



Joint Review Committee on Education in Radiologic Technology
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November 18, 2021

Leigh Goodson, Ph.D.
President and Chief Executive Officer
Tulsa Community College
909 South Boston Avenue
Tulsa, OK 74119

RE: Program #0233

Previous Accreditation Status: 5 Years

Most Recent Site Visit: 04/2021

Dear Dr. Goodson:

The Joint Review Committee on Education in Radiologic Technology (JRCERT) appreciated the opportunity to evaluate the associate degree radiography program sponsored by Tulsa Community College. Due to the COVID-19 pandemic, a hybrid site visit was conducted pursuant to JRCERT Policy 11.600. The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. Specialized accreditation awarded by the JRCERT offers institutions significant value by providing peer evaluation and by assuring the public of quality professional education in the radiologic sciences.

The continuing accreditation status of the program was considered at the November 16, 2022 meeting of the Joint Review Committee on Education in Radiologic Technology. The program was evaluated according to the **Standards for an Accredited Educational Program in Radiography (2014)**. The JRCERT awards:

PROBATION.

Consistent with JRCERT Policy 10.100, this accreditation action is not subject to appeal.

The JRCERT, after reviewing the findings of the site visit team and the program's response to the report of findings, has determined that the program is in non-compliance with **Standard One - Objective 1.6, Standard Four - Objectives 4.1, 4.2, 4.7, and 4.8, Standard Five - Objectives 5.2 and 5.4** of the 2014 **Standards**. Due to the transition to the 2021 **Standards** the program is now in non-compliance with the following Objectives:

Objective 1.1 - Lack of assurance that the sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available. (Provide documentation that the currently enrolled students are cognizant of the revised grievance procedure.)

Objective 4.4 - Lack of assurance that the program provides timely, equitable, and educationally valid clinical experiences for all students. (Provide documentation that the program has implemented the new clinical rotation orientation procedure and checklist.)

Objective 5.1 - Lack of assurance that the program assures the radiation safety of students through the implementation of published policies and procedures. (Provide documentation that the currently enrolled students are cognizant of the new radiation monitoring procedure. Additionally, provide documentation that students are cognizant of the changes to the pregnancy policy.)

Objective 5.5 - Lack of assurance that the sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students. (Provide documentation that the program has implemented the new procedure for informing students of the sponsoring institution's health and safety policies.)

Objective 6.1 - Lack of assurance that the program maintains the following program effectiveness data: Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation.

It is noted the program's current five-year (2017-2021) average credentialing examination pass rate at first attempt within six months of graduation is 67% (77/112).

Objective 6.2 - Lack of assurance that the program analyzes and shares its program effectiveness data to facilitate ongoing program improvement. (Provide assurance the program has implemented an action plan for the unmet credentialing examination pass rate as well as documentation of the analysis and sharing of the plan with communities of interest.)

Objective 6.3 - Lack of assurance that the program has a systematic assessment plan that facilitates ongoing program improvement. (Update the program's assessment plan to meet the requirements of the 2021 Standards.)

Objective 6.4 - Lack of assurance that the program analyzes and shares student learning outcome data to facilitate ongoing program improvement. (Provide documentation that the student learning outcome data results have been analyzed and shared with the communities of interest.)

As identified in JRCERT correspondence of January 22, 2020, September 28, 2020, and July 14, 2021, the program must document compliance with all accreditation standards no later than **January 21, 2022** or identify mitigating circumstances hindering the attainment of this outcome.

Therefore, a progress report documenting compliance with these objectives is required by **December 30, 2021**. It is noted that the program has requested a good cause extension and the submitted documentation will be considered along with the progress report. The progress report must be submitted via the JRCERT Accreditation Management Systems (AMS) and will be considered by the Board of Directors at the next available meeting after submission. Based on evaluation of the progress report, the Board of Directors will maintain, extend, or withdraw accreditation.

As required by the USDE and consistent with the **maximum** compliance timeframes set forth in JRCERT Policy 11.400, when the JRCERT Board of Directors determines that a program has failed to document compliance with the **Standards** and has not satisfactorily addressed the identified deficiencies, the existing accreditation status will be withdrawn. Such involuntary withdrawal of accreditation is considered an adverse accreditation action. The JRCERT defines an adverse action as involuntary withdrawal of accreditation. Involuntary withdrawal of accreditation will generally, but not necessarily, occur after a Probationary Accreditation status has been awarded. The Board may take adverse action prior to the expiration of the maximum compliance timeframe. Probationary status, as well as an adverse accreditation action, requires written notification to the United States Secretary of Education, the appropriate State licensing or authorizing agency, appropriate regional and/or other accrediting agencies, and the public.

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Probationary Accreditation is an accreditation category and, consistent with JRCERT Policy 10.100, this action is not subject to appeal. Consistent with JRCERT Policy 10.700 (enclosed), the program must notify currently enrolled and accepted students, as well as the public via a website posting, of this status within 30 days of receipt of this letter. The program is required to submit a representative sample of such notification and list of recipients to the JRCERT no later than **December 20, 2021**.

The program is advised that consistent with JRCERT Policy 11.600, the JRCERT reserves the right to conduct unannounced site visits of accredited programs. The sponsoring institution would be responsible for the expenses of any on-site inspection. Also, consistent with JRCERT Policy 11.400, programs with a probationary accreditation status cannot request a substantive change.

The Joint Review Committee on Education in Radiologic Technology Directors and staff encourage you and the program faculty to continue your efforts in developing a quality educational program. If we can be of further assistance, do not hesitate to contact the office.

Sincerely,



Julia L. Lasley, Ph.D., R.T.(R)(T)
Chair

JLL/JEM/jm
Enc.

copy: Acting Program Director: Lori A. McMichael, B.S.B.A., R.T.(R)
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