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Rev. 8/22/17
Foreword

The admission of a student into the health field is in many ways the entrance into a world with practices and rules differing in many respects from those to which one is accustomed. The following overview of program requirements, ethical standards, and regulations was formulated as a guide for the student. It is the student’s responsibility to carefully study this handbook to learn what is expected of them and what can be expected from the Program.

It is the responsibility of the college to provide instruction and to counsel students on program requirements, graduation, and eligibility requirements to sit for the national certification examination. It is the student’s responsibility to see that these requirements are met. Failure to meet these requirements may result in termination of a student from the program or delay of graduation and eligibility to take the credentialing examination.

Program policies must meet the requirements for accreditation at the professional, state, and institutional levels, and the rights of students and faculty, individually and collectively, and must be respected.

Santa Fe College is committed to an environment that embraces diversity, respects the rights of all individuals, is open and accessible, and is free of harassment and discrimination based on, but not limited to, ethnicity, race, creed, color, religion, age, disability, sex, marital status, national origin, genetic information, political opinions or affiliations, and veteran status in all its programs, activities and employment.

Policies in the handbook are subject to change. Should there be a change in policy, students will be provided written notification and a signed acknowledgment from all students will be collected.

ACADEMIC ACHIEVEMENT STANDARDS

Students must maintain a minimum of 2.0 grade point average each term in all professional courses to remain in the program. Clinical and professional grades lower than a “C” are unacceptable and deemed an unsuccessful attempt.

Successful completion of a course is determined by a final grade of C or better. In the event a student does not successfully complete a course, the student may repeat the course the next time it is offered, pending space available. A withdrawal is deemed a failed attempt. Students must follow the Program course sequence and may not advance unless all courses within the term are successfully completed.

A student has three course and or program attempts. If the third attempt is in the same course, the student will be required to pay out of state tuition for the third attempt. If a student fails any three professional program courses, or fails one course three times, the student will not be readmitted to the Program due to Florida law. (Florida law requires that any college credit course that has been repeated and taken for the third time should be regarded as the final attempt.)
ACCIDENTS / INCIDENTS

HBV-HCV-HIV Exposure:
PEPline (the National Clinicians’ Post Exposure Prophylaxis Hotline) is a 24 hour, 7 day a week consultation service for clinicians managing occupational exposures. This service is supported by the Health Resources and Services Administration Ryan White CARE Act and the AIDS Education and Training Centers and CDC. PEPline can be contacted by phone at (888)448-4911. Recommendation for occupational exposure to HIV includes post-exposure prophylaxis and should be initiated as soon as possible. If there is an associated cost for this treatment, it is the student’s responsibility.

Health and Accident Insurance:
All students are strongly encouraged to carry some form of personal health and accident insurance for the duration of their enrollment. Workplace Liability Insurance is contracted by the College with Hartford Life and Accident Insurance Company. Please refer to the Department Chair for specific questions.

Health Status Change:
It is the student’s responsibility to contact the Program Director if their health status changes during the Program. The Director may require a release statement from a physician stating the student may return to classes, labs and clinical internship “without restrictions.”

Incidents / Injuries:
If a student incurs or is involved in an activity resulting in an injury or potential injury, including but not limited to needle sticks, the student is responsible for notifying their instructor and the clinical coordinator whether in the classroom, lab or clinical affiliate in order to follow appropriate procedures and to complete appropriate paperwork and SF incident report. In addition, if the incident/injury occurs in the clinical area, students must notify the lead technologist of the department and procedures/paperwork for that clinical agency must be completed. The SF incident report must be submitted into the administrative offices in W 201 by the following school day following the incident/injury. Students should carry insurance cards with them at all times while in the clinical setting. All accidents /incidents, regardless how minor they may seem, must be reported to the lead technologist and appropriate forms completed.

ADVANCED PLACEMENT POLICY
Applicants to the Allied Health Programs at Santa Fe College should be aware that all courses within the professional didactic and clinical curriculum are required. The Allied Health Programs do not recognize advanced placement, credit for experiential learning, international medical experience, or transfer credits from another program.

AMERICANS WITH DISABILITIES ACT (ADA)
If you are a student with a disability: In compliance with Santa Fe College policy and equal access laws, a counselor is available to discuss appropriate academic accommodations that you may require as a student with a disability. Requests for academic accommodations need to be made during the first week of the semester (except for unusual circumstances) so arrangements can be made. Students must be registered with the Disabilities Resource Center (DRC) in S-229 for disability verification and determination of reasonable academic accommodations. For more information, see: http://www.sfcollege.edu/student/drc/
ATTENDANCE POLICY

Coursework
Should it become necessary to miss a class, the student must notify the appropriate instructor prior to the start of the class. To receive credit for your courses, you must attend class, lab and clinical assignments. Because the exchange of ideas between students and instructors is crucial to the course learning outcomes, students will fail to meet minimal course requirements if they do not attend regularly. With that in mind, the Allied Health Programs require that you attend at least 85% of the classroom and on campus lab meetings for the scheduled course. If you miss more than 15% of scheduled lab or clinical meetings, you will fail the course. The following classroom attendance policy pertains to the NMT Program.

<table>
<thead>
<tr>
<th>16 Week Semester</th>
<th>6-8 Week Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 absences = written warning from instructor</td>
<td>1 absences = written warning from instructor</td>
</tr>
<tr>
<td>4 absences = reduction of final grade average by 2 points</td>
<td>2 absences = reduction of final grade average by 2 points</td>
</tr>
<tr>
<td>5 absences = reduction of final grade average by 5 points</td>
<td>3 absences = reduction of final grade average by 5 points</td>
</tr>
<tr>
<td>More than 5 absences will result in failure of the course</td>
<td>More than 3 absences will result in failure of the course</td>
</tr>
<tr>
<td>3 tardies (late arrival to class) = 1 absence</td>
<td>3 tardies (late arrival to class) = 1 absence</td>
</tr>
</tbody>
</table>

Any exceptions to this policy will be determined by the Chair of the Allied Health Programs.

Clinical rotations
Students must attend 94% of scheduled clinical hours. If you miss more than 6% of scheduled lab or clinical meetings, you will fail the course. For example, when students are assigned to clinic 3 days a week in a 16 week term, 45 days of clinical attendance is scheduled. Should a student miss more than 3 days of clinic, the student would receive a failing grade and may repeat the course the next time it is offered, pending space available. The following clinical attendance policy pertains to the NMT Program.

| Fall 1 | 1 day |
| Spring 2 | 2 days |
| Summer 3 | 1 day |
| Summer 4 | 2 days |
| Fall 5 | 3 days |
| Spring 6 | 3 days |

*Time away from clinic may only be taken in a minimum of 4 or 8 hour blocks.*
Late arrival to clinic up to 30 minutes = 4 hour time deduction
Late arrival to clinical > 30 minutes = 8 hour time deduction
Leaving clinic early up to 4 hours = 4 hour time deduction
Leaving clinic early > 4 hours = 8 hour time deduction
1. The student will be notified if they have reached their established limit for absences, and that additional absences will jeopardize the successful completion of the course. If a student is going to be absent from a clinical assignment, he/she must do both of the following:
   a. Call or text the Clinical Coordinator 10 minutes prior to the start of his/her clinical assignment.
   b. Call the assigned clinical instructor at the site at least 10 minutes prior to the start of his/her clinical assignment. The student is to speak directly to a clinical instructor or supervising technologist or must obtain the name of the person taking the message. It is the responsibility of the student to make these calls – not parents, friends, or relatives.

2. Any student who does not call the clinical site supervisor, Clinical Coordinator and assigned clinical instructor before the start of the clinical assignment will be put on probation for the remainder of the program and will receive written warning of the violation. Two incidents of “no show, no call” will result in exit from the program.

3. Students who leave the clinical site early without prior approval by the Clinical Coordinator will be considered absent for the entire day.

4. Tardiness: A tardy is defined as being more than 10 minutes late.
   a. 10-29 minutes late to the clinical assignment results in a ½ day absence.
   b. Over 30 minutes late to the clinical assignment results in a full day (8 hours) absence.
   1st offense: verbal warning
   2nd offense: written warning
   3rd offense: failure of the course

5. Up to 2 excused absences per semester may be made up, given this is acceptable to the clinical affiliates. In instances when more than 2 make up days are required, delay in graduation from the Program may result.
   An excused absence is granted by the NMT Program Director. An excused absence is defined as an absence that is unexpected and outside of the student’s control. Students must provide documentation within 48 hours of absence that indicates the absence was unexpected and out of the control of the student.

6. Exceeding the allowed absences will be grounds for failure of the clinical course, which will may also result in exit from the Program.

BACKGROUND CHECKS, NATIONAL AND STATE
A federal and state criminal Level 2 and expanded background check was used as a tool to determine eligibility to enter and remain in SF Medical Imaging Programs. Further and/or additional clinical screenings may be required and completed by clinical agencies. Dismissal from the program may result from additional screening results. Acceptance into a Medical Imaging Program requires students to remain free of disqualifying charges or face dismissal from the program. Students are obligated to notify the Director of Medical Imaging Programs of any arrests, incidents and/or charges regardless of adjudication that occur after acceptance and during enrollment in a Medical Imaging Program. Failure to promptly notify shall be grounds for immediate dismissal from the Program.

Students that are charged and/or arrested will be required to suspend all clinical education in the Program until the charges are completely resolved. This may result in a student being required to drop and given a chance to begin with a
new cohort class the following year. Students may be subjected to additional background checks by various clinical agencies and must meet that agency’s requirements for clinical attendance.

CHILDREN ON CAMPUS
Children are not permitted in classrooms, labs or clinical sites.

CLINICAL ASSIGNMENTS
Students will be supervised, instructed and assessed in the clinical affiliates by the clinical instructors/preceptors, staff technologists and SF faculty. Attendance at the clinical affiliate facilities is a privilege as opposed to a right of the college or students to use the facilities. Students are expected to seek out opportunities to participate in procedures. Students are assigned to the Program’s clinical affiliates by faculty in an effort to provide a balanced and varied clinical experience. Students must be prepared to attend any and all clinical sites, including those outside of Gainesville.

CODE OF CONDUCT
Each student is expected to conform to professional standards of conduct that foster an environment of honesty, trust and respect in the classroom, lab and in the clinical area. Students are expected to adhere to the SF College Student Conduct Code, Rule 7.23 http://www.sfcollege.edu/Assets/sf/rules/pdfs/Rule_7/7_23.pdf

COMMUNITY SERVICE
Students enrolled in the Nuclear Medicine Technology Program are encouraged to take part in certain activities that are of benefit to the community at large. Students are required to donate 5 hours of service to the College or the Program prior to graduating.

DISCRIMINATION / HARASSMENT POLICY
SF prohibits any form of discrimination or sexual harassment among student, faculty and staff. For further information refer to College Rule 2.8 at http://www.sfcollege.edu/Assets/sf/rules/pdfs/Rule_2/2_8.pdf

DISHONESTY, ACADEMIC
The Allied Health Programs require that any student found cheating or leveled with a charge of academic dishonesty in any course requirement be counseled by the Director of Medical Imaging Programs. Appropriate action will be taken and will follow the guidelines as found in the SF Student Conduct Code: Rule 7.23. Specific examples, in addition to those mentioned in the code, include, but are not limited to the following.

1. Falsifying time records of clinical attendance.
2. Violation of HIPAA regarding patient privileged information.
3. Copying or manipulating assessment material in any way at any time.

DISMISSAL FROM PROGRAM
Students are expected to exhibit professional behavior while in program. Demonstration of unprofessional behavior is unacceptable and can result in dismissal from the Program. The following list describes some, but not all reasons for immediate dismissal from programs in the Medical Imaging department.
1. Violation of the Santa Fe College Student Conduct Code.
2. Violations of rules and regulations of the Program or the student’s assigned clinical education site.
3. Receive a grade lower than a “C” in a professional didactic or clinical course is unacceptable and deemed an unsuccessful attempt.
4. Habitual absence and/or tardiness.
5. Unprofessional or unethical conduct in the clinical setting, such as sleeping on a scheduled clinical education assignment, exhibiting disrespectful behavior to patients or hospital staff.
7. Dismissal from a clinical assignment by a preceptor or hospital employee for violations of hospital or departmental regulations or procedures, student actions are affecting work flow in the department or aberrant behavior that is offensive to department personnel.
8. Two incidents of “no show, no call” to a clinical assignment will result in exit from the program.
9. Repeated incidents of unacceptable or uncorrected behavior and/or evidence of insufficient critical thinking for clinical competence or clinical judgment.

**DRESS CODE**

A professional appearance is mandatory at all times. Patients and healthcare workers view students as members of a professional team, therefore students are expected to present themselves in a professional manner. All students are expected to conform to the Program’s standards of dress and grooming.

1. A specific uniform color has been established by the Program. The uniforms are supplied and laundered by the students. Juniors will wear a white scrub top and royal blue scrub pants. Seniors will wear a royal blue top and pants.
2. Uniforms must be the appropriate size and pants must fit correctly at the waist. No over-sized pants or sagging at the waistline is permitted. Pants must also be of the appropriate length.
3. The uniform is to be non-revealing and free of ornamentation.
4. Cloth shoes are not acceptable. Athletic shoes are acceptable. All shoes must have an enclosed heel and toe.
5. Solid color Croc-style shoes are acceptable but holes or vents are not allowed. Straps must be worn on heels appropriately.
6. NMT students **must always** wear white lab coats while in clinic, as mandated by Florida State Regulations. This is required regardless of whether NM technologists are wearing lab coats or not. Snaps or buttons are acceptable. Only white lab coats will be acceptable. Lab coats should be buttoned (or snapped) while in clinic; coats should be removed when eating lunch.
7. Grooming:
   a. Hair must be clean and long hair must be pulled back from the face for the full clinic day. Hair color must be within the natural range of shades of human hair.
   b. Fingernails must be clean, reasonably short, and shaped. Polish must be light in color.
   c. Artificial nails are not allowed while students are assigned to clinical affiliate facilities.
   d. No heavy make-up, perfume or cologne is allowed.
   e. No chewing gum while assigned to clinical facilities.
   f. No more than two small stud earrings may be worn in each ear. No other jewelry may be visible in parts of the body that have been pierced, including the face and tongue.
g. Ear lobe gauges must not be visible.

h. Beards and mustaches must be neat, clean, and trimmed short.

i. Tattoos that are visible when students are dressed in the prescribed clinical uniform must be covered. Tattoos on arms must be covered by a solid color tee-shirt (white or royal blue) worn under the scrub uniform top. Tattoos on forearms may require a long sleeve solid color tee-shirt (white or royal blue). Tattoos on the neck must be covered with Band-Aids. Under no circumstances are students permitted in the clinical affiliates with visible tattoos.

j. Students who smoke cigarettes must take measures to avoid the smell of smoke on their clothes, breath and body, or they will be sent home to change clothes. Personal leave time will be applied for their absence until they return. Most of our clinical sites are smoke free campuses.

k. NAME TAGS MUST BE VISIBLE AT ALL TIMES WHEN IN CLINICAL FACILITIES.

Students may be asked to leave their clinical assignment for a violation of the dress code. Upon the first occurrence of such an event, leave time will be deducted from the student’s balance and the student will be placed on probation. A second violation of the dress code will lead to a failing grade assigned to the clinical course.

**ELECTRONIC DEVICES**

Each instructor will disclose whether or not it is permissible for students to audio record lectures. Videotaping is NOT permitted. Audio recordings are for personal use only and may not be published or distributed over the internet. Transcripts of recordings are not to be distributed or posted in any format. Failure to follow these rules will be considered an act of academic dishonesty and subject to the same consequences. Recordings made by representative of the Disability Resource Center are exempt from the policy stated above.

**Cell phone usage** is not permitted in the classroom unless clearly stated by the instructor. Students will be dismissed from the classroom or lab and counted as absent if caught using their cellphone without permission.

**EMPLOYMENT POLICY**

Students in the NMT Program are enrolled in a course load that is deemed full time. It is highly recommended that students abstain from working full time during their tenure in the Program. Students are expected to spend ample time outside of the prescribed class schedule researching, reading and studying course materials. Students may not assume the responsibility or take the place of qualified staff. Class credit cannot be awarded for clinical hours in which the student is working as an employee of the facility.

**FOOD IN THE CLASSROOM**

Food is not allowed to be consumed in SF classrooms while lecture is ongoing and never allowed in labs.

**GRIEVANCE /COMPLAINTS / APPEALS PROCESS**

See rules Manual, Rule 7.36, Student Complaint Procedure: Students and Administration


**HIPAA/CONFIDENTIALITY**

Federal Law, 45 CFR Parts 160-164 requires specialized training regarding client privacy and security. All healthcare providers must complete HIPAA privacy training. The student healthcare provider in SF Medical Imaging Programs will
complete initial HIPAA training prior to initial clinical rotations and will continue to receive education related to HIPAA integrated in the Program’s curricula. Specific clinical affiliates may also require additional HIPAA training. No patient data may be photocopied.

HIPAA violations – Professional standards and norms for all health care providers include areas of: professional behavior, confidentiality, patient’s rights, informed consent, privileged communication and health care settings standards and norms. Additionally, federal laws (including HIPAA and FERPA), state regulations, licensure requirements and practice acts detail use of specific information related to health care settings and professional behavior. As a student in the SF Allied Health Programs, it is the student’s responsibility to adhere to any and all of these standards and regulations. The relaying, discussion, transferring or use of any privileged information or knowledge of events, or actions, via any verbal, written, electronic, computer and/or other technology form(s) concerning identifying patient information, health care agency information (institution or staff), SF College faculty and staff, fellow SF College students or any other like information is strictly prohibited.

Failure to comply with this directive in any way will result in disciplinary action and can include dismissal from the Program.

HEALTH

CPR: A current CPR certification card with expiration date stated is required prior to orientation for all Allied Health Programs. Students must keep their CPR certification active until graduating from the Program.

Health and Accident Insurance: All students are strongly encouraged to carry some form of personal health and accident insurance for the duration of their enrollment in their program. Any medical accidents that occur in class, lab or assigned clinical work must be reported to the program clinical coordinator or the Department Chair of Allied Health Programs within 24 hours. The SF incident report must be submitted to the Program Director the following school day following the incident/injury.

Health Status Change: It is the student’s responsibility to contact the program clinical coordinator or the Director of the Programs if their health status changes during the Program. A change in health status may require a release statement form a physician stating students may return “without restrictions in class, lab or clinical area.” The status of students having long term absences beyond their control will be individually evaluated by the Department Chair and faculty based upon how realistically a viable education can be provided under existing conditions. Conditions which prevent students from participating in clinical and/or didactic education may result in the student’s total withdrawal from the Program.

Physical Examination: The completed physical examination form is due on the date given in orientation. This includes required immunizations.

ORAL COMPETENCY

The Florida Department of Education and Joint Review Committee on Educational Programs in Nuclear Medicine Technology dictates that students meet an oral competency standard. Students must demonstrate the ability to effectively convey material in an organized manner, use understandable language and respond to questions in an appropriate dialogue. Students will be evaluated on delivery, content and presentation of material, the use of verbal and non-verbal communication, effective listening and responding to the audience. Students must demonstrate minimum competency to enter the clinical setting and ultimately graduate from the Program.
PREGNANCY

Pregnancy Policy:
Students should be aware that the Nuclear Regulatory Commission (NRC) and the State of Florida require instruction of occupational workers in the hazards associated with radioactive material and radiation, and in the precautions and safety measures to be followed to minimize radiation exposure according to ALARA (as low as reasonable achievable). ALARA I and II levels document states "Florida law states that a female radiation worker may voluntarily inform her employer in writing of her pregnancy," therefore your declaration of pregnancy is entirely VOLUNTARY.

Pregnant students have 3 options:
1. Make a written voluntary declaration of your pregnancy and continue in the Program without modification of clinic or classroom scheduling.
2. Decide not to declare your pregnancy.
3. Withdraw your written voluntary pregnancy declaration at any time.

If you choose to declare your pregnancy, you must do so in writing. The declaration may be performed at any time during the pregnancy. If the student decides to declare her pregnancy then she is required to meet with the Radiation Safety Officer (RSO) and complete the Voluntary Declaration Form and receive counseling concerning radiation exposure to the fetus. The Voluntary Declaration Form must be completed, signed and returned to the RSO and Program Director. By signing this form you state that you have been advised of the potential health risks to the embryo/fetus associated with radiation exposure and have been advised of the NRC requirements to limit the dose to the embryo/fetus. Before signing and returning the form you should have any questions concerning this information answered to your satisfaction.

The Nuclear Regulatory Commission (NRC) and State of Florida Department of Health (DOH) advise that such counseling include special instructions to females of childbearing potential, regarding the risks to the unborn fetus associated with prenatal radiation exposure. In addition to the instruction requirement, the NRC Regulatory Guide 8.13 – Instructions Concerning Prenatal Radiation Exposure (http://pbadupws.nrc.gov/docs/ML0037/ML003739505.pdf) and State of Florida regulations, section 64E-5.311, FL Administrative Code ("Dose to an Embryo or Fetus") require that special efforts be made to limit any radiation exposure to the developing fetus.

Voluntarily declaring your pregnancy is the most prudent course of action. It provides maximum protection for the developing embryo/fetus.

All female students are required to complete/sign a form stating that they have read and understand the Pregnancy Policy.
Forms available from the RSO include:
1. Instructions for Declared Pregnant Women
2. Declaration of Pregnancy
3. Declaration of Pregnancy Withdrawal

Most information provided to Program and / or the RSO regarding your pregnancy will be kept confidential however, at times, RSO’s from our clinical sites require us to send them your fetal dosimeter reports. Consideration must be given to the student’s welfare during pregnancy as well as the policies of the clinical sites to which she is assigned. Students returning to their clinical assignments following a leave of absence due to pregnancy must provide documentation from their physician stating they are able to resume their clinical duties “without restriction in class, labs and clinical settings.”
RADIATION SAFETY / DOSIMETRY

A radiation dosimeter issued by SF must always be worn by the student while in the clinical setting. SF will monitor and archive records of each student’s radiation exposure. Students reporting to clinic without their assigned dosimeter must leave immediately until the proper current dosimeter is obtained. Personal leave will be charged for time away from clinic until the student arrives to the clinical site with their assigned dosimeter. Charges incurred for dosimeters and the associated monitoring are included in the students’ lab fees. If a student loses or damages a radiation dosimeter, he/she must complete the radiation dosimeter incident report.

Students are required to review, initial, and date the radiation exposure reports. Questions about the reports should be addressed by the SF Radiation Safety Officer, Sara Smith (Sara.Smith@sfcollege.edu), phone number 352.395.5673.

RESOURCES

TLC (Teaching Learning Center) is a Health Sciences Resource Center for students. It is located in room W-233. Computers, learning software, study rooms and printers are available.

TEAM Health is a resource through which students can schedule tutors when available.

The Santa Fe College Library has copies of required texts. Librarians are available to assist with learning needs.

STUDENT COUNSELING AND DUE PROCESS

Student counseling serves to promote, assist, and maintain superior student performance. The main purpose is to provide feedback to the student regarding his/her performance and to specifically identify areas of strength, performance deficiencies, and/or behavior affecting his/her status as a nuclear medicine student.

STEPS IN COUNSELING PROCEDURE

A. Requirements will be made by the faculty to the student regarding deficiencies and non-compliance with the standards outlined in this handbook. These requirements will be documented and signed (by both student and faculty) and placed in the student’s file. The student may be required to submit an action plan.

B. If the student does not conform to the informal suggestions made in step A above, a meeting will be held with the student and one or more faculty members. At this meeting, the following matters must be addressed:

1. Steps to identify deficiency and correct it.
2. Deadlines or time limits on all steps.
3. Consequences of not meeting the steps or deadlines.
4. The student may be placed on probation for failure to comply with program policy, and/or he or she may be required to submit another action plan detailing his/her plan for improvement.

The content of the meeting will be documented and signed by all involved parties. The student will receive a copy of all documents presented at the meeting, and copies will be placed in his/her file. If the student is placed on probation, the appropriate probation form must be completed, a copy provided to the student, and a copy placed in his/her file.
C. At the completion of the deadlines, one of the following two (2) things will happen:
   1. If all conditions are met, the student will be allowed to continue in the Program.
   2. If all conditions are not satisfied, the deficiencies still existing will be noted and the student will be dismissed from the Program.

STUDENT RIGHTS AND RESPONSIBILITIES
Student rights and responsibilities are posted at the following site, http://www.sfcollege.edu/studentaffairs/?section=policies/student_rights. The purpose of this document is to provide students with a general overview of both their rights and responsibilities as members of the Santa Fe College community.

SUBSTANCE ABUSE
Alcoholic beverages, illegal or controlled substances or drug paraphernalia are not permitted in the classroom, laboratories or clinical settings.

Students enrolled in Allied Health Programs are prohibited from attending class, lab or clinical assignments under the influence of alcohol or drugs. Observed impairment of a student may be evidenced and identified by many factors, including but not limited to reasonable suspicion and/or bizarre and unusual behavior. It is the faculty’s responsibility to identify students who display physical and/or emotional conditions which may impede clinical judgement and/or practice in class, lab or clinical setting. Upon identification, the student will be excused from class, lab or clinical assignment and will be required to submit to a blood and/or urinalysis test at the student’s expense.

The student must notify faculty if he/she is required to take medically prescribed drugs which could impair his/her ability to function safely in the clinical setting or lab. Documentation of the student’s ability to function safely in the capacity as a technologist may be required of any student for whom medication has been prescribed. Clinical evidence of the use of illegal substances or alcohol in the clinical setting may lead to dismissal from the program.

TECHNICAL STANDARDS
The student must have:
• Sufficient eyesight to observe patients, manipulate equipment and evaluate radiographic quality.
• Sufficient hearing to assess patient needs and communicate verbally with other health care providers.
• Sufficient verbal and writing skills to communicate needs promptly and effectively in English.
• Sufficient gross and fine motor coordination to respond promptly to the patients’ needs, manipulate equipment, lift a minimum of 30 pounds, participate as a team member of four in moving a 150 pound incapacitated patient, and ensure overall patient safety.
• Satisfactory intellectual and emotional functions to exercise independent judgment and discretion in the safe technical performance of medical imaging procedures.

While enrolled in an Allied Health Program, students must notify the Program Director if they encounter a change in the status of their health. Failing to notify the Program Director may result in exit from the Program.

VACCINATIONS
All clinical affiliates require immunizations, so all students must be immunized to participate in clinical education. Prior to the first scheduled day of clinical education in the affiliates, students MUST show proof of:
   1. Two (2) immunizations for measles and/or two MMR’S.
2. Negative Tuberculin skin test and physical examination. Students must provide proof of a second negative tuberculin skin test approximately one year after the date of the original test that was provided to the Program.

3. Proof of an annual Flu Vaccination is required by clinical sites.

4. The first and second of the three Heptravac (Hepatitis-B series) immunizations must be obtained and documented prior to entering the clinical setting.

Immunizations are available at the Alachua County Health Department. Students who have questions regarding cost or hours of operation may call the ACHD at (352) 334-7900.

Santa Fe College students are eligible to receive certain immunizations and other healthcare assistance from the college’s Student Health Care Center located in S-120, for a nominal fee. Students should communicate directly with the Student Health Care Center regarding the costs and availability of immunizations and other services. The phone number is 381-3777.

WITHDRAWING FROM PROGRAM
Students considering withdrawing from the Program are advised to discuss their reasons first with the NMT Program Director as well as with the Department Chair of Allied Health Programs before terminating their clinical or classroom attendance. Students who decide to withdraw from the Program must complete an exit form to remain in good standings within the Health Sciences Department of the College. Students can then withdraw from classes through their eSantaFe account.

WORKING WITH INMATES
If the student chooses to participate in the care of an inmate, the inmate must be physically restrained and accompanied by a law enforcement officer or guard.

Program Accreditation
The curriculum is designed to meet the criteria of the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT), the Southern Association of Colleges and Schools (SACS), and the Florida State Department of Education. The Program fulfills the recommendations of the Technologists Section of the Society of Nuclear Medicine (SNM), the Nuclear Medicine Technology Certification Board (NMTCB), and the American Registry of Radiologic Technologist (ARRT). The curriculum and program policies also follow the guidelines stated in the Santa Fe College Student Handbook and the Santa Fe College Rules Manual.

A student, graduate, faculty, or any other individual who believes that the Nuclear Medicine Technology Program is not in compliance with any or all JRCNMT Standards may submit his or her complaint regarding allegations of non-compliance to the Associate Vice President of Health Sciences, who will assist the individual(s) with timely and appropriate resolution of the complaint. This process can be accessed through the agency’s Web site at http://www.jrcnmt.org/contact.

Contact information for the JRCNMT:
820 W. Danforth Rd., #B1 Edmond, OK 73003
Phone: (405)285-0546
mail@jrcnmt.org
Rev. 8/22/17
Program Goals
1. Students will provide quality patient care and safety.
2. Students will demonstrate entry-level skills necessary to competently perform nuclear medicine procedures.
3. Students will apply critical thinking skills and problem solving skills in performing tasks associated with nuclear medicine technology.
4. Students will demonstrate appropriate and effective oral and written communication skills.
5. Students will participate in professional growth development and uphold professional standards.

Student Learning Outcomes
1. The student will demonstrate proficiency in providing patient care.
2. The student will demonstrate knowledge of radiation safety precautions and ALARA concepts.
3. The student will demonstrate recognition of, and adherence to, ethical and professional responsibilities.
4. The student will generate quality diagnostic images, perform therapeutic procedures and quality control procedures while employing the principles of NMT methodology, radiation protection and physics.
Handbook Agreement

I certify that I have received a copy of the Santa Fe College Nuclear Medicine Technology Student Handbook. I further certify that I have read and agree to follow the standards outlined in the Handbook and realize that any deviation from these standards will be cause for counseling procedures to be implemented. I understand that these standards apply to every course within the Nuclear Medicine Technology Program. I understand that I am responsible for providing my own medical insurance if I desire coverage, maintaining a current CPR certification, proof of a second negative tuberculin skin test (PPD), proof of annual Flu vaccine (required by clinical sites) by the first day of the Fall Term Second Year, and acquiring the series of Hepatitis B vaccinations.

I have completed a HIPAA instructional module, and I have submitted the appropriate certificate of completion to the program.

________________________________
Printed Name

________________________________  __________________________
Student’s Signature               Date

Additionally, I give my permission to be photographed by the Program/College for faculty and/or clinical affiliate purposes of identification. If needed, I agree to participate in College/Program promotional activities, which might include a photograph or video to be posted on the college or program website.

________________________________  __________________________
Student’s Signature               Date
PERFORMANCE STANDARDS ALLIED HEALTH PROGRAMS

Health Sciences program applicants must:

1. Possess sufficient physical, motor, intellectual, emotional and social/communication skills to provide for patient care and safety, and the utilization of equipment. Required performance standards for Nuclear Medicine Technology are outlined below.

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>STANDARD</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td>Critical thinking sufficient for competent clinical judgment.</td>
<td>Handle multiple priorities in stressful situations. Make accurate independent decisions. Perform skills at entry level. Ability to work alone as well as a member of a team. Satisfactory intellectual and emotional functions to exercise independent judgment and discretion in the safe technical performance of medical imaging and therapeutic procedures.</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.</td>
<td>Display patience, empathy and concern for others. Deal with fear and hostility in a calm manner. Demonstrate a high degree of patience. Work with other health care providers in stressful life/death situations.</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities sufficient for interaction with others in verbal and written form.</td>
<td>Communicate needs in a prompt, clear and concise manner. Accurately record/document pertinent information. Follow verbal and/or written instructions. Interact with patients, faculty and other health care providers in a professional manner.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from room to room and maneuver in small spaces.</td>
<td>Walk to and from departments. Maneuver nimbly in small spaces. Respond swiftly to patient's needs, manipulate equipment, lift a minimum of 30lbs, push/pull mobile equipment weighing up to 300lbs; participate as a team member of four in moving an incapacitated patient; ensure patient safety; stand for prolonged periods of time (sometimes wearing a 12-20lb lead apron underneath gown).</td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Gross and fine motor abilities sufficient to safely and effectively perform Nuclear Medicine skills.</td>
<td>Ability to grasp, hold, grip, seize, turn or otherwise manipulate work with hands. Work with fingers to manipulate switches, dials and other computer equipment. Input data into computer. Perform palpitations.</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient to monitor and assess health needs.</td>
<td>Communicate verbally with patients and other health care providers. Auscultation of BP, breath sounds and heart sounds.</td>
</tr>
</tbody>
</table>

I have read and understand the aforementioned Performance Standards for Allied Health Programs.

____________________________________  ____________________________
(Student signature)          (Date)
Pregnancy Policy Form*

*To be completed by all female students

I, ___________________________ have read and understand the Nuclear Medicine Technology Program Pregnancy Policy. I am aware that disclosure of pregnancy is totally voluntary on my part. I also understand that I can meet with the RSO to express any radiation protection concerns and have my questions answered fully, completely, and confidentially.

__________________________________________
Student signature  Date

__________________________________________
Clinical Coordinator
PROGRAM FACULTY

Sara Smith, MS, NCT, CNMT, RT(N)(CT)  
Program Director  
Clinical Coordinator  
Radiation Safety Officer  
Office W-22C  395-5673

Amy Coker, BS, CNMT, RT(CT), PET  
Lead Didactic Professor  
Office W-22B  395-5672

Susan Moorehead, BS, CNMT  
Clinical & Didactic Instructor  
Office W-22A

William Castlen, CNMT, RT(N)  
Clinical & Didactic Instructor  
Office W-22A

Sharon Whitcraft, MA RVSA RVT RCS  
Department Chair, Allied Health Programs  
Office W-201E  395-5702

Jodi Long, Ph.D.  
Associate Vice President of Health Sciences  
Office W-201  395-5680
PROGRAM COURSE SEQUENCE

NUCLEAR MEDICINE TECHNOLOGY
Prerequisite courses     28 credit hours
Program hours     47 credit hours
Total hours     75 credit hours

Fall Term 11 credit hrs
NMT1111   Patient Care 3
NMT1534C  Nuclear Instrumentation 1 4
NMT1713   NM Methodology 1 4
NMT1804   NM Clinical Education 1 1

Spring Term 12 credit hrs
NMT1310C  NMT Radiation Safety, Health 3
          Physics, and Radiopharmacy Lab
NMT1535C  Nuclear Instrumentation 2 3
NMT1723   NM Methodology 2 4
NMT1814   NM Clinical Education 2 2

Summer Term 6 credit hrs
NMT1733   NM Methodology 3 3
NMT1824   NM Clinical Education 3 1
NMT1834   NM Clinical Education 4 2

Fall Term 12 credit hrs
NMT1430   Radiation Biology 3
NMT2743   NM Methodology 4 4
NMT2844   NM Clinical Education 5 2
RTE 2573  Special imaging modalities 3

Spring Term 5 credit hrs
NMT2854   NM Clinical Education 6 2
NMT2061   NM Seminar 3
CODE OF ETHICS FOR THE NUCLEAR MEDICINE TECHNOLOGY STUDENT

Nuclear Medicine Technology requires dedicated service of the student technologist to the patient in assisting the physician in the diagnosis and/or treatment of illness or injury. The practice of Nuclear Medicine is based on ethical values having as their aim the ultimate good of the whole person regardless of race, gender, creed, nationality, or economic status. These ethical values are set forth in a professional code which all nuclear medicine students are obliged to observe. The student’s duties and rights with respect to the patient, the physician, the public, the profession, and all professional associates are here considered.

THE PATIENT
1. Nuclear Medicine Technology students who render service to the patient should measure the propriety of their actions and decisions by the primary consideration of their effect on the patient’s health and welfare, demonstrating a spirit of kindness, patience, and understanding.
2. Students are obliged to keep confidential any and all information concerning the patient.
3. Students are responsible for the competent and efficient performance of nuclear medicine procedures prescribed only by a physician. They must not attempt to provide services for which they have not been properly educated.
4. Students shall be discreet and tactful in all dealings with the patient. They shall avoid all actions or statements which in any way might be construed by the patient as criticism of the physician or other professional concerned with the patient’s care. Nuclear Medicine students will make no specific statements to the patient or anyone else concerning the patient’s diagnosis or prognosis.
5. Students shall avoid all extraneous conversation of a personal nature in patient areas.

THE PHYSICIAN
1. Diagnosis and the prescription of nuclear medicine procedures is the sole responsibility of the physician. Under no circumstances shall a student (or technologist) attempt to perform any of the functions of a physician or in any manner encroach on that portion of the practice of medicine.
2. Nuclear Medicine students shall competently meet their responsibilities to all physicians with equal respect, interest, and courtesy.

THE CLINICAL SITE
1. When seeking employment, students/graduates shall state truthfully their credentials of professional education and experience.
2. Students shall not accept or solicit gratuities or gifts from patients or others for services rendered.
3. Students shall become fully informed of (and comply with) all policies, procedures, and regulations of the clinical site.
4. Students shall execute all responsibilities assigned by the clinic so long as such responsibilities are reasonable and within the limits of competency.
5. Students shall exhibit conduct in such a manner as to gain the confidence and respect of all other health care professionals.
THE PUBLIC
Nuclear Medicine Technology students as citizens are obliged to understand and uphold the law of the land and perform the other duties inherent to good citizenship. They are also expected to accept responsibilities where their knowledge will be of value and to support all constructive efforts on behalf of the public health and welfare.

THE PROFESSION AND ASSOCIATES
1. In addition to applying the techniques of the Radiologic profession to the best of their ability, nuclear medicine students should constantly strive to perfect and enhance their knowledge and proficiency by keeping informed regarding professional matters by reading pertinent literature and by attending meetings, seminars, and other educational programs.
2. To promote advancement in the knowledge and practice of nuclear medicine, students should contribute toward the scientific progress of the profession and thus encourage and participate in research and investigation, and in educational programs which promote the welfare of the profession.
3. Students should seek to attract to the profession persons of good character and intellectual capacity and assist in their education.
4. Students should accord colleagues respect and cooperation.
5. Nuclear Medicine students should have an appreciation of the aims and ideals of related professions. Maintaining harmonious relations with other professional groups and persons will contribute to the cooperation and efficiency of working toward our common goals of delivering quality patient care.
## INSTRUCTIONS:
- If loss/occurrence/injury is to a **college employee**, please complete sections: 1, 2, 5, 6, 7 and 8.
- If loss/occurrence is to **college-owned property**, please complete sections: 1, 3, 5, 6, 7 and 8.
- If loss/occurrence/injury is to a **non college employee or non college-owned property**, please complete sections: 1, 4, 5, 6, 7 and 8.

### 1. LOCATION AND DATE OF INCIDENT/OCCURRENCE

<table>
<thead>
<tr>
<th>COLLEGE:</th>
<th>ECFS</th>
<th>CCF</th>
<th>BC</th>
<th>CC</th>
<th>CCF</th>
<th>DSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>BreCC</td>
<td>ESC</td>
<td>IRSC</td>
<td>PBSC</td>
<td>SPC</td>
<td>TCC</td>
<td></td>
</tr>
<tr>
<td>BC</td>
<td>FGCC</td>
<td>LSCC</td>
<td>PHCC</td>
<td>SFC</td>
<td>VC</td>
<td></td>
</tr>
<tr>
<td>CC</td>
<td>FKCC</td>
<td>MDC</td>
<td>PeSC</td>
<td>SSC</td>
<td>VC</td>
<td></td>
</tr>
<tr>
<td>CCF</td>
<td>GCSC</td>
<td>NFCC</td>
<td>PSC</td>
<td>SFSC</td>
<td>VC</td>
<td></td>
</tr>
<tr>
<td>DSC</td>
<td>HCC</td>
<td>NWFSC</td>
<td>SJCSC</td>
<td>SCFMS</td>
<td>VC</td>
<td></td>
</tr>
</tbody>
</table>

**DATE OF OCCURRENCE:**

**TIME OF OCCURRENCE:**

**LOCATION OF OCCURRENCE (BE SPECIFIC):**

### 2. INJURED EMPLOYEE (INJURY/LOSS TO COLLEGE EMPLOYEE)

<table>
<thead>
<tr>
<th>NAME OF EMPLOYEE:</th>
<th>AGE:</th>
<th>OCCUPATION &amp; DEPARTMENT:</th>
<th>EMPLOYEE #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>CITY:</td>
<td>ST:</td>
<td>ZIP:</td>
</tr>
<tr>
<td>PHONE: ( )</td>
<td>PART OF BODY INJURED:</td>
<td>TYPE OF INJURY (CUT, STING, BUMP, BRUISE ETC.):</td>
<td></td>
</tr>
</tbody>
</table>

**DOES EMPLOYEE WISH TO SEEK MEDICAL ATTENTION TODAY:**

**WILL EMPLOYEE REQUIRE TIME OFF FROM WORK:**

**DATE INJURY FIRST REPORTED:**

**TIME INJURY FIRST REPORTED:**

*A “no” answer does not waive the employee’s right to request medical attention at a later date.*

### 3. PROPERTY (COLLEGE OWNED)

**IDENTIFY THE DAMAGED/LOST PROPERTY:**

**ESTIMATED COST OF DAMAGED/LOST PROPERTY:** $

### 4. INJURED PARTY/PROPERTY (PERSONS NOT EMPLOYEED BY COLLEGE AND/OR PROPERTY NOT OWNED BY COLLEGE)

<table>
<thead>
<tr>
<th>NAME:</th>
<th>AGE:</th>
<th>PHONE: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>CITY:</td>
<td>ST:</td>
</tr>
</tbody>
</table>

**IDENTIFY THE INJURY OR THE DAMAGED/LOST PROPERTY:**

**STUDENT ID #:**

*(If Injured Party is Admitted Student):*

### 5. WITNESS(ES)

<table>
<thead>
<tr>
<th>NAME:</th>
<th>PHONE: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>CITY:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME:</th>
<th>PHONE: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>CITY:</td>
</tr>
</tbody>
</table>

**Revised: 09/12**
6. DESCRIBE THE LOSS/OCURRENCE/INJURY (To be completed by Injured Employee/Party, if at all possible):

7. SIGNATURES

INJURED EMPLOYEE/PARTY’S SIGNATURE: ___________________________ DATE: ___________________________

DEPARTMENT CONTACT’S SIGNATURE: ___________________________ DATE: ___________________________

8. RISK MANAGEMENT COORDINATOR REVIEW (To be completed by the College’s Risk Management Coordinator):

TYPE OF CLAIM (Please Check One):

<table>
<thead>
<tr>
<th>GENERAL LIABILITY</th>
<th>STUDENT ACCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLLEGE PROPERTY DAMAGE/THEFT</td>
<td>ATHLETIC</td>
</tr>
<tr>
<td>EQUIPMENT BREAKDOWN</td>
<td>FACILITIES USE</td>
</tr>
<tr>
<td>WORKER’S COMPENSATION**</td>
<td>ALLIED HEALTH (Please Attach Allied Health Incident Form)</td>
</tr>
</tbody>
</table>

** Please do not send Work Comp A/I forms to the Consortium. The College WC coordinator should submit all WC claims through the call center.

RISK MANAGEMENT REVIEW STATEMENTS (Initial ONLY those statements that apply):

____ THIS A/I IS FYI ONLY. NO CLAIM IS BEING SUBMITTED AT THIS TIME.

____ THIS A/I HAS BEEN SUBMITTED TO FRINGE BENEFITS, FOR CLAIM REVIEW (Student Accident Coverage).

____ THIS A/I HAS BEEN SUBMITTED TO SUMMIT AMERICA, FOR CLAIM REVIEW (Athletic Coverage).

RISK MANAGEMENT COORDINATOR’S SIGNATURE: ___________________________ DATE: ___________________________
ACCIDENT – INCIDENT REPORT INSTRUCTIONS

This form is used to notify the Florida College System Risk Management Consortium (FCSRMC) of accidents/incidents/occurrences for review as possible claims. This form should be used to document the following types of occurrences: Accidents, Injuries, Crimes/Theft, Property Damage (College Owned), Property Damage (Non-College Owned), Internet Crisis (stolen, lost, or hacked personal information), Equipment Breakdown (fka Boiler and Machinery), Student Accidents, Athletic Injuries, and Allied Health (Professional Liability Claims). Please note, Worker's Compensation claims are not reported to the FCSRMC using this form. The College’s Worker’s Compensation Coordinator should submit all claims via the dedicated reporting line: 877-842-6843.

1. LOCATION AND DATE OF INCIDENT/OCCURRENCE

COLLEGE: Clearly check the FCSRMC abbreviation for your college.

CAMPUS/LOCATION CODE: Please use the campus codes as noted on the College’s Property Listings on file with the FCSRMC.

LOCATION OF OCCURRENCE (BE SPECIFIC): Provide campus name and building name or number. If accident occurred off campus, provide street address and city.

2. INJURED EMPLOYEE

OCCUPATION & DEPARTMENT: List the occupation and department in which the employee is primarily employed.

PART OF BODY INJURED: Loosely identify the part of the Employee’s body which has been injured (i.e. wrist, ankle, back etc.)

TYPE OF INJURY: Loosely identify the manner in which the Employee has been injured (i.e. cut, sting, bruise etc.)

DATE INJURY FIRST REPORTED: If the injury was originally reported on a date different from the date of completing the A/I, please list the original date the injury was reported.

3. PROPERTY (COLLEGE OWNED)

IDENTIFY THE DAMAGED/LOST PROPERTY: Describe the damaged or stolen college-owned property. Enter information such as: “Flood damage to 1st floor of Building K; or 1998 white Mercedes driver side door; or Glass broken in classroom window; or IBM Pentium II computer, monitor, keyboard, and Hewlett-Packard LaserJet printer.”

ESTIMATED COST OF DAMAGED/LOST PROPERTY: Enter your best guess of the value. This figure will not be used in evaluating the claim. It will be an indication of whether or not it falls within the college deductible and whether or not it needs to be submitted to the servicing office.

4. INJURED PARTY/PROPERTY (INJURY/LOSS TO PERSONS NOT EMPLOYEED BY COLLEGE AND/OR PROPERTY NOT OWNED BY COLLEGE)

NAME: Report the name of the impacted person, such as, students who are not employees of the college at the time of injury, visitors, or owners of property that is stolen or damaged while at the college, including art exhibits.

IDENTIFY THE INJURY OR THE DAMAGED/LOST PROPERTY: Enter information such as “Twisted knee; or 1989 white Mercedes convertible; or blue backpack with 4 textbooks; or Walkman radio/tape player; etc.”
5. WITNESS(ES)

This information is extremely valuable in adjusting the claims or if suits are filed later. Please supply the information if it is available.

6. DESCRIBE THE LOSS/OCCURRENCE/INJURY (To be completed by the injured person, if at all possible):

Please do not write “SEE ATTACHED.” Please give a brief description of accident using words such as: “College-owned vehicle was hit by vehicle owned by student; or Employee tripped over phone cord; or Student left backpack on library steps for 10 minutes; or Vehicle 1 (student-owned) hit vehicle 2 (student-owned) while backing out of parking space.”

If additional space is required, feel free to attach a second A/I form.

It is extremely important to remember that those of us reading the accident/incident reports after they have left your college have no idea who the involved people are, whether they are college employees, students or visitors, and we have some difficulty determining whether or not damaged property is college owned or non-college owned.

7. SIGNATURES

Where possible, please get the signature of the Injured Employee/Party and a Department Contact.

8. RISK MANAGEMENT COORDINATOR REVIEW (To be completed by the College’s Risk Management Coordinator):

Review by the Risk Management Coordinator or his/her designee are extremely important. Our belief is every incident should be submitted through the Coordinator’s office for review and that office should accept responsibility for submitting the report to the Consortium office. It is important for loss control purposes to have one person at the college coordinating incident information and taking responsibility to make sure areas in need of repair are reported to the proper people for this to be accomplished.

GENERAL LIABILITY: Check this block when incident involves students, visitors, property of students or visitors.

COLLEGE PROPERTY: Check this block when incident involves property owned by the college.

EQUIPMENT BREAKDOWN: Check this block only when incident involves your college owned boiler and/or refrigeration equipment.

STUDENT ACCIDENT: Check this block if the injured party is enrolled in a covered curriculum.

ATHLETIC: Check if claimant was participating in an enrolled sport.

FACILITIES USE: Check this block when incident involves visitors to an event for which Facilities Use coverage has been purchased.

ALLIED HEALTH: Check this block when incident involves patients of students enrolled in the Allied Health Program. Be sure to attach an Allied Health Incident Form found at http://fcsrmc.com/attachments/Allied_Health_Incident_Form.pdf

RISK MANAGEMENT REVIEW STATEMENTS: Initial the appropriate statements to let the FCSRMC staff know that the Risk Management Coordinator has reviewed the claim and determined that the A/I is for FY1 purposes only, is a Student Accident claim that has been forwarded to Fringe Benefits, OR is an Athletic claim which has been submitted to Summit America. By initialing the appropriate statements, we hope to make the notification process more efficient and limit the number of follow-up calls the FCSRMC has to make to the College Risk Coordinator.
How to File a Medical Claim
Florida College System Risk Management Consortium

Attached is a Blanket Lines Notice of Claim (Claim Form) for your accident policy.

Please forward claims and questions to the following address:
Fringe Benefit Coordinators, Inc.
P. O. Box 5249
Gainesville, FL 32627-5249
Toll Free Number (800) 654-1452
Fax Number (352) 372-9805

Policy underwritten by Hartford Life and Hartford Life and Accident Insurance Company
Claimant administration handled by Fringe Benefit Coordinators, Inc.

Step 1 - Submit a completed Notice of Claim (claim form) to our office either by fax or mail.

The Policyholder (not the Parent, Claimant or Agent) should:

- Fully answer/sign each item in the Policyholder Certification section.
- Read and sign the Fraud Warning Certification statement located on the reverse side of the Notice of Claim.

The Parent/Guardian or Adult Claimant should:

- Fully answer/sign each item in the Claimant Certification section (choose either the Parent/Guardian column or the Adult Claimant column; whichever is applicable).
- Read and sign the Fraud Warning Certification statement located on the reverse side of the Notice of Claim.

Step 2 - Submit itemized medical bills for payment consideration to our office. This policy is Excess, so please also include any other insurance carrier's corresponding Explanation of Benefits (EOB) as outlined in the helpful information bullet listed below.

Helpful information for submitting claims and expediting payment

- A fully completed Notice of Claim is required for each accident/injury a Claimant incurs. Claims submitted with incomplete information will be denied pending receipt of the missing data.
- Release of claim forms by an insurance company is not an admission of coverage. In addition, information on the form is subject to audit by the insurance company.
- Providers may wish to bill us directly for their services. If they do, please ensure a Notice of Claim has first been submitted to our office.
- Itemized medical bills (including claimant name, date of service, diagnosis, procedure codes, amount charged, and provider information) should be submitted for processing. “Balance Due” statements and/or incomplete bills do not provide enough claim detail to process the charges. In order to ensure we receive complete claim information, we suggest providers submit standardized billing statements (called “UB-04” for hospital charges and/or a “CMS-1500” for physician charges).
- Unless proof of payment is submitted with the medical bill (a copy of check, a medical bill that indicates the claimant has made all or partial payment or zero balance information) claim payment is generally sent directly to the medical providers.

Please detach this page and forward the completed Notice of Claim (and medical bills if you are submitting expenses for payment) to the address listed above. We recommend you keep copies of the correspondence you are submitting to use for future reference.
**POLICYHOLDER CERTIFICATION** - To be completed by Policyholder Official

<table>
<thead>
<tr>
<th>Policyholder Number</th>
<th>Policyholder Name</th>
<th>College Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>08SR2131</td>
<td>Florida College System Risk Management Consortium</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Claimant (Injured Party) Name</th>
<th>Time of Accident (hh:mm)</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Accident: (mm/dd/yyyy)</th>
<th>Place of Accident</th>
<th>Cause of Accident</th>
<th>Indicate injured body part(s)</th>
<th>Nature of Sickness (if applicable)</th>
<th>Date Sickness first commenced</th>
</tr>
</thead>
</table>

**Policyholder Certification Signature Required:**

I hereby certify the Claimant is a member of the group insured under the above Policy and the injury/sickness was sustained under adequate supervision while participating in an official Covered Activity. I further certify I have read and signed the Fraud Warning statement located on the reverse side of this form.

Title of Policyholder Official  | Signature of Policyholder Official | Date |
|------------------------------|----------------------------------|------|

**CLAIMANT/STUDENT CERTIFICATION** - To be completed by Parent/Guardian or Adult Claimant

*Due to new government regulations, claims submitted without this data will be returned.

<table>
<thead>
<tr>
<th>Parent/Guardian completes for dependent child</th>
<th>Adult Claimant completes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claimant (Dependent Child) Name</td>
<td>Claimant Gender</td>
</tr>
<tr>
<td>Claimant Gender</td>
<td>Male</td>
</tr>
<tr>
<td>*Is the Claimant a Medicare Beneficiary?</td>
<td>No</td>
</tr>
<tr>
<td>If yes, please provide Claimant’s Social Security Number or Health Identification Claim Number</td>
<td></td>
</tr>
<tr>
<td>Claimant Date of Birth</td>
<td>Daytime Phone Number</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Claimant Address (Street Number, City, State, Zip)</td>
<td>Claimant Address (Street Number, City, State, Zip)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Claimant have medical coverage through?</th>
<th>Do you have medical coverage through?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s employers policy*</td>
<td>Your employer*</td>
</tr>
<tr>
<td>Father’s employers policy*</td>
<td>Spouse’s employer*</td>
</tr>
<tr>
<td>Guardian’s employers policy*</td>
<td>Medicare policy</td>
</tr>
<tr>
<td>Medicare policy</td>
<td>Medicare policy</td>
</tr>
<tr>
<td>Medicaid policy</td>
<td>Medicaid policy</td>
</tr>
<tr>
<td>Any other medical policy*</td>
<td>Any other medical policy*</td>
</tr>
</tbody>
</table>

This Policy is Excess, please include the other insurance carrier’s Explanation of Benefits (EOBs) for each medical bill submitted.

**Parent/Guardian or Adult Claimant Certification Signature Required:**

I certify the above information to be true and accurate to the best of my knowledge. I further certify I have read and signed the Fraud Warning Certification statement located on the reverse side of this form. I also authorize any physician / hospital that has attended me or my dependent child to disclose information acquired for claim payment purposes.

Printed Name Parent/Guardian or Adult Claimant

Signature of Parent/Guardian or Adult Claimant Date
With the exception of any source(s) of income reported above in this form, I certify by my signature that I have not received and am not eligible to receive any source of income, except for my disability benefits from this plan. Further, I understand that should I receive income of any kind or perform work of any kind during any period The Hartford has approved my disability claim, I must report all details to The Hartford, immediately. If I receive disability income benefits greater than those which should have been paid, I understand that I will be required to provide a lump sum repayment to the Plan. The Hartford has the option to reduce or eliminate future disability payments in order to recover any overpayment balance that is not reimbursed.

For residents of all states EXCEPT Arizona, California, Colorado, Florida, Kentucky, Maine, Maryland, New Jersey, New York, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement amount payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For residents of Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

For Residents of Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit and who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto that the insurer relied upon is subject to a denial and/or reduction in insurance benefits and may be subject to any civil penalties available.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

The statements contained in this form are true and complete to the best of my knowledge and belief.

_________________________ Date __________________________
Signature of Policyholder Official

_________________________ Date __________________________
Signature of Parent/Guardian or Adult Claimant

Electronic Funds Transfer (EFT) is our standard method of payment. When making our claim decision we may contact you to obtain your banking information.
STUDENT ACCIDENT (EDUCATION / TRAINING)

Summary of Coverage:

- This is a fully insured program underwritten by Hartford Life and Accident Insurance Company (Hartford). This policy provides coverage for registered students in the named education/training courses on file with Hartford while the student is:
  - Participating in college courses, labs or clinical training:
    - Sponsored by the college; and
    - On the premises designated and supervised by the College; or
  - On the premises used for classes, labs or clinical training as designated by the college; or
  - Traveling with a group in connection with the activities under the direct supervision of the college

- Once the course or program of study ends, coverage ends. The policy does not provide for any returning students who wishes to take agility tests, re-certifications, etc. unless they are enrolled in a class.

- Student must incur first medical expense within 26 weeks after the accident for coverage to apply for Accident Medical Benefit

- Accidental Death Benefit and Accidental Dismemberment Benefit—loss of life or limb (per policy) must occur within 365 days after the date of accident

- The college has no deductible

- The policy provides limits of:
  - Accident Medical Expense Maximum $15,000
  - Accidental Death Principal Sum $25,000
  - Dental Maximum $15,000
  - Accidental Dismemberment Principal Sum $25,000
  - Benefit Period 104 Weeks

- This policy provides EXCESS coverage – any coverage available to the student would be primary including Health Insurance.

Claims reporting:

- College must file Accident / Incident report to the Consortium indicating at the top of the form “Student Accident Claim-Hartford form sent directly to Fringe Benefits Coordinators”.

- Complete Hartford Claims Form within 30 days of date of injury to comply with policy provisions (these forms can be found on Fringe Benefits Coordinators website: www.fbc-inc.com). Forward the Hartford Claims Form to Fringe Benefits Coordinators, Inc. along with any medical bills or other supporting documentation to gzinger@fbc-inc.com. Please include the student’s / claimant’s social security number, claims will NOT be processed without it.

Example of claim: Student suffers a laceration requiring medical attention while participating in a clinical experience as part of his/her education/training coursework.
F.A.Q Concerning the Student Accident Education / Training Program
8/26/2016 - 8/26/2017

Q. What does Excess Coverage mean vs Primary Coverage?
   • A Primary policy will pay regardless if student has other insurance while an Excess policy will pay over and above what the Primary policy paid. For example, if student was billed by hospital $350 and their primary policy paid $200, the Hartford Life and Accident Insurance Company (Hartford) policy will reimburse the student $150.

Q. What if student does not have any other insurance?
   • Hartford will pay claim in the same manner as if the coverage was on a Primary basis, meaning Hartford will become the Primary policy.

Q. What if the student has a deductible under their other insurance?
   • Hartford will reimburse the student for any deductible under their other policy.

Q. What if the student has a co-insurance under their other insurance?
   • Hartford will reimburse the student for any co-insurance under their other insurance.

NEW CLAIMS PROCEDURES

Q. Who is Fringe Benefits Coordinators, Inc.?
   • They are the Third Party Administrator who handles the claims on behalf of Hartford.

Q. How will claim be filed?
   • Claim forms will be available on the Fringe Benefits website under Forms: http://www.fbc-inc.com/. Forms can be e-mailed to gzinger@fbc-inc.com. Please note the students Social Security # should be shown on claim form.

Q. What is an EOB?
   • This is an Explanation of Benefits form which is furnished to the student from their other insurance company outlining what they paid and what they did not pay. This form is then sent to Fringe Benefits so they can determine what additional funds are due the student.
NEW CLAIMS PROCEDURES CONTINUED

Q. Please explain the flow of a claim
   • Once an injury has occurred under the Student Accident coverage:
     o Go to http://www.fbc-inc.com and complete claims form, print, have signed and forward to Fringe Benefits
     o If student has other insurance, they must file with their other insurance company
     o When student receives EOB from other carrier, they must forward to Fringe Benefits
     o DO NOT WAIT UNTIL EOB IS RECEIVED FROM OTHER CARRIER TO SUBMIT CLAIM FORM TO FRINGE BENEFITS, AS THE CLAIM MUST BE SUBMITTED TO FRINGE BENEFITS WITHIN 30 DAYS OF FIRST TREATMENT TO AVOID THE CLAIM BEING DENIED.

Q. What if we have a death claim?
   • Please follow instructions above EXCEPT contact Kyle Drawdy with FCSRMC at 352-955-2190 x-111 and forward the claim documents to kdrawdy@fcsrmc.com.