

## SIGNATURE SHEET

I have read the Radiologic Technology Program Student Handbook and the Salt Lake Community College Code of Student Rights and Responsibilities. I understand my responsibility concerning the program and college and have had all my questions or concerns addressed completely about these policies. I am aware that my failure to abide by these guidelines will result in either probation or dismissal.

I have read and understand the Policy on Transmitted Diseases for prevention of transmitted and blood-borne diseases. I will attend the Fall Semester RADS 1050 Patient Care and my clinical site orientation where I will be educated and trained regarding hazards, (fire, electrical, chemical) emergency preparedness, medical emergencies, infectious diseases, infection control and standard precautions. I agree to implement standard precautions when dealing with all patients and body substances and to use barrier techniques for all persons whether or not they have been diagnosed with an infectious disease. I agree to report any incident and follow the procedure for treatment. I understand that I am expected to carry my own health insurance.

\_\_\_\_\_ (initial) I agree to hold in confidence the name of patients cared for, as well as the diagnosis, condition, treatments, or any other patient information learned in my educational experience.

\_\_\_\_\_ (initial) I have read and agree to abide by the High Ethical Standards and Professional Conduct & Professionalism in relation to the classroom setting with students and faculty and in relation to the clinical setting with students, clinical instructors, radiologic technologists, radiologists, patients and all other healthcare teams and understand the sanctions if found deficient.

\_\_\_\_\_ (initial) I have read and am cognizant of the Joint Review Committee on Education in Radiologic Technology (JRCERT) standards and have been adequately informed on contact information. I understand that I have the right to submit allegations against the Salt Lake Community College Radiology Program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students. I am fully aware that I must first attempt to resolve the complaint directly with institution/program officials by following the grievance procedures provided by the institution/program. If the institution/program officials are unable to resolve my complaint or I believe that the concerns have not been properly addressed, I may submit allegations of non-compliance directly to the JRCERT.

\_\_\_\_\_ (initial) I understand and agree to all conditions requiring a criminal background check, alcohol & drug testing, and to keep current on immunizations and CPR.

\_\_\_\_\_ (initial) I give my permission for the Radiologic Technology Program to release information regarding my student progress for financial aid matters, accreditation review, affiliate rotations and references during my course of education.

\_\_\_\_\_ (initial) I authorize program faculty to release my contact information to the clinical education site (s) to which I am assigned.

**Student Printed Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_