a program could simply put a portable in a classroom and that meets the standard. Next the standard requires a (not defined in the document) energized lab but does not require an image capture system. It is not understood as written that there must be an image capture system. If the capture system is not required then why can't a program use a table, upright bucky, and tube that is not energized? Lastly since the JRCERT requires programs to utilize data, what data does the JRCERT have that demonstrates the student success in programs w an energized lab is significantly higher compared to those that do not? This should not be a requirement until the JRCERT has data that demonstrates conclusively the role a lab plays in student success vs student success in programs w/o the energized lab. The JRCERT is putting a significant financial burden on programs with a requirement that is not data driven.	1/14/2018 6:13 PM
16	I do not agree with the necessity of an energized lab in 2.3	1/11/2018 10:50 AM
17	2.3 does not account for online learning see comments on #16.	1/5/2018 6:32 PM

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

Answered: 32 Skipped: 115

#	RESPONSES	DATE
1	Yes--huge financial resources and physical space needed to meet this objective.	2/15/2018 5:09 PM
2	the cost of an energized laboratory	2/15/2018 11:16 AM
3	The program needs an energized lab. The program does not have an energized lab currently.	2/14/2018 11:11 AM
4	no	2/14/2018 9:55 AM
5	We do not have a defined teaching and learning center. We utilize the computer or classrooms as testing centers.	2/13/2018 10:56 AM
6	No energized lab on campus. Students are in clinical setting every semester.	2/12/2018 2:16 PM
7	No	2/12/2018 1:17 PM
8	No additional resources are needed for this Objective of Standard.	2/12/2018 12:09 PM
9	no	2/8/2018 9:56 AM
10	no	2/7/2018 2:51 PM
11	We would need funding for an energized lab, funding to provide the required shielding, funding for state inspections of the equipment, and funding for annual inspection and maintenance of the equipment. This requirement is cost prohibitive!	2/7/2018 12:25 PM
12	Yes. Several hundred thousand dollars for an energized laboratory.	2/6/2018 5:36 PM
13	No	2/6/2018 5:23 PM
14	I'm very concerned about 2.3. We've never had an energized laboratory as we are located on a large HCO campus with access to energized rooms for any lab assignments. If we were required to have a dedicated energized lab, I'm not sure that I could get approval for such a costly capital project. I can't imagine we are the only program in this situation...	2/6/2018 4:42 PM
15	none	2/6/2018 3:40 PM
16	Yes - Objective 2.3. Our program currently does not have an energized lab.	1/31/2018 7:23 AM
17	Do not have energized lab on campus	1/27/2018 1:09 PM
18	no	1/26/2018 10:46 AM
19	If Standard 2.3 requires a PRIVATE, school-use only, energized laboratory, this is an extreme concern to our program. Being hospital-based, I expect our Administration to want us to continue utilizing our examination rooms for laboratory demonstration as an alternative to a private lab.	1/24/2018 10:42 AM
20	YES - more clarification please.	1/19/2018 1:07 PM
21	I'm not sure where to place this comment, so putting it here. It would be helpful if the JRCERT could stipulate that institutions cannot pass on more than a certain percentage of costs to students. Currently, the policies at my site allow for the college to pass on related program costs (equipment maintenance, purchasing of new equipment, etc) costs under the cloak of "course fees," which has more than doubled the cost of the program in the past few years. This is starting to become a barrier to successfully recruiting students. I understand JRCERT may not be able to do this, but it would help program directors be able to control the costs of their program.	1/18/2018 4:18 PM
22	Our program would not be in compliance with Standard 2.3 for an energized lab. Our program is delivered via Distance Education.	1/17/2018 2:34 PM
23	Yes the JRCERT should give programs money to build the required labs.	1/14/2018 6:13 PM

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24	I think it is way beyond the JRCERT's purview to mandate the programs must have at least one fully energized laboratory. Luckily our program meets this requirement but that would be very expensive for some programs that don't. Some programs may do just fine using a room in one of their affiliates.	1/12/2018 2:07 PM
25	With the addition of "The sponsoring institution must provide the program with adequate classroom space and at a minimum, one fully energized laboratory." I will need to make significant changes to the classroom/lab. By adding an energized equipment to the lab this will be a significant cost to the program. The cost to add a PACS/DICOM program is nearly \$10,000.	1/11/2018 5:35 PM
26	Energized lab	1/11/2018 10:50 AM
27	no	1/9/2018 10:58 PM
28	No	1/9/2018 12:06 PM
29	no	1/8/2018 6:28 PM
30	none	1/8/2018 12:49 PM
31	My program is conducted on-line and only enrolls students with x-ray experience. Therefore, no energized lab is required or used. Would this mandatory requirement disqualify my program from JRCERT accreditation?	1/5/2018 6:32 PM
32	I strongly disagree with the need for an energized laboratory. Clinical rotations are integrated with didactic learning. Students in our program go to clinical every other day. I do not see a need for an energized lab as a requirement. CR is being replaced with DR. Are you going to require all programs to have a million dollar DR unit at the schools? You need to reconsider this requirement as it will cause a hardship for a lot of programs financially	1/5/2018 6:22 PM

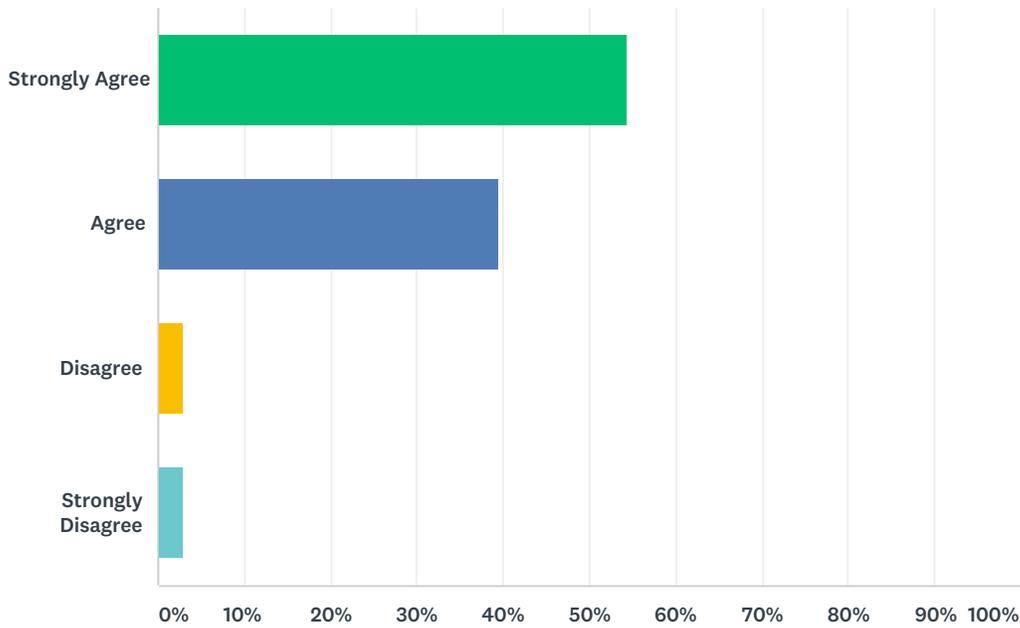
Q17 Are there additional content areas (objectives) that should be included under Standard Two?

Answered: 22 Skipped: 125

#	RESPONSES	DATE
1	No	2/15/2018 5:09 PM
2	no	2/15/2018 11:16 AM
3	I suggest changing the verbiage to specify that program offices not be shared between faculty, or at a minimum the program director does not have a shared office.	2/14/2018 11:11 AM
4	no	2/14/2018 9:55 AM
5	We offer tutoring and have an online library as well as books in the classroom. I think that should be enough.	2/13/2018 10:56 AM
6	None	2/12/2018 1:17 PM
7	none for this standard	2/12/2018 12:09 PM
8	no	2/8/2018 9:56 AM
9	no	2/7/2018 2:51 PM
10	No.	2/6/2018 5:36 PM
11	No	2/6/2018 5:23 PM
12	none	2/6/2018 3:40 PM
13	No.	1/31/2018 7:23 AM
14	no	1/26/2018 10:46 AM
15	See #13	1/19/2018 1:07 PM
16	Language that allows for distance education program.	1/17/2018 2:34 PM
17	None noted	1/10/2018 1:04 PM
18	no	1/9/2018 10:58 PM
19	No	1/9/2018 12:06 PM
20	no	1/8/2018 6:28 PM
21	none	1/8/2018 12:49 PM
22	I would like to know specifically how much clerical help I am required to have for the program and what defines clerical help being available. I.e. full time, part time, or as needed and an administrative assistant or work-study position.	1/8/2018 11:38 AM

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

Answered: 101 Skipped: 46



ANSWER CHOICES	RESPONSES
Strongly Agree	54.46% 55
Agree	39.60% 40
Disagree	2.97% 3
Strongly Disagree	2.97% 3
TOTAL	101

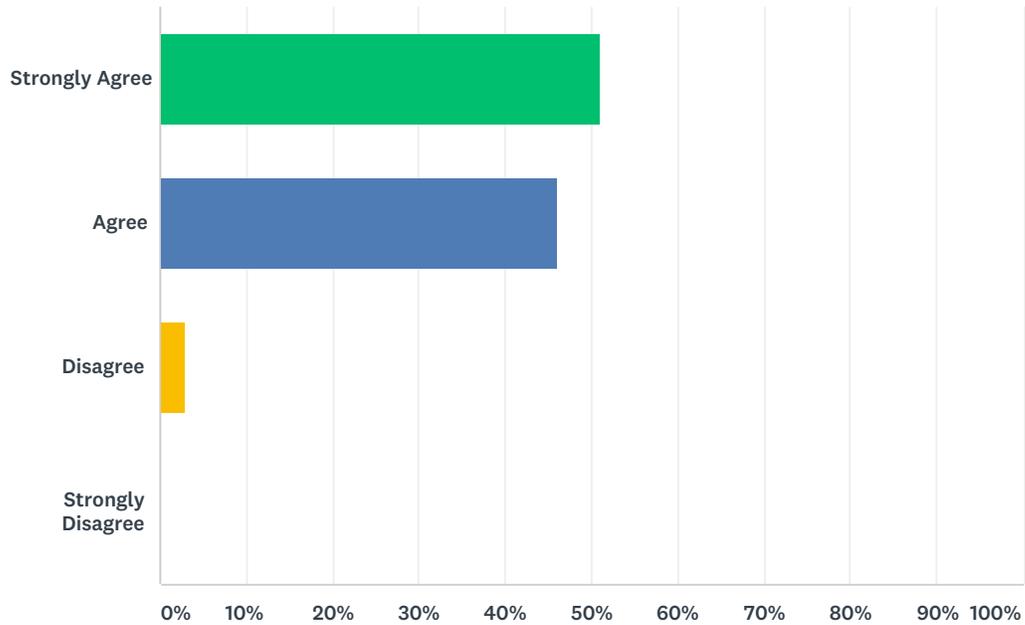
#	PLEASE PROVIDE ANY COMMENTS REGARDING THE CLARITY OF STANDARD THREE.	DATE
1	In an Associate degree program, the clinical coordinator should have a Bachelor's degree and if a Bachelor degree program, the Master's degree would be needed.	2/15/2018 10:03 AM
2	Our program hires clinical instructors as full-time tenure track employees. The term preceptor seems to include only hospital employees.	2/13/2018 3:06 PM
3	I am not sure what is meant by: edit threshold for clinical coordinator.	2/13/2018 10:58 AM
4	3.1 Define administrative functions.	2/12/2018 3:08 PM
5	I do not like the title change from Clinical Instructor to Clinical Preceptor. I feel this should be an and/or title chosen by the program. The Clinical Instructors who teach for our program are hired by the college as tenure track instructors. They also teach labs on campus and are assigned to all of the duties that other college instructors are ie. committees and meetings. Preceptor sounds like a term for only those programs that employ hospital personnel.	2/7/2018 11:03 AM

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6	Prefer Clinical Instructor title to remain Qualifications for Clinical Coordinator and FT Didactic Faculty should read "knowledgeable" in curriculum/course development as opposed to "proficient". Many people are hired that become proficient, but are not proficient at hire. Responsibilities of Clinical staff "monitors and enforces program policies and procedures" should state "monitors students and reports any non adherence to program policies and procedures." Many clinical sites have students from several programs and it is the clinical staff's job to take care of patients and teach students, not to ENFORCE program rules, but to report any issues.	2/7/2018 10:24 AM
7	3.1 I'm concerned that lowering the number of students from 30 to 15 will require additional faculty. We have 20 students, and identifying a faculty member as CC, and not being able to use them as a CI would require us to hire another CI to maintain the 10:1 student to faculty ratio. If I am understanding this revision correctly.	2/6/2018 4:53 PM
8	I would like to see JRCERT offer some sort of guidance as to how much time it actually takes to "administrate" a program. I realize this varies greatly between programs, but we are slowly losing our release time due to cut backs. The only way we can keep it is by JRCERT requiring it.	1/30/2018 1:48 PM
9	A full time Clinical Coordinator is needed as well as a full time Director of the program. They are essential to student success when there are more than five clinical sites and more than fifteen enrolled Radiography students.	1/26/2018 12:30 PM
10	Standard 3.1 Amend or remove: Full and part time faculty status is determined by, and consistent with, the sponsoring institutions definition. Replace or clarify the statement with: When students are enrolled in the educational process a full time program director is required. A full time clinical coordinator is also required for five or more active JRCERT clinical settings and more than fifteen students enrolled in the clinical component. Standard 3.2 Amend or remove: Adjunct faculty should be knowledgeable about academic advising. Replace with: Adjunct faculty should only be knowledgeable about basic academic advising of radiography courses. They should not be held responsible for advising pre-req courses. Standard 3.3 Explanation must be clarified to full time program director and full time clinical coordinator in order for program duties to be fulfilled. Otherwise, it will be filled only by adjunct faculty. .	1/26/2018 12:03 PM
11	I think the change to "clinical preceptor" is appropriate.	1/23/2018 11:42 AM
12	I am a little on the fence with this one. I am able to compare our teaching load with other hospital based programs in the state so I feel we can compare that way. But Standard 3.1 states "comparable to health science programs within the sponsoring institution". We are the only one in our institution. We have enough time to get our courses taught and office time to prepare lesson plans, etc but not having taught on a campus I don't know how they figure up workload and release time. Also the wording on 3.5 seems university or college campus specific. It states faculty should take advantage of available program support services provided on the institutional campus. We have services available to us but not specific to teaching or working with students. We go "off campus" to conferences if we need something that specific. Again, we are hospital based so our services are infection control, wellness activities, or if Radiology gets new equipment we are invited to the in-service training.	1/19/2018 1:16 PM
13	very clear	1/16/2018 4:48 PM
14	I like the idea that a Standard is completely devoted to Faculty and Staff.	1/10/2018 1:16 PM
15	The workload and number of students per faculty member should be more concise.	1/8/2018 4:36 PM

Q19 There are NO redundancies associated with Standard Three.

Answered: 100 Skipped: 47

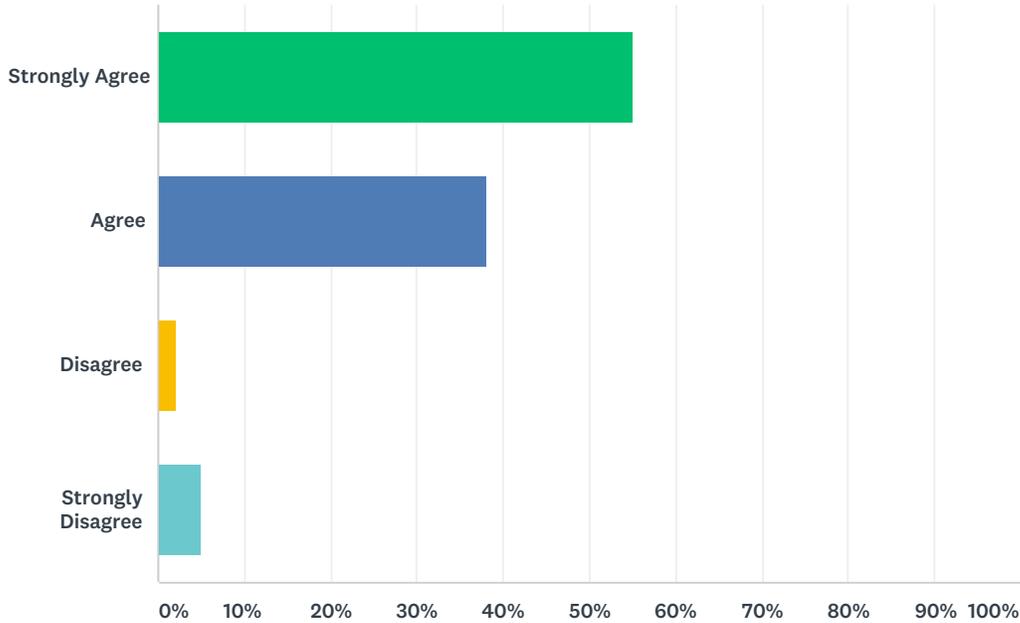


ANSWER CHOICES	RESPONSES
Strongly Agree	51.00% 51
Agree	46.00% 46
Disagree	3.00% 3
Strongly Disagree	0.00% 0
TOTAL	100

#	PLEASE PROVIDE COMMENTS REGARDING ANY REDUNDANCIES IN STANDARD THREE.	DATE
1	The same evaluations are asked for several times. For example, the clinical schedule.	1/26/2018 12:30 PM
2	Don't repeat same evaluation methods over and over.	1/26/2018 12:03 PM

Q20 The Objectives of Standard Three are relevant.

Answered: 100 Skipped: 47



ANSWER CHOICES	RESPONSES	
Strongly Agree	55.00%	55
Agree	38.00%	38
Disagree	2.00%	2
Strongly Disagree	5.00%	5
TOTAL		100

#	PLEASE PROVIDE COMMENTS REGARDING THE RELEVANCY OF STANDARD THREE.	DATE
1	<p>3.1--disagree with the change to require a clinical coordinator if more than 15 students. What is the rationale for the change? This places a hardship on both degree and academic programs to fund a new position and possibly cause program closure. Keep worded the same as it is now. 3.2--Wording for Clinical Coordinator and Full-time Didactic Faculty--suggest changing "proficient" to "Is knowledgeable of." With the clinical experience required, it is difficult to be "proficient" versus "being knowledgeable." --Adjunct faculty--for consistency should say "Is knowledgeable in course development..." versus "of." --Clinical Preceptor--recommend changing "proficient" to "Is knowledgeable" for same reason indicated above. 3.3--The responsibilities for all positions could be consolidated more. As proposed, the Clinical Coordinator has more responsibilities than the Program Director. Again, we need to quit being so prescriptive and quit trying to make lists of everything that should be done. the responsibilities should be written more broadly. --Clinical Preceptor--Last responsibility written too prescriptively. Possible suggestion--"Maintains current knowledge of program policies, procedures, and student progress as needed." Delete the last sentence. --Clinical Staff--Delete the last responsibility--not needed as a responsibility for staff. 3.4--like the change to make it the prerogative of the program to evaluate performance of clinical preceptors who are employees of clinical settings.</p>	2/15/2018 5:19 PM

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2	<p>3.3 Not sure why the name change from Clinical Instructor (CI) to Clinical Preceptor? Are they not teaching them the proper technique and positioning and observing the students activities. The term preceptor just sounds like an individual who just watches over the students. I have discussed this with all our current Clinical Instructors and they do not like being called a Preceptor. Have you taken a poll of other institutions Clinical Instructors and sought feedback? I have a hard time with the requirement of 2 years clinical experience. I am not aware of many hospitals that have radiologic technologists with more than 2 years. The majority of them move on to specialty modalities after the 1st yr. The majority of Clinical Instructors are past students in the program. They fully understand the program and how it operates. As for the experience, after one year of experience they are exceptionally skilled in the procedures. I would strongly disagree with the fact of more than 2 yrs is a benefit, to me it is worse since by then they have forgotten their book smarts. I would like it to be changed to a 1-2 yr minimum requirement not to include being a student. 3.5 Being a Community College based program, funding for professional development opportunities is being placed upon the employee since the funds from legislation are being reduced significantly. I do not believe it should be required but maybe highly suggested that they try and fund conferences and such. Most faculty receive professional development online or through ASRT periodicals.</p>	2/14/2018 12:58 PM
3	<p>A full time Clinical Coordinator is needed as well as a full time Director of the program. They are essential when there are more than five clinical sites and more than fifteen enrolled Radiography students. They hold responsibility for the students success in the Radiography program, and should maintain 12 month status. In 3.2 there is an issue with the qualifications for Adjunct Faculty. -Is knowledgeable of course development, instruction, evaluation, and academic advising. This statement should be revised omitting academic advising or stating that academic advising is determined by institution. Some institutions do not allow adjunct to be advisers.</p>	1/26/2018 12:30 PM
4	<p>When students are enrolled in the educational process a full time program director is required. A full time clinical coordinator is also required for five or more active clinical settings and more than fifteen students enrolled in the clinical component.</p>	1/26/2018 12:03 PM
5	<p>3.1 Amend or remove the following statement: Full-and part-time status is determined by, and consistent with, the sponsoring institution's definition. Replace or add the following clarifying statement: When students are enrolled in the educational process, a full time program director is required. Also a full-time clinical coordinator is required when the program has more than fifteen (15) students or five (5) JRCERT approved clinical education sites. In a phone conversation with a JRCERT official- the following information was given to me when I had a question about the vagueness of this standard (was 2.2). I was told that "It is the assumption of the JRCERT that the institution is aware where there are students enrolled in the educational process the standards must be met. 3.3 add clarification to the explanation statement The program director may have other responsibilities as defined by the sponsoring institution; however, these added responsibilities must not compromise the ability or the time allocated to perform the responsibilities identified in this objective. A clinical coordinator is required when there is more than fifteen (15) students or five (5) JRCERT approved clinical education sites. The program director may not be designated as the clinical coordinator For all circumstances when a faculty member's appointment is less than 12 months and students are enrolled in didactic and/or clinical courses, the program director must assure that all program responsibilities are fulfilled.</p>	1/26/2018 11:46 AM
6	<p>The required master's degree for clinical coordinators of a baccalaureate program may be difficult for some to obtain. Could there be a window of time for the degree to be obtained for those that do not yet have this degree? I think it is a good idea to require it, but I hope we will have a time frame in which to comply. 3.4. Explanation - with whom must the program faculty evaluations be shared.</p>	1/23/2018 11:42 AM
7	<p>3.2 Adjunct faculty may be lecturing in the classroom just like FT faculty. Adjunct faculty should be required to have a minimum degree. 3.3 Full time and Adjunct faculty responsibilities are the same but the adjunct faculty does not have minimum degree requirement. Adjunct faculty should be required to have a minimum degree. FT vs PT has no bearing on faculty educational preparation for instructors in the classroom.</p>	1/14/2018 6:14 PM
8	<p>Requiring a full-time clinical coordinator for programs with more than 15 students will place undue financial burden on small programs in danger of being eliminated due to high costs. I suggest keeping the current recommendation that a full-time clinical coordinator only be required when there are more than 5 clinical sites.</p>	1/11/2018 12:45 PM

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

Answered: 23 Skipped: 124

#	RESPONSES	DATE
1	Yes--financial to meet the change for Clinical Coordinator.	2/15/2018 5:19 PM
2	no	2/15/2018 11:17 AM
3	no	2/14/2018 9:56 AM
4	Autonomy from the institution to hire qualified personnel.	2/13/2018 1:57 PM
5	no	2/13/2018 10:58 AM
6	No	2/12/2018 1:19 PM
7	No additional resources are needed for this Objective of Standard	2/12/2018 12:10 PM
8	no	2/8/2018 9:57 AM
9	no	2/7/2018 2:52 PM
10	No.	2/6/2018 5:36 PM
11	No	2/6/2018 5:24 PM
12	If I am understanding it correctly, I would have to hire an additional CI.	2/6/2018 4:53 PM
13	No.	1/31/2018 7:26 AM
14	Some sort of a rubric to calculate necessary release time estimate of administrative program duties	1/30/2018 1:48 PM
15	Suggestions could be made that Program full time and adjunct faculty be given ASRT memberships through institutions for growth, development, and continuing education.	1/26/2018 12:30 PM
16	Consistency in full time program faculty.	1/26/2018 12:03 PM
17	Please see the above explanation	1/26/2018 11:46 AM
18	The educational requirements are steep, but I do understand why. I hope there are enough people out there who have a doctoral degree to meet this requirement for Master's Degree programs.	1/12/2018 2:10 PM
19	Money that is not there from the state to support our institution.	1/11/2018 12:45 PM
20	no	1/9/2018 10:58 PM
21	No	1/9/2018 12:07 PM
22	no	1/8/2018 6:29 PM
23	none	1/8/2018 12:51 PM

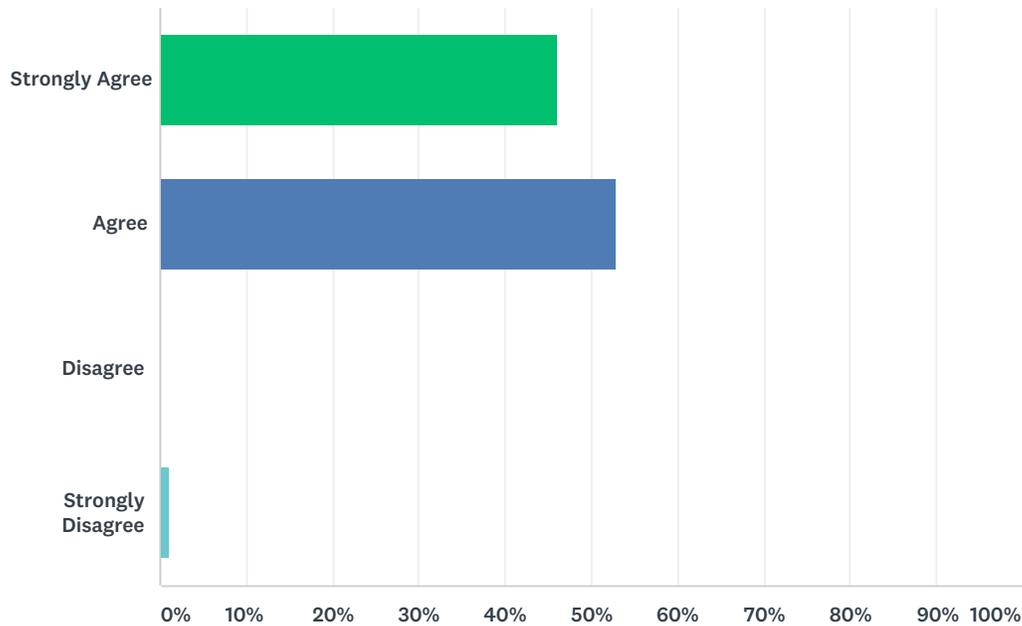
Q22 Are there additional content areas (objectives) that should be included under Standard Three?

Answered: 20 Skipped: 127

#	RESPONSES	DATE
1	No	2/15/2018 5:19 PM
2	no	2/15/2018 11:17 AM
3	no	2/14/2018 9:56 AM
4	no	2/13/2018 10:58 AM
5	None	2/12/2018 1:19 PM
6	None	2/12/2018 12:10 PM
7	no	2/8/2018 9:57 AM
8	no	2/7/2018 2:52 PM
9	No.	2/6/2018 5:36 PM
10	No	2/6/2018 5:24 PM
11	No.	1/31/2018 7:26 AM
12	Accreditation should remain for eight years.	1/26/2018 12:30 PM
13	Standard 3.1 Students need full time program director and full time clinical coordinator teaching them. Some colleges are wanting to just bring in any adjunct faculty to teach. This shows no consistency and still holds the program director and clinical coordinator accountable for students passing and clinical performance level.	1/26/2018 12:03 PM
14	Minimum degree requirements for adjunct faculty.	1/14/2018 6:14 PM
15	None noted	1/10/2018 1:16 PM
16	no	1/9/2018 10:58 PM
17	No	1/9/2018 12:07 PM
18	no	1/8/2018 6:29 PM
19	Clearly identify degree and other requirements for each required position recognized by JRCERT to include Assistant Department Chairs, Clinical Coordinators. Are roles for all positions clearly outlined in the standards to ensure qualifications are met?	1/8/2018 12:51 PM
20	It would be beneficial to add in the qualification for positions the BS and MS degree requirements instead of at the top of the page.	1/8/2018 11:47 AM

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

Answered: 102 Skipped: 45



ANSWER CHOICES	RESPONSES
Strongly Agree	46.08% 47
Agree	52.94% 54
Disagree	0.00% 0
Strongly Disagree	0.98% 1
TOTAL	102

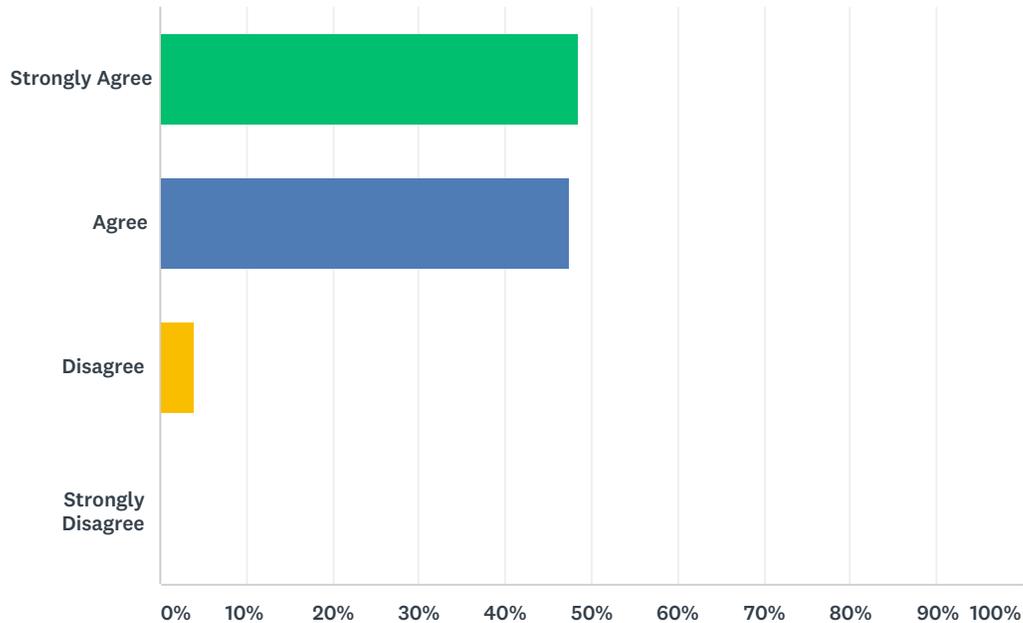
#	PLEASE PROVIDE COMMENTS REGARDING THE CLARITY OF STANDARD FOUR.	DATE
1	The objectives are clear. I do not want to be pinned down by adding diversity. We have enough issues as a nation with this topic and I don't think it belongs here. I think we should focus on common things, by bringing diversity to the forefront, I think we are buying into putting being American second. understand that culture is important but it should be second.	2/13/2018 11:07 AM
2	4.3 Should change clinical schedules to may be up to 12 hours days to simulate a real work shift. If students could work 12 hour shifts, this might free them up an extra day during the week to study more or hold a normal job on the side while attending the program. This would cut clinical day requirements down. Other Health Occupation programs are using 12 hours shifts.	2/12/2018 3:18 PM
3	4.5----the terminology may vary. Our institution is moving toward using "contact hour" rather than credit or clock.	1/30/2018 2:04 PM
4	I feel as though Standard Four is very overwhelming. I can see the outcome of creating this standard being that it reduces redundancy. However, because it is so overwhelming, I fear that things could be more easily missed or overlooked when coming up with documents to support this standard.	1/24/2018 5:07 PM
5	I imagine that new Standard 4.3 has been evaluated to avoid redundancy, however, the large amount of components now comprising the standard is honestly a bit overwhelming.	1/24/2018 10:47 AM

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6	Although the intent is understandable, I disagree with and/or need more information on several items identified below.	1/23/2018 11:52 AM
7	4.1 Three goals from five content areas is not educationally sound. As written a program could develop goals that do not measure all three learning domains.	1/14/2018 6:18 PM
8	Standard 4.3: It was previously explained that a student could attend clinic for more than 10 hours in a day if they were not ASSIGNED for those hours, but were going early/staying late to make up clinical hours. Is this still the case? If so, there should be a clarifying statement addressing this.	1/9/2018 12:11 PM
9	I believe that professionalism is a lot more than diversity and ethics. Would like to see professionalism to remain.	1/8/2018 4:37 PM
10	I would like clarification for the BS and MS degree what you would be looking for or how much content would need to be included for the additional professional content. A specific amount of credits or within course objectives.	1/8/2018 12:02 PM

Q24 There are NO redundancies associated with Standard Four.

Answered: 101 Skipped: 46

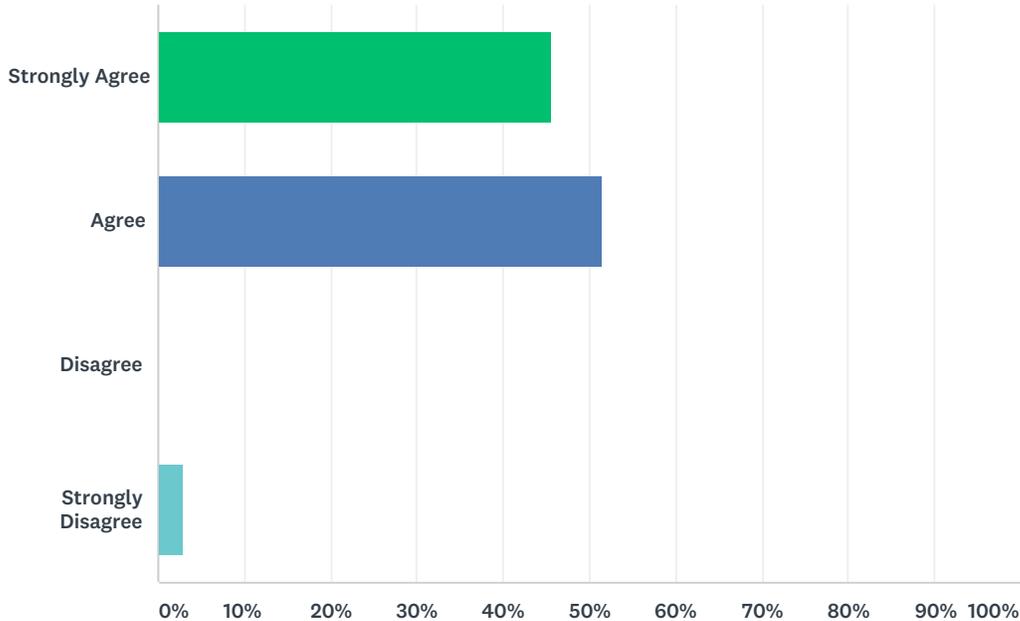


ANSWER CHOICES	RESPONSES	
Strongly Agree	48.51%	49
Agree	47.52%	48
Disagree	3.96%	4
Strongly Disagree	0.00%	0
TOTAL		101

#	PLEASE PROVIDE COMMENTS ON ANY REDUNDANCIES IN STANDARD FOUR.	DATE
1	4.3, 4.4, and 4.5 could be one objective.	2/6/2018 6:23 PM
2	Some repetition.	1/26/2018 12:30 PM
3	Don't ask for the same evaluation methods over and over.	1/26/2018 12:03 PM
4	I agree but a lot of information was merged together for these objectives. 4.2 and 4.3 are pretty long explanations. Although there are less objectives, all of the requirements are still there.	1/19/2018 1:24 PM
5	4.2 The standard emphasizes clinical competence but 4.1 does not require the program develop a goal on clinical competence.	1/14/2018 6:18 PM

Q25 The Objectives of Standard Four are relevant.

Answered: 101 Skipped: 46



ANSWER CHOICES	RESPONSES	
Strongly Agree	45.54%	46
Agree	51.49%	52
Disagree	0.00%	0
Strongly Disagree	2.97%	3
TOTAL		101

#	PLEASE PROVIDE COMMENTS ON THE RELEVANCY OF STANDARD FOUR.	DATE
1	Like being able to select at least three goals. Do not agree with change from "communication" to "interpersonal." Interpersonal skills are part of communication. Communication is more broad which can encompass both written and verbal. Interpersonal doesn't include written. --Why do you need a statement that says "Programs at the bachelor's and master's degree levels must assure their mission and goals are of sufficient rigor consistent with the terminal award." Isn't this also true of an Associate degree? 4.2--why is it necessary to specify curriculum mapping? This is only one way and we don't list the others. Again, it appears that the committee who drafted this wants programs to do curriculum mapping--too prescriptive. When you start specifying every different way to meet an objective it is too prescriptive. Why are you specifying what content topics must be included in a bachelor's and master's degree program such as advocacy, advanced patient care, etc. when you have a statement that these programs must follow the ASRT BSRS core curriculum.	2/15/2018 5:27 PM
2	I disagree with the mandated formatting of a mission statement. It does not meet educational best practices as the University requires; it would require us to have two separate mission statements. That defeats the purpose of a mission statement.	2/15/2018 11:19 AM
3	For the most part I agree. See prior statement	2/13/2018 11:07 AM
4	Suggestion for Objective 4.3 terminology - replace angiography with interventional radiography.	1/31/2018 7:34 AM

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5	4.1 - Please define "sufficient vigor". 4.2. re: Bachelor's degrees following the ASRT BSRS Curriculum. This curriculum, although helpful to some, is extremely difficult to implement in an existing program. Our degree is not a BSRS degree. Our university requires significant course requirements to obtain any degree in health sciences, The RAD program spans 2 entire years (three full semesters) and I don't know where I could put the additional content without adding credit requirements which causes many problems with the university and with student financial aid. I think this requirement should be eliminated.	1/23/2018 11:52 AM
6	The objectives are relevant. However, JRCERT should provide or link to an example of a curriculum map as recommended in objective 4.3. Is this the same as a curriculum analysis grid as already required?	1/19/2018 2:56 PM
7	standard 4 is what the faculty strive to do on a daily basis	1/16/2018 4:49 PM
8	Five content areas but only three goals could result in three goals in the affective domain and no goals in the psychomotor domain (clinical competence the most important thing we teach) or critical thinking and cognition.	1/14/2018 6:18 PM

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

Answered: 19 Skipped: 128

#	RESPONSES	DATE
1	Yes--financial if additional courses must be added to meet specific requirements not contained in the ASRT BSRS curriculum.	2/15/2018 5:27 PM
2	no	2/14/2018 9:56 AM
3	Maybe 4.3 under the 2014 standards combines a lot of prior standards and would be nice to break up a bit. Perhaps clinical and didactic.	2/13/2018 11:07 AM
4	No	2/12/2018 1:21 PM
5	No additional resources are needed for this Objective of Standard	2/12/2018 12:11 PM
6	Templates for Assessment Plans	2/8/2018 4:38 PM
7	no	2/8/2018 9:57 AM
8	no	2/7/2018 2:52 PM
9	No.	2/6/2018 5:36 PM
10	No	2/6/2018 5:24 PM
11	Yes. Objective 4.1. Assessment plan revisions with addition of new goals related to diversity, ethical principles and/or interpersonal skills.	1/31/2018 7:34 AM
12	How credit hour vs. clinical hour is to be calculated	1/30/2018 2:04 PM
13	No	1/26/2018 12:03 PM
14	A video or explanation on a curriculum map would be nice. (4.2)	1/19/2018 1:24 PM
15	I have no idea what a curriculum map is. Maybe you have examples, and that would help if you shared them.	1/12/2018 2:12 PM
16	no	1/9/2018 10:59 PM
17	No	1/9/2018 12:11 PM
18	no	1/8/2018 6:30 PM
19	none	1/8/2018 12:52 PM

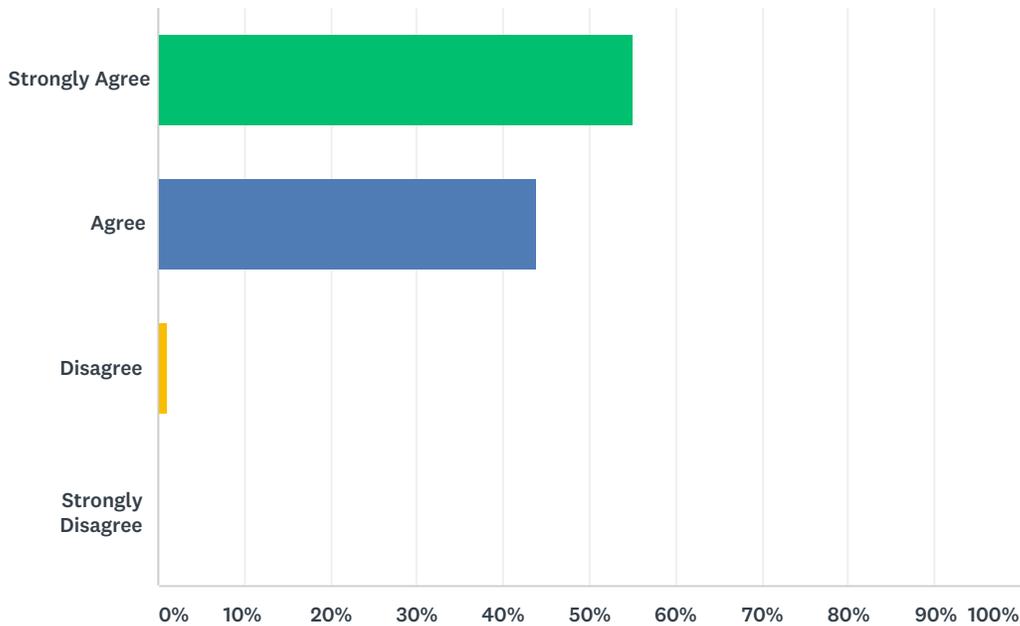
Q27 Are there additional content areas (objectives) that should be included under Standard Four?

Answered: 18 Skipped: 129

#	RESPONSES	DATE
1	No	2/15/2018 5:27 PM
2	no	2/14/2018 9:56 AM
3	no	2/13/2018 11:07 AM
4	None	2/12/2018 1:21 PM
5	None	2/12/2018 12:11 PM
6	Program plans and policies regarding natural disasters and program completion for enrolled students.	2/9/2018 4:05 PM
7	no	2/8/2018 9:57 AM
8	no	2/7/2018 2:52 PM
9	No.	2/6/2018 5:36 PM
10	No	2/6/2018 5:24 PM
11	No.	1/31/2018 7:34 AM
12	No	1/26/2018 12:03 PM
13	Goals developed that reflect all three learning domains.	1/14/2018 6:18 PM
14	None noted	1/10/2018 1:35 PM
15	no	1/9/2018 10:59 PM
16	No	1/9/2018 12:11 PM
17	no	1/8/2018 6:30 PM
18	none	1/8/2018 12:52 PM

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

Answered: 100 Skipped: 47

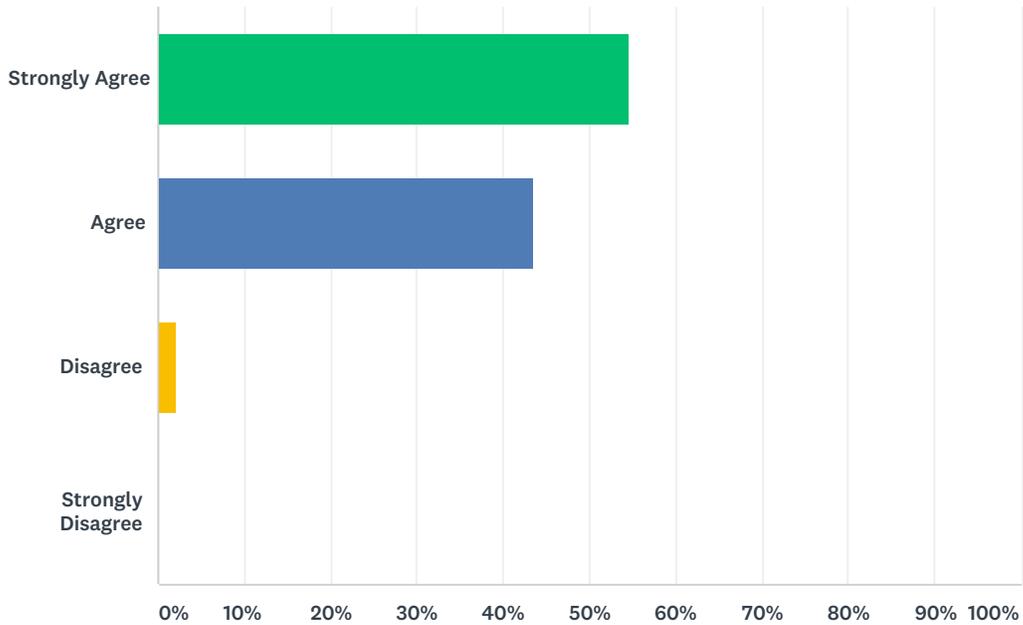


ANSWER CHOICES	RESPONSES	
Strongly Agree	55.00%	55
Agree	44.00%	44
Disagree	1.00%	1
Strongly Disagree	0.00%	0
TOTAL		100

#	PLEASE PROVIDE COMMENTS ON THE CLARITY FOR STANDARD FIVE.	DATE
1	The institution policies & the program policies need to be separated.	2/13/2018 3:50 PM
2	5.1 Develop template for a policy of pregnant students. Define clinical reassignments Energized laboratory - do not make a requirement. Student can simulate in a non-energized lab, and simulate exposures with computer software program. No risk of exposure. 5.2 Energized laboratory - do not require an energized lab. Use non-energized lab and computer software program for exposures. No risk of exposure. 5.3 Energized laboratory - do not require an energized lab. Use non-energized lab and computer software program for exposures. No risk of exposure.	2/12/2018 3:28 PM
3	Objective 5.3 - suggestion to include verbiage regarding lead shielding (e.g, required during portable rotations).	1/31/2018 7:44 AM
4	5.1 - mentions provides must provide radiation exposure data to students. I would like to know specifically how programs must provide this data outside of posting dosimetry reports.	1/9/2018 11:02 PM
5	Standard 5.1: Do the students have to sign acknowledgement of the radiation exposure report? Is it sufficient for the program to post the report (without SS # or DOB, etc.) in the classroom/lab?	1/9/2018 12:13 PM

Q29 There are NO redundancies associated with Standard Five.

Answered: 99 Skipped: 48

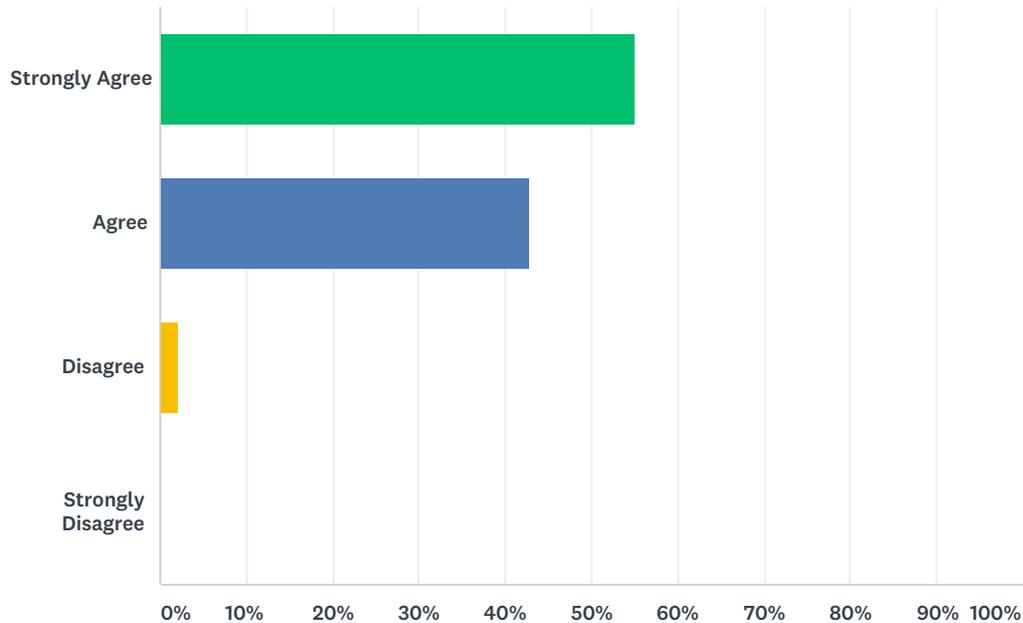


ANSWER CHOICES	RESPONSES
Strongly Agree	54.55% 54
Agree	43.43% 43
Disagree	2.02% 2
Strongly Disagree	0.00% 0
TOTAL	99

#	PLEASE PROVIDE COMMENTS REGARDING ANY REDUNDANCIES IN STANDARD FIVE.	DATE
1	Don't ask for same Evaluation Methods over and over.	1/26/2018 12:07 PM

Q30 The Objectives of Standard Five are relevant.

Answered: 98 Skipped: 49



ANSWER CHOICES	RESPONSES	
Strongly Agree	55.10%	54
Agree	42.86%	42
Disagree	2.04%	2
Strongly Disagree	0.00%	0
TOTAL		98

#	PLEASE PROVIDE ANY COMMENTS REGARDING RELEVANCY FOR STANDARD FIVE.	DATE
1	again - I do not support the requirement of an energized laboratory. We would provide a state certificate for each clinical room that is used.	2/15/2018 11:43 AM
2	5.4 Question to consider. When a student achieves competency on portable exams and OR C-arm and is now under indirect supervision, does a qualified radiographer who is immediately available to assist mean being in the department?	2/14/2018 1:15 PM
3	Again, the program and institution policies need to be separated.	2/13/2018 3:50 PM
4	Keep at 75% benchmarks.	2/7/2018 12:02 PM
5	Up until recently all 12 Rad Tech programs in OK were JRCERT accredited. A new program has invaded the clinical rotation sites of an already crowded situation. They expressed up front that they were not planning on getting JRCERT recognized. In my opinion, Standard 5 has the biggest impact on the health care community. The fortification that JRCERT requires for the philosophy of ALARA is huge in my mind. Requiring mechanisms and protocol for documenting repeats and appropriate direct and indirect supervision in the clinical setting is huge in my mind. I am very disappointed that ARRT does not require graduation from a JRCERT accredited program as a condition for certification. Thank you for letting me vent.	1/10/2018 10:51 AM

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

Answered: 16 Skipped: 131

#	RESPONSES	DATE
1	No	2/15/2018 5:28 PM
2	no	2/15/2018 11:43 AM
3	no	2/14/2018 9:56 AM
4	no	2/13/2018 11:09 AM
5	No	2/12/2018 1:22 PM
6	None	2/12/2018 12:12 PM
7	no	2/8/2018 9:58 AM
8	no	2/7/2018 2:52 PM
9	No.	2/6/2018 5:37 PM
10	No	2/6/2018 5:24 PM
11	Yes. Objectives 5.1-5.3. Creation/implementation of energized lab policies. Additionally, our program will be required to purchase student radiation monitors for on campus use (currently assigned by clinical affiliates as we do not have an energized lab on campus).	1/31/2018 7:44 AM
12	No	1/26/2018 12:07 PM
13	no	1/9/2018 11:02 PM
14	No	1/9/2018 12:13 PM
15	no	1/8/2018 6:30 PM
16	none	1/8/2018 12:52 PM

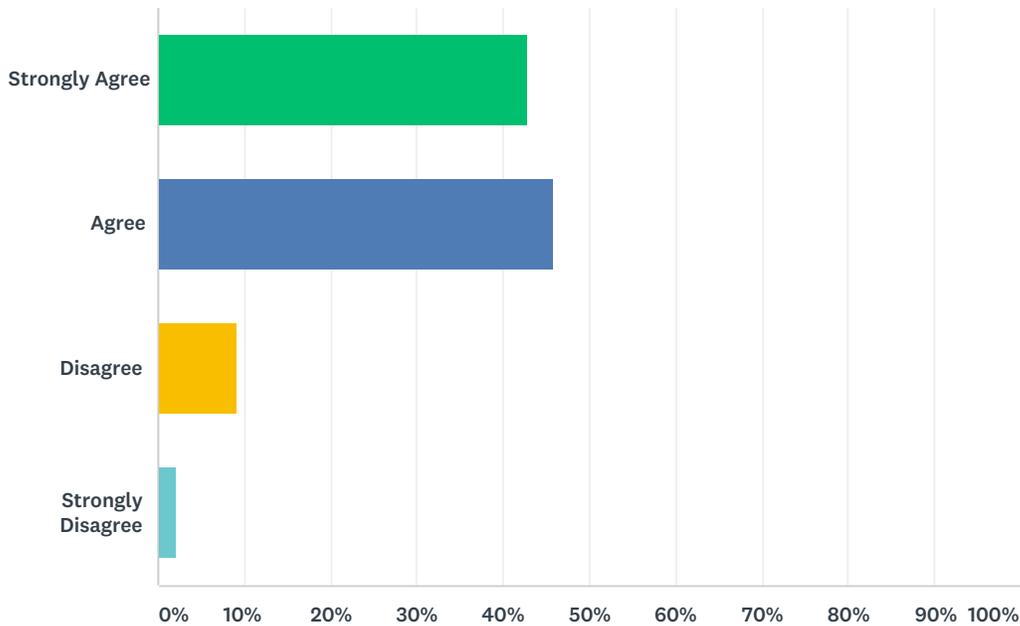
Q32 Are there additional content areas (objectives) that should be included under Standard Five?

Answered: 17 Skipped: 130

#	RESPONSES	DATE
1	No	2/15/2018 5:28 PM
2	no	2/15/2018 11:43 AM
3	no	2/14/2018 9:56 AM
4	no What is meant by the programs must develop and publish supervision policies? We do this in our handbooks or clinical plan. Will it have to be public? in the prospect package?	2/13/2018 11:09 AM
5	None	2/12/2018 1:22 PM
6	No additional information are readily observed for Standard Five.	2/12/2018 12:12 PM
7	patients, and the public is also part of the clinical sites	2/8/2018 9:58 AM
8	no	2/7/2018 2:52 PM
9	No.	2/6/2018 5:37 PM
10	No	2/6/2018 5:24 PM
11	No.	1/31/2018 7:44 AM
12	No	1/26/2018 12:07 PM
13	None noted	1/10/2018 1:44 PM
14	no	1/9/2018 11:02 PM
15	No	1/9/2018 12:13 PM
16	no	1/8/2018 6:30 PM
17	none	1/8/2018 12:52 PM

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

Answered: 98 Skipped: 49



ANSWER CHOICES	RESPONSES	
Strongly Agree	42.86%	42
Agree	45.92%	45
Disagree	9.18%	9
Strongly Disagree	2.04%	2
TOTAL		98

#	PLEASE PROVIDE ANY COMMENTS REGARDING CLARITY OF STANDARD SIX.	DATE
1	Program completion data should not include students that drop or withdraw due to illness or change of major. I also disagree in the proposal to increase the standard for the pass rate on the first attempt to 80%. If this is the case then include those that pass on the second attempt.	2/13/2018 3:09 PM
2	6.2 3 year pass rate - There is added pressure/anxiety with the registry exam, so it should remain at 75%. Change to within 1 or 2 months post graduation date to test not 6 months. 1 month preferred. Job placement rate - Change to match the program's state requirement on job placement. Completion Rate - Change to 200%.	2/12/2018 3:43 PM

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3	<p>We feel the 80% benchmark for the 3 program effectiveness measures is excessive; especially for programs that have small numbers of students where the impact of a negative result is significant. Perhaps a 5-year average of 80% or a 3 year average of 75% would be a good compromise? While we understand the interest in job placement rate in assuring that programs are not enrolling an excessive number of students that couldn't possibly all find jobs in the field, however is job placement rate really an indicator of program success?? Certainly the economy has a significant impact on this measure?? Also, in the past, students that are continuing their education are not counted, but most ARE working in the field while they are continuing their education. Would it be appropriate to still count them? especially if it means the difference between meeting the benchmark and not meeting it?? The clarification of how program completion rate is to be considered (re: exemptions for voluntary withdrawals etc.). is certainly an improvement! A couple of questions were raised.. *How would you count student dismissals (not for academic reasons) (ie. behavioral, unprofessional conduct, cheating etc.)? *How would you consider re-entries? Finally, we feel that the 150% of stated program length completion is confusing and open to many interpretations. Why is this even important?</p>	2/12/2018 1:42 PM
4	<p>Program effectiveness data should not include students who withdraw from the program. Expectations to encourage students to continue with an education towards a career that they are not interested in, lack emotional ability for, become ill, or have other personal reasons to keep up program retention numbers is unethical. The student's best interests should be served with integrity, compassion, and options for solutions for their independent success. Changing the ARRT first time pass rate from 75% to 80% is something I disagree with. At 80%, it should include the second attempt pass rates also.</p>	2/7/2018 2:54 PM
5	<p>While the objectives of Standard Six are clear in terms of language, the means of achieving them are a muddy mess, and have been for some time. There is more prescriptive information in the new Standard Six, but the subjectivity of this section is a big problem for program directors, especially when dealing with site visitors. There needs to be a better balance between "rubber-stamping" assessment and "maintaining a moving target for programs to guess at". Right now the JRCERT assessment goals seem much more like a moving target, and the JRCERT gives cryptic explanations of what they want, partly because they don't want everyone to succeed (they might be seen as rubber-stamping programs by the Dept of Education), and partly to show that they are forcing program to improve. The other standards are simple enough, so it is only Standard Six that can show others that the JRCERT is really doing their job. One example is the Assessment Plan. JRCERT says there are examples on their web site, but these are not examples that will help you at all if a site visitor tells you you don't have an "appropriate" assessment plan. the JRCERT needs to stop this guessing game and either be more prescriptive (just tell us what you really want) or more flexible (the plan works for the program, and the results are there, so it is fine).</p>	2/7/2018 11:27 AM
6	<p>Program completion data should NOT include students who withdraw from the program due to illness, change of major, or other personal reasons. This makes it feel like we need to encourage the student to continue in a major that they have no interest or ability to do as a career just to keep the numbers up. I disagree with the change in ARRT first time pass rate from 75% to 80%. If you increase the % then include the number of students who pass on the second attempt.</p>	2/7/2018 11:13 AM
7	<p>Prefer to keep 5 year average for computer program effectiveness data. Need to be more specific regarding students not completing program due to other factors besides academics. It is common for students to "flunk out" but tell the program that their grades are due to outside circumstances such as financial, family etc. Would that count? The reason is academics, but the poor academics is due to something else.</p>	2/7/2018 10:28 AM
8	<p>The objectives in 6.2 with the required benchmark can put some programs at a disadvantage on completion rates. There should be an exception to the program completion rate. Either 75% over 5 years or no benchmark for 3 years.</p>	2/6/2018 6:28 PM

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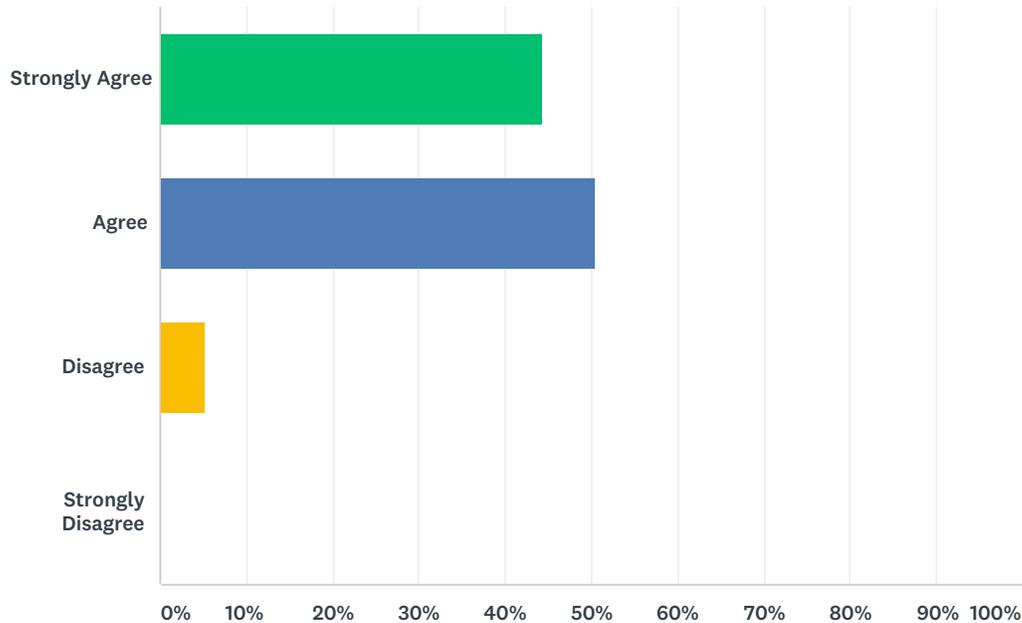
9	<p>In 6.2: 1) I question the change to a 5-year average rather than a 5-year average without a rationale provided. Is this more in line with other accreditation agencies? What is the purpose of this? 2) I think the "expanded criteria for program completion rate so as not to consider nonacademic attritions in calculation" (Crosswalk Table, p. 4) is a VERY gray area. My program educates non-traditional students, many with complicated personal lives and my program has a non-competitive admission process as required by my college. I feel that virtually all of my students, even those who fail courses, leave because of nonacademic factors. Additionally, my college does not define "nonacademic" attrition; students either withdraw of their accord or fail out. When I consider those that withdraw or fail, the vast majority of reasons pertain to too many work hours, family demands, not using disability accommodations to which they are entitled, etc. which make it very difficult for them to succeed academically. Would I count these as nonacademic attritions because there were the underlying nonacademic factors that resulted in their failure or academic failures because they earned failing grades?</p>	2/6/2018 5:46 PM
10	<p>Objective 6.2 I do not believe the JRCERT should set the program completion rate at all; that should be set by the program. It places an unfair burden on small programs and most likely will result in either false reporting for why a student leaves the program or the padding of grades just to make the 80% level. If I admit a class of 5 with cummulative grades of 4.0 and 3 of them fail out because they were well suited to previous majors but NOT to radiology, do we even want them in the program? A class of 5 could lose only 1 and be at the 80% level and 1 student cheats on a test and is failed. This would lead to a three-year average of 66% even with a third year of 100%. I believe justification about attrition is absolutely necessary, but should not be set by the JRCERT.</p>	2/6/2018 4:48 PM
11	A	1/26/2018 12:30 PM
12	<p>Templates are very helpful. A template for Curriculum Mapping would also be very helpful. I have found many templates, but possibly a template would help programs provide exactly what is needed. Verbiage might be changed to say " Programs at the bachelor's and master's degree levels MAY consider the additional....." I think the changes to PED are great.</p>	1/23/2018 11:58 AM
13	<p>I do not understand the "intent" for a three year average of not less than 80% for program completion rate. Has there been a study on this nationwide, and the 80% is the normal? Our college's student population does not often do a great deal of career exploration so we get many students who start the program who really do not understand the level of intensity. While I recognize that programs do not have to consider nonacademic attritions in program completion calculation, many students stay in the program until they actually fail out simply to be in a program of study (may be due to parental control, financial aid, etc.) We struggle with this yearly - faculty provide information sessions, use a somewhat selective admissions process, offer tutoring, but we still tend to lose more students during some years than what would keep us at 80% for a three year average.</p>	1/22/2018 12:58 PM
14	<p>For 6.2, the JRCERT needs to clarify further exactly how program completion rate is calculated. If the calculation of program completion rate remains unchanged from current, then requiring an 80% 3-year completion rate is not reasonable. Program attrition can vary wildly from year to year. Even the ASRT Enrollment Survey results showed significant variance in program completion from 2014 (68.8%) to 2016 (81.2%). - https://www.asrt.org/docs/default-source/research/enrollment-snapshot/enrollmentsurvey2014final.pdf?sfvrsn=16 - https://www.asrt.org/docs/default-source/research/enrollment-snapshot/enrollment-snapshot-of-radiography-radiation-therapy-and-nuclear-medicine-technology-programs-2016.pdf?sfvrsn=14 If, conversely, JRCERT is changing how program completion rate is calculated, then the Standards must be more clear in defining program completion rate (page 48, draft 1). What exactly is meant by "programs need not consider graduates who attrite due to non-academic reasons"? Under the 2021 Standards, will programs exclude students from being included in calculating program completion? If so, that seems misleading to the public. Please clarify this further! For 6.4, JRCERT must clarify "meta-assessment process". Perhaps link to an example.</p>	1/19/2018 3:09 PM

JRCERT Standards Draft 1 Radiography Degree Survey

15	<p>I believe the objectives for Standard Six are clear, however, changing from a 5 year to a 3 year reporting system and increasing the benchmark to 80% from 75% for program effectiveness data, will definitely be detrimental to our program. We are a community college that accepts students into the program through open enrollment. Traditionally, we have maintained over 80% ARRT results with a 5 year reporting system, however, if this changes to a 3 year system, we will most likely fall short. Our statistical data varies year to year. I personally believe this is due to our open enrollment policy. If we have a poor pass rate one year, we will no longer be able to meet the new performance requirements. In addition, our retention rate has held steady between 63-70% annually. We have never been higher than 70%, again because of the college's open enrollment policy. Even with the new criteria being suggested to be taken into account, our program will most likely not meet this benchmark. Many of our students stick it out to the end of the semester, even though they know they will most likely fail the course, because of financial aid, insurance or housing requirements which requires them to remain full time. Many of our students have personal obligations which limits their time and dedication to school work. Changing the program effectiveness data will ultimately make it difficult for our program to meet the requirements of Standard Six. I have been employed over 20 years at my college and have served as the Clinical Coordinator and presently as the Program Coordinator during that time. We have always maintained full accreditation status and we work hard to maintain a quality program. Having an open enrollment policy for admission into the program certainly makes that task a little more difficult, but we have been very successful to this point. Changing the program effectiveness data with the suggested criteria in the 2021 draft copy of the Standards will, in my opinion, impact our program negatively and not accurately reflect the quality of the program or the dedication of its faculty and staff.</p>	1/10/2018 2:38 PM
16	<p>6.1 - mentions programs would be required for have two assessment methods for each SLO. I strongly disagree that this should be a requirement of programs. This would double the amount of assessments, benchmarks, tools, and data our program would have to manage. This would be an unnecessary burden on program faculty who are already overwhelmed with teaching and administrative duties. Our program currently has two SLO's per program goal and includes both first and second year students. We believe our SLO's provide strong indicators of the quality of our program. In addition, the JRCERT has not made available any evidence or literature that supports the use of two assessments per SLO as a best practice.</p>	1/9/2018 11:18 PM
17	<p>While I believe the objectives are clear, I feel the 80% benchmark for pass rate, placement rate and program completion is too high. If a program has a bad year, it will be very difficult to attain the 80% benchmark. Many factors that are not in the control of the program come into play with these outcomes, e.g. job market, certification examination changes before curriculum revisions can be put into place, etc. The 75% benchmark is a little more forgiving in these instances.</p>	1/9/2018 12:19 PM
18	<p>Decreasing the reporting window from five years to three years, while simultaneously raising the benchmark from 75% to 80%, will be devastating to many programs. It is irresponsible to make these changes. The beauty of a five year reporting window is obvious. If a program has a bad year with the ARRT pass rate or the placement rate, it is mitigated by the other four years in that reporting period. In a three year reporting window, having a single bad year of pass rate or placement will seriously damage the reputation, and accreditation status of the program. This is unfair, and it is uncalled for in our environment. The JRCERT has always said it is "there to help program be successful." If that is true, and I do believe that it is, then why purposely try to sabotage programs with unfair and obviously biased requirements for reporting? Making this change would indicate that somehow the JRCERT is not interested in helping programs, but instead, is only there to sabotage and decrease the effectiveness and efficiency of our educational programs. Don't turn into the unreasonable, unprofessional, and generally disliked and disregarded ARRT.</p>	1/5/2018 6:14 PM

Q34 There are NO redundancies associated with Standard Six.

Answered: 97 Skipped: 50

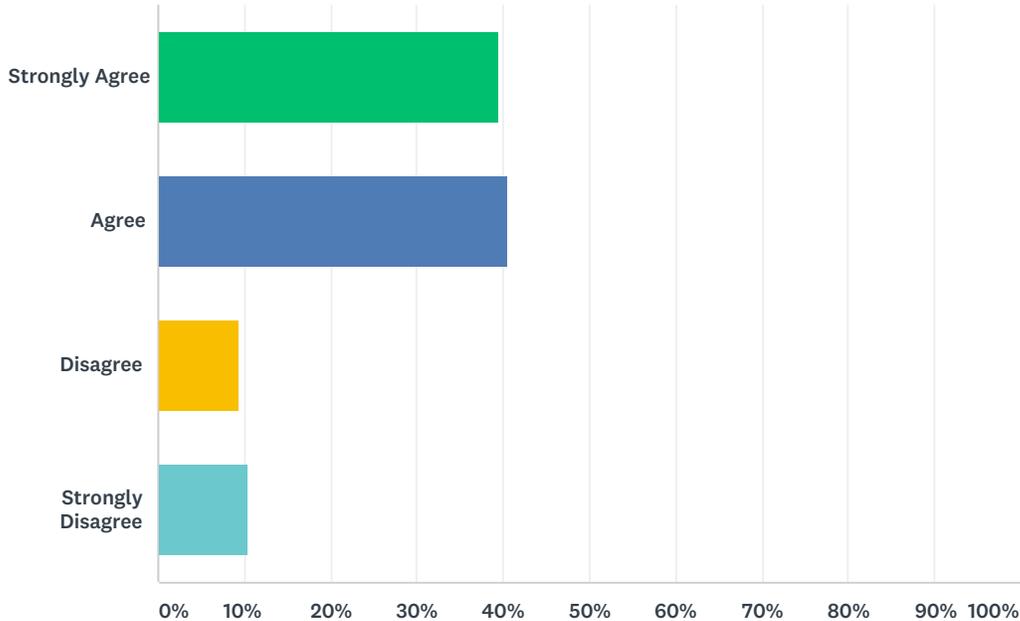


ANSWER CHOICES	RESPONSES	
Strongly Agree	44.33%	43
Agree	50.52%	49
Disagree	5.15%	5
Strongly Disagree	0.00%	0
TOTAL		97

#	PLEASE PROVIDE COMMENTS ON ANY REDUNDANCIES IN STANDARD SIX.	DATE
1	See comments above	2/12/2018 1:42 PM
2	Don't ask same Evaluation method over and over.	1/26/2018 12:17 PM
3	Decreasing the reporting window from five years to three years, while simultaneously raising the benchmark from 75% to 80%, will be devastating to many programs. It is irresponsible to make these changes. The beauty of a five year reporting window is obvious. If a program has a bad year with the ARRT pass rate or the placement rate, it is mitigated by the other four years in that reporting period. In a three year reporting window, having a single bad year of pass rate or placement will seriously damage the reputation, and accreditation status of the program. This is unfair, and it is uncalled for in our environment. The JRCERT has always said it is "there to help program be successful." If that is true, and I do believe that it is, then why purposely try to sabotage programs with unfair and obviously biased requirements for reporting? Making this change would indicate that somehow the JRCERT is not interested in helping programs, but instead, is only there to sabotage and decrease the effectiveness and efficiency of our educational programs. Don't turn into the unreasonable, unprofessional, and generally disliked and disregarded ARRT.	1/5/2018 6:14 PM

Q35 The Objectives of Standard Six are relevant.

Answered: 96 Skipped: 51



ANSWER CHOICES	RESPONSES	
Strongly Agree	39.58%	38
Agree	40.63%	39
Disagree	9.38%	9
Strongly Disagree	10.42%	10
TOTAL		96

#	PLEASE PROVIDE ANY COMMENTS REGARDING THE RELEVANCY OF STANDARD SIX.	DATE
1	Like that you have changed to only require minimum of one SLO per goal and templates. 6.2--do not agree with change to 3 year average--keep at 5. Like the definition that completion rate only includes academic/behavioral reason for non-completion. 6.3--written very prescriptively in spelling out how the assessment must be completed, i.e. faculty must discuss this and compare that. Required program response needs to be shortened--again, written in a very prescriptive manner. Not sure that telling someone how to analyze outcomes is appropriate in the Standards, i.e. using "meta-assessment."	2/15/2018 5:34 PM
2	6.2 Do not feel credentialing exam pass rate, job placement rate, or program completion rate should be set be the JRCERT. Too many variables - program should set benchmarks and discuss their assessment data for each.	2/15/2018 5:11 PM
3	6.2 Disagree with going from a 5 yr to a 3 yr measurement for effectiveness data. Why the change? What data is provided by JRCERT to show a change is necessary? To review the data adequately there needs to be given an opportunity to observe it over a longer period of time than 3 yrs to see fluctuation and changes in these areas. The pass rate changing from 75 to 80% at first attempt needs to be looked at more closely. School programs have reduced the number of students enrolled. Lower student enrollments do have a baring on percentages. What results does JRCERT have currently to raise the employment rate to 80%? We have seen an increase, but it has not been that significant.	2/14/2018 1:26 PM

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4	Increasing thresholds of not less than 80% is a huge jump from 70%. I understand that the years are being reduced from 5 to 3 but that makes it so much worse. Programs don't always have control over their admissions and after having doing this job since 2003, I've seen all sorts of reasons why students are not successful. You can support them, you can help but if they cannot buy food or provide childcare because life happens, they are going to drop out. A nice compromise might be to go from 5 years to 3 years and then raise the % with the next revision. I know my program will not make the retention 80% retention and I get tired of having to do more when I have no control over the student lives.	2/13/2018 11:17 AM
5	Most are relevant. Although certainly of interest, not sure how relevant Job placement rate is as a measure of program effectiveness (also a factor of the economy). Also, not sure of the relevancy of the 150% of stated program length completion is to program effectiveness either.	2/12/2018 1:42 PM
6	6.2 program completion moving from 75% to 80%. This is difficult for a small program. With a class of 20 students, it is not uncommon to have 4 or more students drop due to academic or personal reasons. Consider keeping the 75%.	2/9/2018 4:08 PM
7	The five year cycle seemed to be sufficient. Also, instead of tracking specifically the first-time pass rate within 6 months of graduation, why could it not be the pass rate within 6 months of graduation? Some students have proven that due to anxiety, stress, personal issues, etc., they may not pass the test the first time but take it again within the 6 month window & do fine in the profession. By tracking only the first attempt, it doesn't show a thorough picture of the rate of program success.	2/8/2018 4:42 PM
8	The reason I strongly disagree is because of the proposed changes in standard 6.2. It is very relevant to assess program effectiveness data, but I do not feel our program will be able to meet the proposed changes for assessing this. We are a community college with an open enrollment acceptance policy. We have been able to meet the 75% benchmark that's measured over a 5 year period. However, I feel would not be able to meet the 80% mark over a 3 year period because of our open enrollment policy. I also have concerns of not being able to meet the new completion rate benchmark in our program due to or open enrollment at a community college. Many of our students have other obligations outside of schooling, such as family obligations or work obligations. This makes it difficult for them to attend as a full time student or possibly dedicate their full attention to the program. If the program completion rate changes to 80% I feel we will not meet that benchmark. I take pride in offering a program to the community to better themselves at a community college, where if many of our students had to attend a private college for this degree, this opportunity to better themselves and their lives would not be a possibility for them. I feel that if these benchmarks get changed to the proposed changes, it would be a great disservice to our community, the profession in our area, and the dedication of our staff for our program.	2/7/2018 4:11 PM
9	I do have concerns with the 3 year PCR of 80%. Unfortunately, some time completion rate is not under the control of the program because student's decide not to continue. I think when expectations are too high, grade inflation may occur to keep the PCR up. I would rather be measured on quality rather than quantity.	2/7/2018 2:50 PM
10	I don't believe that the 80% completion rate should be a required benchmark. There are way too many variables between programs and their local communities to apply a blanket benchmark to this effectiveness measure. The JRCERT is just kissing up to the completion movement with this measure and not being cognizant of the many variables that program face in terms of the ability to fill programs with students more likely to complete. How can a four year state institution that only accepts high quality students be compared to an inner-city community college in this regard?	2/7/2018 11:27 AM
11	Raising the pass-rate, completion rate, and job placement rate to 80% while simultaneously lowering the number of years to average together to determine program effectiveness is undesirable and potentially harmful. I think the pass-rate and job placement rate should stay at 75% over 5 years, and that completion rate should remain as a non-factor.	2/7/2018 10:40 AM
12	I would like to hear the evidence and reasoning for increasing the benchmarks for Programmatic Effectiveness. What are the average performance levels for JRCERT accredited programs? It would be helpful to see national performance data published that support this change.	2/6/2018 5:41 PM

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13	<p>Although I understand the theory behind utilizing assessment plans, I have long believed that due to the way our Radiography programs are set up, assessment is happening each and every day of the student's educational process. Testing in the classroom, competency & performance evaluations in the clinical setting, and ARRT exam results all tell educators if we are meeting our objectives. Any decent educator is going to make adjustments as necessary to ensure student success. The Standards mandate assessment plans and place a huge emphasis on them. This requirement means that educators spend valuable time trying to figure out how to prove to outsiders that we are doing right by our students. This is time that could be better spent for developing more creative teaching methods to enhance learning. I feel that the vast majority of educators, myself included, will do the best possible, with or without a JRC approved assessment plan in place.</p>	1/29/2018 1:35 PM
14	<p>See comments above.</p>	1/22/2018 12:58 PM
15	<p>For 6.2, the JRCERT needs to clarify further exactly how program completion rate is calculated. If the calculation of program completion rate remains unchanged from current, then requiring an 80% 3-year completion rate is not reasonable. Program attrition can vary wildly from year to year. Even the ASRT Enrollment Survey results showed significant variance in program completion from 2014 (68.8%) to 2016 (81.2%). - https://www.asrt.org/docs/default-source/research/enrollment-snapshot/enrollmentsurvey2014final.pdf?sfvrsn=16 - https://www.asrt.org/docs/default-source/research/enrollment-snapshot/enrollment-snapshot-of-radiography-radiation-therapy-and-nuclear-medicine-technology-programs-2016.pdf?sfvrsn=14 If, conversely, JRCERT is changing how program completion rate is calculated, then the Standards must be more clear in defining program completion rate (page 48, draft 1). What exactly is meant by "programs need not consider graduates who attrite due to non-academic reasons"? Under the 2021 Standards, will programs exclude students from being included in calculating program completion? If so, that seems misleading to the public. Please clarify this further!</p>	1/19/2018 3:09 PM
16	<p>I must strongly disagree with the relevancy statement for Standard Six with respect to Objective 6.2. From the perspective that the ARRT allows students 3 chances to pass the registry, it is not appropriate for the JRCERT to require that students pass the registry on the first attempt. Employers do not require technologists pass on the first attempt to be able to work. I would recommend that the JRCERT recognize the ARRT standard for success.</p>	1/18/2018 4:29 PM
17	<p>Standard 6.2: 1. Credentialing 1st time pass rate of 80% within 6 months is not practical. There are many students who want to take it the 1st time, "just to see how they do." which affects this data. There are also many non-traditional students for whom life obligations take a priority, i.e. caring for ill parents, etc. whose pass rates will also not reflect the efficacy of their imaging program. 2. The job placement rate of 80% after graduation is dependent on the economy and location and should not be a reflection of the program. We have little control over the local job market, only accepting fewer students which will not have an effect for at least 2 years or more of the supply and demand of employment. Again, 80% is too high of a rate to hold programs accountable. 3. As mentioned in #1 above, we have more non-traditional students in our programs for 2nd careers. As a result, life obligations often cause students to have to stop and re-start our programs. An 80% completion rate does not consider these type of students who are ironically now becoming our traditional students.</p>	1/17/2018 2:53 PM
18	<p>6.2 Employment rate should not be required. Faculty and programs have absolutely no control over employment. If the JRCERT is now allowing personal withdrawals, which programs do not control, not counted in attrition the same consideration for employment rates should also be allowed. Students seeking work but turning down job offers unfairly counts against the program. A graduate seeking work does not apply because they do not like the hours, shift, wages, location etc. Employment should be monitored and reviewed and analyzed. The JRCERT should not be holding it against programs. The JRCERT already changed the former required six months after graduation to twelve months. The change from six to twelve months indicates employment is a problematic measure. Programs have no control over employment just like they have no control over attrition due to personal reasons. 6.3 SLO in all three learning domains are not required as written yet there is a statement that reads "Credible assessment data that is compared to expected achievement." Can't have credible data when all learning domains are not required to be goals.</p>	1/14/2018 6:21 PM
19	<p>I disagree with holding institutions to an 80% 3 year average on program completion. Many allied health programs (such as Respiratory Therapy) have a 60% criteria. In addition, I think the 5 year average on program completion, certification test passage and employment should be maintained to even out the extreme statistical variations that can be created in small programs with less students.</p>	1/11/2018 12:51 PM

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20	<p>I do not believe that requiring an eighty percent program completion rate is fair. We are graduating professionals who will be tasked with obtaining diagnostic images using ionizing radiation. If you are not fit to do so, you should not pass an accredited program. Programs should not feel pressured to possibly pass students in order to maintain an 80% completion rate. Also, many students drop out in the first few weeks for solely personal reasons.</p>	1/11/2018 10:55 AM
21	<p>I believe the objectives for Standard Six are clear, however, changing from a 5 year to a 3 year reporting system and increasing the benchmark to 80% from 75% for program effectiveness data, will definitely be detrimental to our program. We are a community college that accepts students into the program through open enrollment. Traditionally, we have maintained over 80% ARRT results with a 5 year reporting system, however, if this changes to a 3 year system, we will most likely fall short. Our statistical data varies year to year. I personally believe this is due to our open enrollment policy. If we have a poor pass rate one year, we will no longer be able to meet the new performance requirements. In addition, our retention rate has held steady between 63-70% annually. We have never been higher than 70%, again because of the college's open enrollment policy. Even with the new criteria being suggested to be taken into account, our program will most likely not meet this benchmark. Many of our students stick it out to the end of the semester, even though they know they will most likely fail the course, because of financial aid, insurance or housing requirements which requires them to remain full time. Many of our students have personal obligations which limits their time and dedication to school work. Changing the program effectiveness data will ultimately make it difficult for our program to meet the requirements of Standard Six. I have been employed over 20 years at my college and have served as the Clinical Coordinator and presently as the Program Coordinator during that time. We have always maintained full accreditation status and we work hard to maintain a quality program. Having an open enrollment policy for admission into the program certainly makes that task a little more difficult, but we have been very successful to this point. Changing the program effectiveness data with the suggested criteria in the 2021 draft copy of the Standards will, in my opinion, impact our program negatively and not accurately reflect the quality of the program or the dedication of its faculty and staff.</p>	1/10/2018 2:38 PM
22	<p>The new program outcomes in 6.2 do not allow enough leeway for non-traditional students who tend to have more nonacademic issues affect their academic progress than traditional students. While the JRCERT has recognized nonacademic issues in regard to completion rate, no accounting of that has been made in first time pass rate. The new first time pass rate requirement will discourage programs from taking non-traditional students who may encounter life issues after graduation which interfere with their success. Students with families, full time jobs, and aging relatives have more to deal with after graduation than younger students without as many life obligations. These factors often affect what happens with a student after graduation and are not a reflection of the education they received in their program. I have no traditional students in my program and can attest to the struggles that many of these students encounter after graduation. The current standards allow for the fluctuation in pass rates that may occur due to these factors while the new standards do not leave any such accommodation. First time pass rate, while important, has been inflated as a measurement of program effectiveness. It does not account for nonacademic issues which may interfere with success on the first attempt, issues which arise far more often in the non-traditional student population.</p>	1/5/2018 6:55 PM
23	<p>Decreasing the reporting window from five years to three years, while simultaneously raising the benchmark from 75% to 80%, will be devastating to many programs. It is irresponsible to make these changes. The beauty of a five year reporting window is obvious. If a program has a bad year with the ARRT pass rate or the placement rate, it is mitigated by the other four years in that reporting period. In a three year reporting window, having a single bad year of pass rate or placement will seriously damage the reputation, and accreditation status of the program. This is unfair, and it is uncalled for in our environment. The JRCERT has always said it is "there to help program be successful." If that is true, and I do believe that it is, then why purposely try to sabotage programs with unfair and obviously biased requirements for reporting? Making this change would indicate that somehow the JRCERT is not interested in helping programs, but instead, is only there to sabotage and decrease the effectiveness and efficiency of our educational programs. Don't turn into the unreasonable, unprofessional, and generally disliked and disregarded ARRT.</p>	1/5/2018 6:14 PM

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

Answered: 22 Skipped: 125

#	RESPONSES	DATE
1	Yes--time. Outcomes already takes an incredible amount of time and the prescriptiveness of how it has to be done utilizing specific methods will only increase the time required.	2/15/2018 5:34 PM
2	no	2/15/2018 11:44 AM
3	no	2/14/2018 9:57 AM
4	Only accept students that don't have to work and establish enrollment GPA at 3.0 like other schools have. Maybe make the students do more college before they can apply to our program like other schools.	2/13/2018 11:17 AM
5	No	2/12/2018 1:42 PM
6	None	2/12/2018 12:13 PM
7	no	2/8/2018 9:59 AM
8	no	2/7/2018 2:53 PM
9	REAL guidance from the JRCERT as to Assessment plan development (and appearance). The feeling that we are aiming at a moving target is not the game we should have to play with the JRCERT.	2/7/2018 11:27 AM
10	A method to apply the definition of "nonacademic" reasons for attrition.	2/6/2018 5:46 PM
11	No.	2/6/2018 5:41 PM
12	Yes. Objective 6.1 - revision of program goals, related student learning outcomes and overall assessment plan.	1/31/2018 7:47 AM
13	No	1/26/2018 12:17 PM
14	Not sure what they will be - seems like the JRCERT is asking programs to just "pass" enough students to maintain the 80%. Not a good policy!	1/22/2018 12:58 PM
15	Not resources, but an understanding and consideration of our students' demographic.	1/17/2018 2:53 PM
16	Admissions criteria would need to be changed.	1/10/2018 2:38 PM
17	It is very challenging to get feedback from graduates and employers. It is hit or miss most years.	1/10/2018 10:54 AM
18	no	1/9/2018 11:18 PM
19	No	1/9/2018 12:19 PM
20	none	1/8/2018 12:53 PM
21	A universal format would be helpful. It would allow the program to know it has presented the information/documentation desired by the JRCERT. Just as important, it would facilitate the review of the various programs in this category.	1/8/2018 9:39 AM

22

Decreasing the reporting window from five years to three years, while simultaneously raising the benchmark from 75% to 80%, will be devastating to many programs. It is irresponsible to make these changes. The beauty of a five year reporting window is obvious. If a program has a bad year with the ARRT pass rate or the placement rate, it is mitigated by the other four years in that reporting period. In a three year reporting window, having a single bad year of pass rate or placement will seriously damage the reputation, and accreditation status of the program. This is unfair, and it is uncalled for in our environment. The JRCERT has always said it is "there to help program be successful." If that is true, and I do believe that it is, then why purposely try to sabotage programs with unfair and obviously biased requirements for reporting? Making this change would indicate that somehow the JRCERT is not interested in helping programs, but instead, is only there to sabotage and decrease the effectiveness and efficiency of our educational programs. Don't turn into the unreasonable, unprofessional, and generally disliked and disregarded ARRT.

1/5/2018 6:14 PM

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

Answered: 17 Skipped: 130

#	RESPONSES	DATE
1	No	2/15/2018 5:34 PM
2	no	2/15/2018 11:44 AM
3	no	2/14/2018 9:57 AM
4	No.	2/13/2018 11:17 AM
5	None	2/12/2018 1:42 PM
6	No	2/12/2018 12:13 PM
7	no	2/8/2018 9:59 AM
8	no	2/7/2018 2:53 PM
9	I strongly suggest that programs be required to supply their college-level retention and graduation figures in addition to their program effectiveness data (PED). For example, if a program's completion rate is less than the PED benchmark but vastly better than the college's figures, doesn't that say something about the program and the population of students it serves? I think this is especially important if the JRCERT requires the 80% benchmark. For example, if a college's overall graduation rate is less than 20% but a program's completion rate is 70%, clearly that is an accomplishment for that population of students.	2/6/2018 5:46 PM
10	No.	2/6/2018 5:41 PM
11	No.	1/31/2018 7:47 AM
12	No	1/26/2018 12:17 PM
13	See above.	1/17/2018 2:53 PM
14	no	1/9/2018 11:18 PM
15	No	1/9/2018 12:19 PM
16	none	1/8/2018 12:53 PM
17	Decreasing the reporting window from five years to three years, while simultaneously raising the benchmark from 75% to 80%, will be devastating to many programs. It is irresponsible to make these changes. The beauty of a five year reporting window is obvious. If a program has a bad year with the ARRT pass rate or the placement rate, it is mitigated by the other four years in that reporting period. In a three year reporting window, having a single bad year of pass rate or placement will seriously damage the reputation, and accreditation status of the program. This is unfair, and it is uncalled for in our environment. The JRCERT has always said it is "there to help program be successful." If that is true, and I do believe that it is, then why purposely try to sabotage programs with unfair and obviously biased requirements for reporting? Making this change would indicate that somehow the JRCERT is not interested in helping programs, but instead, is only there to sabotage and decrease the effectiveness and efficiency of our educational programs. Don't turn into the unreasonable, unprofessional, and generally disliked and disregarded ARRT.	1/5/2018 6:14 PM

Q38 Additional Comments:

Answered: 31 Skipped: 116

#	RESPONSES	DATE
1	Standard 4, Objective 1: Would like to have "professionalism" remain a content area instead of splitting into "diversity" and "ethical principles". Standard 6, Objective 2: It is felt the changing of the completion from 75% to 80% may increase the occurrence of the already present grade inflation.	2/15/2018 11:46 AM
2	I don't agree with changing the requirements of a clinical coordinator to a Master's degree for a school awarding an Associate degree. It can be hard enough filling educator and clinical coordinator positions, meeting the required Bachelor degree requirement, let alone a Master's degree. Many a good technologist who have potential to be good educators cannot meet this change. I think the requirement of an energized lab needs more explanation. What does this mean exactly? What if I have access to a x-ray department room right down the hall from my classroom? Does this count?	2/14/2018 5:10 PM
3	Thank you.	2/14/2018 11:11 AM
4	I like the changes in standard six for completion and pass rate.	2/14/2018 10:26 AM
5	none	2/14/2018 9:57 AM
6	Overall, a more simplified report in my opinion. It will still be a lot of work and I think the intent is good.	2/13/2018 11:17 AM
7	No	2/12/2018 1:42 PM
8	It is so refreshing to see how clean and streamlined the standards are and the quest to eliminate the redundancy of content is remarkable.	2/12/2018 12:15 PM
9	Request for additional clarification and support on entrance requirements. HS diploma or GED, age of 18, recommended science/math courses etc. Colleges are encouraging open door enrollment with no barriers and are willing to accept anyone with interest. This causes lots of difficulty when trying to reach the program completion percentages.	2/9/2018 4:10 PM
10	Love the streamlining!	2/7/2018 2:50 PM
11	I would like to emphasize that the requirement for an energized lab is not necessary. There are other ways to allow students to explore exposure factors and practice positioning.	2/7/2018 12:30 PM
12	The changes to program effectiveness data are not good and should remain as they currently stand. If they came to pass, I would lobby to drop JRCERT accreditation.	2/7/2018 10:43 AM
13	The revised standards at this time are much improved over the last revision. Leslie Winter has been a catalyst for improving the standards since she become the CEO. This is the best revision to date, with less redundancies. Standard 4 still has redundancies, but an improvement.	2/6/2018 6:32 PM
14	Overall, I found the draft carefully revised and very clear. I think it can be easily used by program directors and site visitors alike. I was pleased to see that some of the recommendations made (e.g. reducing redundancy in the student supervision sections) have been incorporated. I especially like the option to establish goals from the five areas of choice, however, I would still like to see the JRCERT make recommendations or provide a template for formatting one's assessment plan (e.g. put multiple years' data for one benchmark on one page so that trends can be observed). It would make evaluating the plans as a site visitor much easier. Thank you!	2/6/2018 5:52 PM
15	In the spirit of transparency, it would be helpful to see objective data and evidence that support the decisions for the changes in the Standards. I would assume that the JRCERT has not made these changes on subjective opinions alone.	2/6/2018 5:44 PM
16	Please carefully reconsider 6.2 completion rate	2/6/2018 4:48 PM
17	concise	2/6/2018 3:30 PM
18	Overall, very pleased with draft 1. I feel the changes proposed to the standards will result in many programmatic improvements and, in turn, student educational experiences.	1/31/2018 7:49 AM

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19	The Accreditation awards needs to remain at eight years. Do not revert back to five years.	1/26/2018 12:19 PM
20	The definitions list is quite helpful	1/23/2018 11:58 AM
21	I think some of your questions are confusing in how they are proposed	1/23/2018 11:11 AM
22	The requirements for pass rates need to be opened up so that the first attempt is not the only one that is recognized. I recommend following the ARRT standard of success (3 attempts) Recognition of the only the first attempt is causes significant strain on the students and the faculty. Not all students are excellent test takers but they are fabulous clinically. By narrowing the definition of success to only those that can pass a test on the first try, you set up a program to discriminate against potential students that would be excellent technologists if their clinical skills could be considered as well.	1/18/2018 4:33 PM
23	Consider non-traditional students and alternative delivery of content when drafting new standards. This demographic is the future of our profession and education.	1/17/2018 2:54 PM
24	I like increasing the standard to 80% for standard six. It may be a challenging but it is goal as a profession we should strive to reach.	1/16/2018 4:53 PM
25	I do not like changing the name of clinical instructor to clinical preceptor. Please keep it as clinical instructor. There are several items in these Standards where it seems like the JRCERT is telling the sponsoring institution how things need to be done and I think it is inappropriate. For example, I have already mentioned I don't think it is appropriate to mandate a fully energized lab. Also, another example is when you say that program faculty must not be expected to use personal leave time in order to attend professional development activities outside the sponsoring institution. I do happen to agree with that, but that again seems like the JRCERT telling colleges and universities how to run and it not appropriate. I do like how the JRCERT's idea of setting goals for the assessment plan is narrated more. We needed help with that in our program so any information that can be given is helpful.	1/12/2018 2:20 PM
26	The elimination of the non-traditional and traditional definition and restrictions will open up more opportunities for the modern student.	1/11/2018 9:33 PM
27	See previous comments about the changes in program performance data.	1/10/2018 2:39 PM
28	none	1/9/2018 11:18 PM
29	I appreciate the JRCERT efforts to consolidate and eliminate redundancies in the Standards.	1/8/2018 1:29 PM
30	I hope the JRCERT will take into account the position of distance programs in regard to mandating on-site energized labs.	1/5/2018 6:56 PM
31	Decreasing the reporting window from five years to three years, while simultaneously raising the benchmark from 75% to 80%, will be devastating to many programs. It is irresponsible to make these changes. The beauty of a five year reporting window is obvious. If a program has a bad year with the ARRT pass rate or the placement rate, it is mitigated by the other four years in that reporting period. In a three year reporting window, having a single bad year of pass rate or placement will seriously damage the reputation, and accreditation status of the program. This is unfair, and it is uncalled for in our environment. The JRCERT has always said it is "there to help program be successful." If that is true, and I do believe that it is, then why purposely try to sabotage programs with unfair and obviously biased requirements for reporting? Making this change would indicate that somehow the JRCERT is not interested in helping programs, but instead, is only there to sabotage and decrease the effectiveness and efficiency of our educational programs. Don't turn into the unreasonable, unprofessional, and generally disliked and disregarded ARRT.	1/5/2018 6:14 PM