CAHE

CENTER *for* ALLIED HEALTH EDUCATION

INSTITUTIONAL CATALOG

2025/2026

This catalog is current as of the time of printing. The Center reserves the right to make changes in course content, equipment, materials, organizational policy, tuition, and curriculum as circumstances dictate, after publication. The Center expects its students to have knowledge of the information presented in this catalog and in other publications.

The Center is in compliance with the following: Title IV (The Civil Rights Act), Title IX (Discrimination on the Basis of Sex), The Equal Credit Opportunity Act (Discrimination in Lending), and The Age Discrimination Act. The Center admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the institution. It does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other institutionally administered programs.

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Volume IX, Version II

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Part 1: General Information

Preface

The Institutional Catalog ("the Catalog") for Center for Allied Health Education ("CAHE") has been developed to provide directives regarding the operations of the various educational programs conducted by CAHE. The catalog contains general information as well as detailed program policies and procedures regarding the operations of CAHE and its programs.

As applicable, material contained in the catalog is based on the following requirements:

Authority	Publisher	Applicable to:
Accreditation Manual	Accrediting Bureau of Health Education Schools (ABHES)	Institution, All Programs
Article 101 of the New York State Education Law	New York State Department Education (NYSED)	Institution, All Programs
New York State Education Department Commissioner's Regulations: Part 126	New York State Department of Education Bureau of Proprietary School Supervision (NYSED BPSS)	Institution, All Programs
Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions	Commission on Accreditation of Allied Health Education Programs (CAAHEP)	Paramedic Program
Policies and Procedures Manual	Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP)	Paramedic Program
Standards and Guidelines for the Accreditation of Educational Programs in Diagnostic Medical Sonography Manual	Commission on Accreditation of Allied Health Education Programs (CAAHEP)	Diagnostic Medical Sonography Program
JRCDMS Policies and Procedures Manual	Joint Review Committee on Education in Diagnostic Medical Sonography (JRCDMS)	Diagnostic Medical Sonography Program
Standards for an Accredited Education Program in Radiography	Joint Review Committee on Education in Radiologic Technology (JRCERT)	Radiography Program
Standards for an Accredited Educational Program in Radiation Therapy	Joint Review Committee on Education in Radiologic Technology (JRCERT)	Radiation Therapy Program
Standards for an Accredited Educational Program in Medical Dosimetry	Joint Review Committee on Education in Radiologic Technology (JRCERT)	Medical Dosimetry Program

Please be advised that while new and revised policies are distributed on an annual basis, students are required to follow all policies as published in the *Institutional Catalog* and the *Clinical/Laboratory Guidelines, Rules and Regulations Handbook* ("the Handbook") they received when their enrollment in the program was considered final.

The application of the catalog or the handbook with respect to any specific procedure or policy is subject to modification depending upon the circumstances and requirements of a particular case. CAHE reserves the right to modify or amend provisions at any time.

The student should be aware that some information in the catalog may change. In addition, a catalog will contain the school's teaching personnel and courses/curricula offered. Please be advised that the State Education Department separately licenses all teaching personnel and independently approves all courses and curricula offered. Therefore, it is possible that courses/curricula listed in the school's catalog may not be approved at the time that a student enrolls in the school, or the teaching personnel listed in the catalog may have changed. It is recommended that the student checks with a Licensed School Director to determine if there are any changes in the courses/curricula offeredor the teaching personnel listed in the catalog.

Throughout Part 1 of the Institutional Catalog when a specific program is referenced, the policies that follow apply only to that program. Additional program-specific policies, procedures, rules and regulations can be found in Part 2 of the catalog under the section pertaining to each individual program.

About Center for Allied Health Education

In 2007, Center for Allied Health Education, a corporation wholly owned by Allied Health Programs, LLC, created a school of allied health educational programs. Center for Allied Health Education opened its first campus located in Brooklyn, which occupies 20,000 square feet of modern classrooms and fully equipped laboratories including an ambulance simulator, operating room, ultrasound machines, a Vertual linear accelerator simulator, and x-ray machines. The campus is not just a physical space, it's a community that encourages growth and the pursuit of knowledge. Every corner of our campus is designed to inspire and empower you.

In 2024, Center for Allied Health Education opened its location in Staten Island, which occupies 2,500 square feet of state-of-the-art educational space. The facility includes classrooms, laboratories, an electronic library, lounge, and administrative offices. The facility has laboratory equipment necessary to enhance various educational programs including but not limited to an x-ray machine, ultrasound machines, phantoms, ambulance simulator, EMS equipment, venipuncture arms, CPR and First Aid equipment.

Address and Contact Information

Center for Allied Health Education – Brooklyn
1401 Kings Highway
Brooklyn, NY 11229
(718) 645-3500
www.cahe.edu

Center for Allied Health Education – Staten Island
1441 South Avenue Suite 609
Staten Island, NY 10314
(718) 645-3500
www.cahe.edu

Administration, Campus Leadership and Board of Directors

The administration and campus leadership structure provides for full-time oversight of the institution and each program. Each program provides for management and oversight of the program's faculty, faculty training and development, and faculty evaluation. Faculty consists of qualified individuals who are knowledgeable and current in their specialized field. The following is a list of CAHE'S administration and campus leadership with their contact information. For a complete listing of faculty and program staff for each program, please refer to each program's section in Part 2 of the catalog.

Administration

Jerry Rozenberg, President and Chief Executive Officer
jrozenberg@centereducation.org

Sarah Bokow, Chief Operating Officer (Licensed School Director)
sbokow@centereducation.org

Dr. Becky Lodewyck, Chief Academic Officer
blodewyck@centereducation.org

Chanie Schneck, Chief Financial Officer
cschneck@centereducation.org

Elina Beyn, Vice President of Enrollment Management (Licensed School Director)
ebeyn@centereducation.org
Licensed School Agent #2105-4776 (Brooklyn)
Licensed School Agent # 16961-8095 (Staten Island)

Anna Kopit, Vice President of Financial Aid
akopit@centereducation.org

Jennifer Newham, Vice President of Accreditation & Compliance
jnewham@centereducation.org

Campus Leadership

Tehila Tewel, Campus Director (Licensed School Director)
ttewel@cahe.edu

Dr. Tina Steier, Director of Academic Affairs (Licensed School Director)
tsteier@cahe.edu

Laura Borghardt, Assistant Director of Academic Affairs
lborghardt@cahe.edu

Dominga Acosta, Registrar
dacosta@cahe.edu

Miriam Werner, Assistant Director of Student Accounts
mwerner@cahe.edu

Myriam Soto, Guidance Counselor
msoto@cahe.edu

Claudia Drobchinskaya, Director of Career Services
cdrobchinskaya@cahe.edu

Board of Directors

Chairman, Yedidyah Langsam, PhD, AEMT-P
Board Member, Jerry Rozenberg, PA-C, EMT-P
Board Member, Sarah Bokow, BA, LPCSD
Board Member, Joseph Bove, MD, FACEP
Board Member, Josef Schenker, MD
Board Member, Dennis Buchanan, JD, MBA, BSN
Board Member, Joseph Lodewyck, MSCIS
Board Member, Elizabeth J. Kranz, EdD

Hours of Operation

CAHE's administrative office hours are Monday through Thursday from 8:00 a.m. until 6:00 p.m., and Friday from 8:00 a.m. to 2:00 p.m.

Brooklyn Campus: The school building is open Monday through Thursday from 8:00 a.m. to 10:00 p.m., Friday 8:00 a.m. to 2:00 p.m., and Sunday from 8:00 a.m. to 5:00 p.m. when classes are scheduled. The school library is open Monday through Thursday from 8:00 a.m. to 9:00 p.m., and Friday from 8:00 a.m. until 2:00 p.m. Make-up sessions/activities may be conducted on Sundays.

Staten Island Campus: The school building is open Monday through Thursday from 8:00 a.m. until 6:00 p.m., Friday 8:00 a.m. to 2:00 p.m., and Sunday from 9:00 a.m. to 5:00 p.m. when classes are scheduled. The school library is open Monday through Thursday from 8:00 a.m. until 5:00 p.m., and Friday from 8:00 a.m. until 1:30 p.m. Make-up sessions/activities may be conducted on Sundays.

Notice of Non-Discrimination

CAHE, in accordance with Title VII of the Civil Rights Act of 1964, as amended, and all other applicable federal, state and local laws, does not discriminate on the basis of age, race, creed, color, sex, national origin, religion, sexual orientation, gender identity, disability, marital status, and socioeconomic status in any of its admission or employment policies, procedures or practices.

State Licensure

Center for Allied Health Education is licensed by the New York State Bureau of Proprietary School Supervision to operate a private career school under the laws and regulations of New York State.

New York State Education Department
Bureau of Proprietary School Supervision
89 Washington Avenue, Room 560
Albany, NY 12234

Institutional Accreditation

Center for Allied Health Education is institutionally accredited by the Accrediting Bureau of Health Education Schools (ABHES*):

Accrediting Bureau of Health Education Schools
6116 Executive Boulevard
North Bethesda, MD 20852
(703) 917-9503
**ABHES is an accrediting agency recognized by the United States Department of Education.*

For information pertaining to each program's accreditation, please refer to Part 2 of the catalog.

Mission Statement

Center for Allied Health Education is dedicated to providing superior training and education that will enable healthcare professionals to meet the needs of society. Healthcare professionals trained at CAHE will:

- incorporate theoretical and clinical knowledge into allied health practices;
- contribute to the advancement of the allied health professions;
- think critically when dealing with healthcare problems;
- be lifelong learners with the ability to adapt to changes and developments in their profession in order to meet changing community needs, as well as to advance in their own careers;
- practice their professions with empathy and compassion; and
- demonstrate high levels of administrative skill, honesty, and integrity.

Each of CAHE'S programs has a mission that defines its purpose and reflects market needs as well as the student body it intends to serve. Each program's mission statement is supported by specific goals and objectives that enable CAHE to assess its overall educational effectiveness.

For information pertaining to each program's mission, goals, and objectives, please refer to Part 2 of the catalog.

Transferability of Coursework

College Credit

CAHE offers curricula measured in clock hours, not credit hours. Certificates of completion are issued to students who meet the clock hour requirements (as well as all other applicable graduation requirements). The granting of any college level transfer credit to students who participated in and/or completed a program at CAHE is solely at the discretion of the institution of higher education that the student may opt to subsequently attend.

Affiliation Agreements

For all programs other than the EMT-Basic Program, CAHE has affiliation agreements in place with colleges to grant credits to students who complete those programs. For information regarding the affiliation agreements pertaining to individual programs, please contact CAHE's Registrar.

Financial Aid

General Information

CAHE is approved by the United States Department of Education for participation in the following Federal Student Aid programs: Pell Grant, Federal Supplemental Educational Opportunity Grant (FSEOG) and the Federal Direct Loan Program. These programs are known as Title IV financial aid and are authorized under Title IV of the Higher Education Opportunity Act of 1965, as amended (Title IV, HEA) and administered by the United States Department of Education and listed in 34 CFR 668.1(c).

The application for the Title IV aid programs is the Free Application for Federal Student Aid (FAFSA) and can be found on-line at https://studentaid.gov/h/apply-for-aid/fafsa. Students should apply for all forms of grant aid before availing themselves of loans. No additional application forms are required to apply for aid. Students wishing to avail themselves of student loans must complete an Entrance Counseling session and a Master Promissory Note (MPN). Students must apply every award year (AY) for aid. The Federal School Code for Center for Allied Health Education is 011617. All students and/or their parents will need to create a username and password, or FSA ID, to electronically complete and sign the FAFSA. It is up to applicants to keep track of the FSA ID and password for future use. General information regarding Federal Aid programs is available on the web at https:/studentaid.gov or at 1-800-433-3243.

All federal and state aid programs are based upon financial need as determined by the FAFSA. All students must meet the Satisfactory Academic Progress (SAP) requirements specified below to maintain continued eligibility for financial aid.

All current and prospective students will be notified via email, beginning in October of each year, to prepare to file their FAFSA for the next academic year. Financial aid staff are available during regular administrative business hours to provide assistance in completing the FAFSA to students and parents.

Special or Extenuating Circumstances – Professional Judgment and Dependency Overrides

Sometimes there are special or extenuating circumstances that affect which information is reported on the FAFSA. Congress has empowered Directors of Financial Aid at Institutions of Higher Education to exercise their professional judgment (PJ) to resolve problems students may face in filing the FAFSA. Those students who believe that they qualify for special considerations, should file a written request with the VP of Financial Aid. These situations include but are not limited to the death of a parent, significant loss of income, involuntary dissolution of the family and significant tuition expenses for the student's siblings for elementary or secondary education. PJ requests should be made after the FAFSA is filed with the required information and verification is completed (if necessary). A form will be sent to students explaining what may be required as proof of special consideration.

The intent of Congress is that PJ situations be reviewed on a case-by-case basis and the decision of one director at a particular institution may not necessarily be the same decision reached by a different director at another institution.

Verification

All students whose FAFSA is selected for verification by the Central Processor (CPS) will be required to submit a Federal Verification Worksheet and other appropriate or required documentation. The financial aid department will only verify those FAFSAs selected by CPS. Failure to provide the required documents within 20 days of notification may result in the cancellation of the request for aid and the student may be responsible for paying their tuition. No aid will be awarded or disbursed until all corrections or changes have been reprocessed by CPS.

Conflicting or Discrepant Information

Prior to the disbursal of federal funds, CAHE must ensure that all student information contained in the various offices is consistent. Common inconsistencies include but are not limited to the student's name, date of birth, high school diploma or GED status, marital status, citizenship status, loan default, veteran status, and tax filing status. The financial aid staff will review all student information and request additional documentation to resolve any discrepancies. Students who fail to provide sufficient documentation within twenty days will be denied financial aid and will be responsible to pay their entire bill. Cases of suspected fraud will be reported to the USDE, Office of the Inspector General. No aid will be awarded or disbursed until all corrections or changes have been reprocessed by the federal processor. All corrected information received from the federal processor after the initial FAFSA will be reviewed and all conflicting information resolved before additional federal funds can be disbursed. Conflicting information involving information from a prior year must also be resolved before aid can be awarded. Students should consult with the Financial Aid department before making any changes to their original FAFSA.

Cost of Attendance (COA)

A survey of all students was conducted in April 2023 to determine the average costs for room, board, books and supplies, travel,

childcare and miscellaneous expenses. Based on the results of the survey the average cost for specific items mentioned was calculated. Every few years, the COA (for expenses other than tuition and mandatory fees) will be revised based upon the Cost of Living for the previous year. Actual tuition costs and licensing fees for 2nd year students will be included in the final calculation.

Tuition and Fees

Students Living at Home

Expense	Approximate Cost
Tuition	Please refer to the *Tuition, Fees and Charges* insert
Fees	Please refer to the *Tuition, Fees and Charges* insert
Living Expenses	
Housing	$6,870
Food	$5,664
Books*	$1,970
Travel	$4,554
Miscellaneous	$7,250

Students Living Off-Campus

Expense	Approximate Cost
Tuition	Please refer to the *Tuition, Fees and Charges* insert
Fees	Please refer to the *Tuition, Fees and Charges* insert
Living Expenses	
Housing	$11,707
Food	$5,817
Books*	$1,970
Travel	$4,667
Miscellaneous	$8,311

**May vary by program*

Definition of Need

"Need" for the purpose of determining eligibility for financial aid is defined as the difference between the Cost of Attendance (COA) and the Student Aid Index (SAI) as calculated by the Central Processor using information supplied by the student and/or parent on the FAFSA.

Packaging Policy

Aid, grants and loans are offered in the form of a package so that students may select which parts or programs they wish to accept or reject. All students will be packaged for financial aid on a rolling basis. No student will be packaged before verification has been completed and all ISIR comment exceptions have been satisfied. Students will be notified in writing of their eligibility for Federal funds. The order in which aid is packaged will be as follows: Federal Pell Grant, FSEOG, Federal Direct Subsidized Loan, Federal Direct Unsubsidized Loan and undergraduate PLUS loans (for dependent students). Federal Direct Loan amounts are limited to those for 1st and 2nd year students since educational programs are not longer than two years in length offered at CAHE. If transfer credit is awarded, it will be considered in determining eligibility.

FSEOG Packaging Policy

The Federal Supplemental Educational Opportunity Grant (FSEOG) is packaged for the "students with exceptional financial need" and on a "first come first serve basis." "Students with exceptional financial need" is defined as students having a SAI of zero as calculated by CPS. Initial awards will be packaged with a maximum of $1,500 a year in 2025-2026 award year. Based upon the final allocation from USDE, awards may be adjusted to ensure that all the funds are expended. Adjustments will be made to those with a SAI of zero first and then to those with higher SAIs. The 25% matching funds for the FSEOG program will be made by the institution.

Federal Direct Loan Process

All students who complete a FAFSA are notified of their eligibility through a College Financing Plan. Loans differ from grants in that loans must be repaid. To qualify for Federal Direct Loans, the student must complete an Entrance Counseling session and MPN. The student and/or parent must notify the Financial Aid Office of the amount they wish to borrow by completing the *Loan Acceptance Form*. CAHE is exempt from the 30-day delay requirement for first time loan borrowers. Students must complete exit counseling prior to graduating or after withdrawing or being dismissed from the program.

Disbursement of Federal Funds

All federal grants and loans will be disbursed approximately 10 days prior to the beginning of each quarter/term. Students who do not attend or withdraw will have their federal funds refunded under the Return to Title IV Regulations.
The earliest CAHE may disburse FSA funds is the latter of:

- 10 days before the first day of classes for that payment period; or
- The date the student completed the previous payment period for which he or she received FSA funds.

To be eligible for a subsequent disbursement of FSA funds, students are required to complete a minimum of 450 clock hours and 18.5 weeks.

Refunds

After the first day of instruction, the student will be liable for the registration fee and any tuition liability as of their last day of physical attendance, defined as the last day in which the student participated in academically related activity, including projects, clinical experience or examinations.

The non-refundable registration fee, as well as items of extra expense to a student, (e.g., clinical and technology fees) will not be considered in tuition refund computations.

Total tuition liability is limited to the quarter/term during which the student withdraws or is dismissed, as well as any previous quarter/term completed. The following is the Refund Policy:

Refunds are calculated based on the total term's/quarter's tuition due, not the total tuition paid by the student up to that point. CAHE will retain the percentage of tuition it is entitled to keep prior to issuing a refund. If a student has not paid their tuition in full by the date the refund is calculated and/or a refund is required based on the Return of Title IV regulations (see Financial Aid policy) any money due to CAHE based on the Refund Policy will be deducted from the refund amount. After the above calculations, should a student still have a financial obligation, they must pay their balance to remove the financial hold placed on their account.

All student accounts that show a credit balance will be reviewed by the Student Accounts department. When a disbursement of Title IV funds to the student's account at the school creates a Title IV credit balance, CAHE will pay the credit balance directly to the student or parent (when applicable) within 14 days after the credit is posted. Any aid, other than federal Title IV aid, which creates a credit balance on a student's account will be refunded to the student on a timely basis as required by regulations. Students are encouraged to advise Student Accounts if and when refunds are needed earlier. The school will make an effort to accommodate such requests.

Refund Calculation

Quarter Programs

Medical Dosimetry, Diagnostic Medical Sonography, Radiography, Radiation Therapy, Paramedic, and Surgical Technology programs:

During the first Quarter of the program:

Student's last date of attendance is during the:	**The school may retain no more than:**
1st week of the Quarter	0% of the total Quarter's tuition
2nd week of the Quarter	25% of the total Quarter's tuition
3rd week of the Quarter	50% of the total Quarter's tuition
4th week of the Quarter	75% of the total Quarter's tuition
5th week of the Quarter	100% of the total Quarter's tuition

During the second and remaining Quarters of the program:

Student's last date of attendance is during the:	**The school may retain no more than:**

1st week of the Quarter	25% of the total Quarter's tuition
2nd week of the Quarter	50% of the total Quarter's tuition
3rd week of the Quarter	75% of the total Quarter's tuition
4th week of the Quarter	100% of the total Quarter's tuition

EMT-Basic Program

Student's last date of attendance is during the:	**The school may retain no more than:**
1st week of the Term	No tuition liability
2nd week of the Term	No tuition liability
3rd week of the Term	No tuition liability
4th week of the Term	No tuition liability
5th week of the Term	70% of the total term's tuition
6th week of the Term	100% of the total term's tuition

Tuition Liability Chart

For the Tuition Liability Chart, please refer to each program's *Tuition, Fees and Charges* insert.

U.S. Department of Education Return to Title IV (R2T4) Regulations

The U.S. Department of Education regulates the treatment of all federal grants and loans. For those students who withdraw during the term, the institution is required to exercise the "Return to Title IV calculation" (R2T4). The R2T4 is based on the scheduled clock hours in the payment period divided by total scheduled hours for the payment period. This provides the percentage of Title IV aid a student has "earned." The Financial Aid department uses worksheets and software provided by U.S. Department of Education to perform the calculation. All funds must be returned within 45 days of the last date of attendance. When a student withdraws during a payment period, the amount of Title IV program assistance that has been earned up to that point is determined by a specific formula. The date of withdrawal is the earlier of the date the student notified CAHE in writing of their intent to withdraw or the date the student submitted the *Withdrawal Form*. If the student received (or the program received on the student's behalf) less assistance than the amount earned, the student may be able to receive those additional funds. If the student received more assistance than was earned, CAHE and/or the student must return the excess funds. Center for Allied Health Education is not required by its accrediting agencies to take attendance. However, CAHE does require attendance to be recorded. Students who are not in attendance are reported to their program director. The program director will consult with the registrar to determine if the student never attended classes or to verify the last date of attendance. Without an official *Withdrawal Form*, CAHE will use the last date of attendance to compute the R2T4 formula. In the case where a student notifies CAHE that he or she intends to withdraw, the student must be informed of the need to notify the program in writing by completing a *Withdrawal Form* and CAHE's staff member should document in the student information system the date the student notified them. Should the student fail to file the *Withdrawal Form* or there is a lag between the notification and the filing of the form, the earlier date of notification will be used in calculating the R2T4 formula.

Students who do not attend at least one hour of instruction are ineligible for Title IV funds and all of the loan proceeds will be returned to the USDE. Once the student has completed more than 60% of the payment period or period of enrollment, all the assistance that the student was scheduled to receive for that period is considered to have been earned. If the student did not receive all the funds that were earned, he or she may be due a disbursement after withdrawing from the program. Since the post-withdrawal disbursement includes loan funds, the student may choose to decline the loan funds so that additional debt is not incurred. The Financial Aid department will use the R2T4 worksheets as provided by the US Department of Education to determine how much of the loan may be retained and how much must be returned. Center for Allied Health Education may automatically use all or portions of post-withdrawal Pell grant disbursement for tuition and fees. For all other program charges, the program needs the student's permission to use the post-withdrawal disbursement. Any loan funds that must be returned, the student repays in accordance with the terms of the promissory note. That is, scheduled payments are made to the holder of the loan over a period of time. Students who have received a refund of their loan proceeds before withdrawing may be required to return part or all of those funds to the lender.

Title IV funds will be returned in the following order:

- Unsubsidized Federal Direct Loans
- Subsidized Federal Direct Loans
- Federal PLUS Loans
- Pell Grants
- Federal SEOG

The requirements for Title IV program funds when students withdraw are separate from any refund policy that the program may have. Therefore, the student may still owe funds to the program to cover unpaid institutional charges. The program may also charge for any Title IV program funds that the program was required to return. Students may receive a copy of the *Refund Policy* from the program. Information is also available at https://studentaid.gov/.

Standards of Satisfactory Academic Progress

The U.S. Department of Education requires institutions of higher education to establish minimum standards of satisfactory academic progress for students receiving federal student aid. However, CAHE's Standards of Satisfactory Academic Progress applies to all students equally, regardless of financial aid status or the program in which they are enrolled. Satisfactory Academic Progress (SAP) means the student is proceeding in a positive manner toward fulfilling certificate requirements. SAP includes two standards: qualitative and quantitative. Students must meet both standards to continue receiving financial aid. Students are dismissed if they fail to meet the Standards for Satisfactory Academic Progress and will follow policies and procedures applicable to each program. At the end of each quarter/term a student's satisfactory academic progress will be reviewed and those who do not meet standards will be dismissed from their program. Dismissal of a student may be appealed pursuant to CAHE *Appeals Policy*. Students who are readmitted to their program may be issued a one-time waiver to continue receiving financial aid. The details are specified below in Appeals and Waivers of SAP.

Qualitative

To maintain eligibility for financial aid with the qualitative standard, students must maintain the academic standing necessary to remain in their program. The Financial Aid department will conduct a review at the end of each academic year to determine the student's successful progress toward obtaining their certificate by comparing cumulative course averages, hours attempted to clock hours earned. Students must pass all required progression courses.

For the Medical Dosimetry program and Radiation Therapy program, a student must have a minimum grade average of 75% (2.5 GPA) in all courses to maintain satisfactory academic progress and meet graduation requirements.
For the Radiography program, Diagnostic Medical Sonography program, Paramedic program and Surgical Technology program, a student must have a minimum grade average of 70% (2.0 GPA) in all courses to maintain satisfactory academic progress and meet graduation requirements.

Quantitative

To be considered full-time, students must be enrolled in all required courses for each term/quarter as delineated in the program catalog under *Curriculum*.

Students must pass all required progression courses and pass all but one course with either a 70% or 75% (as stated above), regardless of their eligibility for participation in the Title IV program, to progress to the next academic term/quarter.
CAHE evaluates Satisfactory Academic Progress on an ongoing basis but makes a final determination at the end of each term/quarter. Students must complete all required courses by the end of their certificate program. Students who receive a passing grade may not repeat a course and receive financial aid for the repeated course. Students who fail a required course must repeat the course and obtain a passing grade before completion of their program.

Satisfactory progress is affected by multiple factors including, but not limited to the following:

Factor	Effect
Incomplete grades	Please refer to the *Grading Scale* and *Progression Policy*
Course withdrawals	Withdrawing from a course is equivalent to withdrawing from the entire program
Repeated courses	When a student repeats a course and receives a passing grade, the original grade is counted in the overall cumulative average
Transfer credits	Transfer credits awarded do not count towards the overall cumulative average and do not affect academic progress
Proficiency credits	N/A (not offered)
Non-credit courses	
Remedial courses	
Non-punitive (pass/fail) grades	

Scheduled awards for the next academic year for students who do not meet the Standards for Satisfactory Academic Progress will be canceled.

All students in all programs must successfully complete their educational objective within the maximum time frame below, which may not exceed 150% of the normal program length as measured in weeks. Transfer credits, all courses taken, and repeat coursework count towards the maximum time frame.

Maximum Time Frames in Weeks:

Program	Program Length	Maximum Time Frame
Radiography	74 Weeks	94 Weeks
Paramedic	42 Weeks	63 Weeks
Diagnostic Medical Sonography	74 Weeks	94 Weeks
Radiation Therapy	74 Weeks	94 Weeks
Medical Dosimetry	74 Weeks	94 Weeks
EMT-Basic – Day	15 Weeks	22.5 Weeks
EMT-Basic – Evening	21 Weeks	31.5 Weeks
Surgical Technology	40 Weeks	60 Weeks

The maximum time frame is divided into the following increments, during which a minimum percentage of work is to be completed.

Students must pass all required progression courses and pass all but one course with either a 70% or 75%, depending on the program of study, to progress to the next academic term/quarter. This means that all students are expected to complete, at minimum, 70% of clock hours attempted during each term/quarter in which they are enrolled. More information can be found in the Satisfactory Academic Progress section of the Institutional Catalog.

Dismissal of students will follow policies and procedures applicable to each program. Students who fail to maintain satisfactory academic progress at the end of each quarter/term will be dismissed from their program. Dismissal of a student may be appealed pursuant CAHE's *Appeals Policy*.

A student who does not complete their program within the time frames listed above, will be considered a "non-graduate." This means that their transcript will state that they are a non-graduate, they will not receive a Certificate of Completion, and they will not be eligible to sit for the applicable credentialing examination(s). A non-graduate may reapply to the program pursuant to the *Readmission Policy* as published in the catalog.

If a student is dismissed due to failure to *meet* their program's Standards for Satisfactory Academic Progress, they may apply for reinstatement pursuant to the *Appeals Process* as published in the catalog.

Appeals and Waivers of SAP

Students may be dismissed from their program at the end of any term/quarter if they have not made sufficient academic progress to warrant continuance of study. Students who fail to maintain satisfactory academic progress will be dismissed from their program.

Students who are reinstated to their program may apply in writing to the Vice President of Financial Aid for a one-time waiver to continue receiving financial aid. The student should specify the exceptional circumstances that led to poor academic performance and state the reasons why those circumstances will not affect future academic progress. Each case will be individually reviewed, and the Vice President of Financial Aid will use his or her professional judgment to determine if the original situation has been resolved to the point where the student can reasonably be expected to succeed and issue a one-time waiver of SAP for the next quarter/term.

Students who are reinstated to their program may be placed on financial aid probation to continue receiving Title IV or any other type of financial aid. (CAHE does not place students on Financial Aid Warning Status.) After meeting the Standards of Satisfactory Academic Progress for one quarter, the student will be removed from financial aid probation status. If a student still does not make satisfactory progress, they will be ineligible for future financial aid. The decision of the Vice President of Financial Aid may differ from that of the Program Committee in that a student may be readmitted to the program but may not be eligible for financial aid or vice versa.

To maintain eligibility for Federal Student Aid (grants or loans), a student in the:

- *Paramedic,* M*edical Dosimetry and Radiation Therapy* programs must pass all required prerequisites and obtain 75% or above in each course.
- *Radiography, Diagnostic Medical Sonography* (professional courses), and *Surgical Technology* programs must pass all required prerequisites and obtain a 70% or above in each course.

To provide students with a well-rounded education (coordination of the clinical aspects of the program with the didactic aspects), CAHE utilizes a Clinical Competency/Proficiency Evaluation program. This program is designed to provide students with a logical mechanism for practicing their skills and evaluating their performance. The results of the Clinical Competency/Proficiency Evaluation program will be considered when determining a student's academic progress.

Code of Conduct Policy Pertaining to the Administration of Private Education Loans

As required by The Higher Education Opportunity Act (HEOA) of August 12, 2008, effective July 1, 2010, and in conjunction with the Federal Reserve Board regulations pertaining to the Truth in Lending Act, Center for Allied Health Education (the Institution), an institution participating in the Title IV Financial Aid programs; publishes, administers, and enforces the following code of conduct for its officers, employees, and agents. The code of conduct can be found here www.cahe.edu/privateeducationalloans.

Information for Students

Student Rights

All prospective and enrolled students in a non-degree granting proprietary school are required to receive this information. This information provides an overview of students' rights regarding filing a complaint against a school and accessing the tuition reimbursement fund if they are a victim of certain violations by the school.

Licensed private career schools which are licensed by the New York State Education Department are required to meet very specific standards under the Education Law and Commissioner's Regulations. These standards are designed to help ensure the educational appropriateness of the programs which schools offer. It is important for you to realize that the New York State Education Department's Bureau of Proprietary School Supervision closely monitors and regulates all non-degree granting proprietary schools. The schools are required to have their instructors meet standards to be licensed by the Department. Schools are also required to have their curriculum approved by the New York State Education Department, at minimum, every four years, thereby helping to ensure that all curriculum offered in the schools are educationally sound.

In addition, staff members of the Bureau of Proprietary School Supervision are often in the school buildings monitoring the educational programs being offered. The interest of the New York State Education Department is to ensure that the educational program being offered meets your needs and that your financial investment is protected.

The New York State Education Department's Bureau of Proprietary School Supervision wishes you success in your continued efforts to obtain the necessary skill training to secure meaningful employment. In addition, Bureau staff will continue to work with all the schools to help ensure that a quality educational program is provided to you.

Who can file a complaint?

If you are or were a student or an employee of a Licensed Private Career School in the State of New York and you believe that the school or anyone representing the school has acted unlawfully, you have the right to file a complaint with the New York State Education Department.

What can a student or employee complain about?

You may make complaints about the conduct of the school, advertising, standards and methods of instruction, equipment, facilities, qualifications of teaching and management personnel, enrollment agreement, methods of collecting tuition and other charges, school license or registration, school and student records, and private school agents.

How can a complaint be filed by a student or employee?

You should try to resolve your complaint directly with the school unless you believe that the school would penalize you for your complaint. Use the school's internal grievance procedure or discuss your problems with teachers, department heads, or the Licensed School Director.

We suggest that you do so in writing and that you keep copies of all correspondence to the school. However, the school cannot require you to do this before you file a complaint with the New York State Education Department. If you do file a complaint with

the Department, please advise the Bureau of any action that you have taken to attempt to resolve your complaint.

The steps you must take to file a complaint with the New York State Education Department are:
For New York Students: Write to the New York State Education Department at 116 West 32nd Street, 5th Floor, New York, New York 10001, or telephone the Department at (212) 643-4760 requesting an interview for the purpose of filing a written complaint. Bring all relevant documents with you to the interview, including an enrollment agreement, financial aid application, transcripts, etc. An investigator from the Department will meet with you and go through your complaint in detail. If you cannot come for an interview, send a letter or call the office to request a complaint form. You must complete and sign this form and mail it to the office. Please include with it copies of all relevant documents. You should keep the originals. You must file a complaint within two years after the alleged illegal conduct took place. The Bureau cannot investigate any complaint made more than two years after the date of the occurrence.

The investigator will attempt to resolve the complaint as quickly as possible and may contact you in the future with follow-up questions. You should provide all information requested as quickly as possible; delays may affect the investigation of your complaint. When appropriate, the investigator will try to negotiate with the school informally. If the Department determines that violations of law have been committed and the school fails to take satisfactory and appropriate action, then the Department may proceed with formal disciplinary charges.

What is the Tuition Reimbursement Fund?

The Tuition Reimbursement Fund is designed to protect the financial interest of students attending non-degree proprietary schools. If a school closes while you are in attendance, prior to the completion of your educational program, then you may be eligible for a refund of all tuition expenses which you have paid. If you drop out of school prior to completion and you file a complaint against the school with the State Education Department, you may be eligible to receive a tuition refund if the State Education Department is able to provide factual support that your complaint is valid and to determine that there was a violation of Education Law or the Commissioner's Regulations as specified in Section 126.17 of the Commissioner's Regulations. To file a claim to the Tuition Reimbursement Fund, you must first file a complaint with the State Education Department at the address included in this pamphlet. The staff of the State Education Department will assist you in the preparation of a tuition reimbursement form (a sample of this form should have been provided to you upon enrollment).

What is the tuition refund and cancellation policy?

All schools must have a tuition refund and cancellation policy for each program included in the catalog and in the student enrollment agreement.

Read and understand the school's policy regarding tuition refund and cancellation before you sign the enrollment agreement. If you do not understand it, or are confused by the school's explanation, get help before you sign. You may ask for assistance from the Department at the address included in this pamphlet.

What should students know about "private school agents?"

Private School Agents are employed by schools for the purpose of recruiting or enrolling students in the school; they are not school counselors. Private school agents cannot require a student to pay a placement or referral fee. Each school agent must be licensed by the New York State Education Department, must have an Agent identification card and must be a salaried employee of the school. School agents who cannot show an Agent Identification Card are breaking the law if they try to interest students in enrolling in a particular school or group of schools. The name(s) of the agent(s) who enrolled a student must appear on that student's enrollment agreement.

Therefore, you should write down the name of the agent who talked to you. Each student will be required to confirm the name(s) of the agent(s) when signing the enrollment agreement. A full refund shall be made to any student recruited by an unlicensed private school agent or even by a licensed agent if there is evidence that the agent made fraudulent or improper claims. To find out if you are eligible to receive a refund, you must follow the complaint procedures as outlined following the link, https://www.acces.nysed.gov/bpss/student-rights.

What should students know about "grants and guaranteed student loans?"

A grant is awarded to a student based on income eligibility, and it does not need to be repaid (for example, New York State Tuition Assistance Program (TAP) grants or Pell grants provided by the federal government).

Federal Direct Student Loans are low interest loans provided under the Federal Direct Student Loan Program. The decision to apply for such a loan is yours-- the school cannot require that you apply for a loan. Students should understand that if they pay school tuition with money loaned to them, they are responsible for repaying the loan in full, with interest, in accordance with the

terms of the loan agreement. A failure to repay the loan can hurt the student's credit rating and result in legal action. Even if a student fails to complete an educational program, they are still responsible for repaying all of the money loaned.

Read and understand all the information and applications for financial aid grants and loans before signing.

Where can students file a complaint, file a claim to the tuition reimbursement fund, or get additional information?

Contact the New York State Education Department at:

New York State Education Department
Attention: Bureau of Proprietary School Supervision
116 West 32nd Street, 5th Floor
New York, New York 10001
(212) 643-4760

Students Located in New Jersey and Connecticut

For New Jersey Students: Write to the New Jersey State Department of Education at P.O Box 500, Trenton, New Jersey 08625 Attention Assistant Commissioner, Division of Learning Supports and Specialized Services
For Connecticut Students: Student Complaint Form should be submitted here:
https://veoci.com/v/p/181953/workflow/gjrt4qhrrvkv

Tuition, Fees and Charges

For a detailed schedule of tuition, fees and all other charges associated with each program, please refer to each program's *Tuition, Fees and Charges*.

Payment Plans and Financial Aid

For information regarding payment plans and the availability of financial aid for each program, please refer to each program's *Tuition, Fees and Charges* insert.

Scholarships

Scholarship applicants must meet all entrance requirements for CAHE to qualify for scholarships. All scholarship funding is applied towards tuition costs only. More information can be found on the website https://www.cahe.edu/financial/scholarships/.

Academic Scholarship: CAHE will fund 2.5% or 3.5% on the total tuition for the specific payment periods for those who qualify for the Academic Scholarship.

Eligibility Requirements:

- Be actively participating in academic-related activities at Center for Allied Health Education (CAHE). Enrollment must be continuous, without interruption.
- Meet all policies as published in the Institutional Catalog.
- Maintain satisfactory academic progress with a 3.0 GPA or greater. A student placed on probation will no longer qualify for the scholarship for the next payment period.
- Have no professional behavioral issues on record.

Graduate Scholarship: CAHE will fund 10% on the total tuition cost of the program for applicants who qualify for the Graduate Student Scholarship.

Eligibility Requirements:
Applicants must have graduated from CAHE within 12 months of starting a new program.

Affiliate Scholarship: CAHE will fund between 5% to 10% on the total tuition cost of the program for applicants who qualify for the Affiliate Scholarship.

Eligibility Requirements:

- Applicant must be a current full-time employee at one of CAHE's qualifying affiliates and provide a letter from human resources with their start date and employment status.
- Applicant must be employed at the affiliate for at least one year.
- Applicant must be in good standing and provide a letter from their supervisor/manager stating so.
- Applicant must be enrolled at CAHE.

Military Scholarship: CAHE will fund 10% on the total tuition cost of the program to veterans and 5% to applicants who are children or spouses of veterans who qualify for the Military Scholarship.

Eligibility Requirements:

- Applicant must be enrolled at CAHE.
- A Certificate of Eligibility must be submitted.
- For a child or the spouse of a veteran, proof of relationship must be submitted, i.e. marriage certificate, birth certificate.

Healthcare Heroes Family Scholarship: CAHE will fund $250 towards the cost of the quarterly clinical fee to a student who has an immediate family member currently employed in the healthcare field.

Eligibility Requirements:

- Applicant must be enrolled at CAHE.
- Must have an immediate family member (parent, guardian, sibling, child, or spouse) employed in a licensed healthcare role (e.g., physician, nurse, radiologic technologist, sonographer, EMT, etc.).
- Applicants must demonstrate a household adjusted gross income under $300,000, proof of family members relationship to applicant, family members healthcare license, proof of family members employment via an employment letter.
- Applicant must submit a short essay (250-500 words) on how having a healthcare worker in the family has influenced their career goals.

Enrollment Agreement Cancellation Policy

Students may cancel their enrollment agreement within seven (7) business days of signing the enrollment agreement and will receive a refund of their registration fee and any tuition paid to date.

Thereafter, a student will be liable for the non-refundable registration fee and any tuition liability as of the student's last date of physical attendance, pursuant to the *Refund Policy* as published in the catalog.

Withdrawal Policy

There are two types of withdrawal; official and unofficial:

Official Withdrawal

Official withdrawal refers to a student's intent to cease their enrollment at CAHE, and the student provides notification to CAHE of such intent.

To officially withdraw from a program, students must complete CAHE's *Withdrawal Form* within one week of the notification of their intent. The form can be obtained from CAHE's website. Students who do not submit the *Withdrawal Form* within one week from notification will be considered an unofficial withdrawal (please refer to the *Unofficial Withdrawal Policy*). A student's withdrawal date is the earlier of the following:

- notification of their intent to withdraw.
- submission of the completed *Withdrawal Form*.

Students who officially withdraw from the program after completing a minimum of 60% of the coursework of the quarter/term in which they withdrew, will receive a grade of "W" (Withdrew) on their transcript if they were maintaining satisfactory academic progress at the time of their withdrawal, and "F" (Failure) if they were not maintaining satisfactory academic progress at the time

of their withdrawal. There will be no grade associated with an official withdrawal with a grade of "W" in calculating the quantitative aspect of the Satisfactory Academic Progress, though it may affect the student's future eligibility for Financial Aid.

Unofficial Withdrawal

An unofficial withdrawal is one where the program has not received notice from the student that has ceased or will cease attending their program or a student has notified the program of their intent to withdraw but has not completed the *Withdrawal Form.* An unofficial withdrawal will automatically result in withdrawing their enrollment from their program.

Students who unofficially withdraw from their program will receive a grade of "FW" (Failure due to Unofficial Withdrawal) on their transcript. The grade is considered an "F" grade in calculating the quantitative aspect of Satisfactory Academic Progress and it may affect the student's future eligibility for financial aid.

When a student is considered withdrawn, a refund calculation will be done as per the *Refund Policy*. The student will be responsible for any tuition balance due based on the calculation. If a refund is due, the refund will be made to the appropriate source. A student's last day of attendance is defined as the last day in which the student participated in academically related activity, including projects, clinical experience or examinations.

Students who subsequently decide to return to their studies can re-apply by following the Readmission Policy as published in the Institutional Catalog. At that time, a student can also apply for Advanced Standing. The process can be found in the Advanced Standing Policy as published in the Institutional Catalog.

A student who is absent without notification for one full calendar week of the program will be considered to have unofficially withdrawn from the program.

Notification

The failure of a student to immediately notify the Licensed School Director in writing of their intent to withdraw may delay a refund of tuition to the student pursuant to Section 5002(3) of the Education Law.

Drop Period Policy

Medical Dosimetry, Radiography, Radiation Therapy, Diagnostic Medical Sonography, Paramedic, and Surgical Technology Programs:
Students who officially or unofficially withdraw from the program at any time during the first quarter of the program will be considered to have dropped from the program.

The procedure for dropping from the program follows the *Withdrawal Policy* as published in the Institutional Catalog and the refund to which students who drop from the program are entitled follows the applicable *Refund Policy* as published in the Institutional Catalog.

A student who is absent without notification for one full calendar week during the first quarter of the program will be considered to have dropped from the program.

Students who drop from the program within the above drop period will receive a transcript for any coursework completed and a grade of "*W"* if they officially withdraw or "*FW*" if they unofficially withdraw.

Emergency Medical Technician – Basic Program
Students in CAHE's Emergency Medical Technician – Basic Program are granted a trial period, consisting of the first fourteen instructional sessions of the program, during which no monies will be collected from students and students may drop from the program without any penalty or liability. Students who drop from the program on or before the fourteenth instructional session of the program will have no financial liability. Payment of tuition and fees is due in full upon progression to the fifteenth instructional session of the program. Additionally, students who fail to pass the 14-Session Progression Assessment as published in the Summative Examination Policy may be dropped from the program prior to the fifteenth session of the program.

Refund Policy

After the first day of instruction, the student will be liable for the registration fee and any tuition liability as of their last day of physical attendance, defined as the last day in which the student participated in academically related activity, including projects, clinical experience or examinations.

The non-refundable registration fee, as well as items of extra expense to a student, (e.g., clinical and technology fees) will not be considered in tuition refund computations.

Total tuition liability is limited to the quarter/term during which the student withdraws or is dismissed, as well as any previous quarter/term completed. The following is the Refund Policy:

Quarter Programs
Medical Dosimetry, Diagnostic Medical Sonography, Radiography, Radiation Therapy, Paramedic, and Surgical Technology programs:

During the first Quarter of the program:

Student's last date of attendance is during the:	The school may retain no more than:
1st week of the Quarter	0% of the total Quarter's tuition
2nd week of the Quarter	25% of the total Quarter's tuition
3rd week of the Quarter	50% of the total Quarter's tuition
4th week of the Quarter	75% of the total Quarter's tuition
5th week of the Quarter	100% of the total Quarter's tuition

During the second and remaining Quarters of the program:

Student's last date of attendance is during the:	The school may retain no more than:
1st week of the Quarter	25% of the total Quarter's tuition
2nd week of the Quarter	50% of the total Quarter's tuition
3rd week of the Quarter	75% of the total Quarter's tuition
4th week of the Quarter	100% of the total Quarter's tuition

EMT-Basic Program

Student's last date of attendance is during the:	The school may retain no more than:
1st week of the Term	No tuition liability
2nd week of the Term	No tuition liability
3rd week of the Term	No tuition liability
4th week of the Term	No tuition liability
5th week of the Term	70% of the total term's tuition
6th week of the Term	100% of the total term's tuition

Refunds are calculated based on the total term's/quarter's tuition due, not the total tuition paid by the student up to that point. CAHE will retain the percentage of tuition it is entitled to keep prior to issuing a refund. In the event that a student has not paid their tuition in full by the date the refund is calculated and/or a refund is required based on the Return to Title IV regulations (see the Financial Aid policy) any money due to CAHE based on CAHE's Refund Policy will be deducted from the refund amount. After the above calculations, should a student still have a financial obligation, they must pay their financial obligation to remove the financial hold placed on their account.

The student's financial responsibilities are limited to the current term/quarter provided they are up to date on the previous term's/quarter's financial liabilities.

Tuition Liability Chart
For the Tuition Liability Chart, please refer to each program's *Tuition, Fees and Charges* insert.

Admissions Policy

Qualifications
To be eligible for the programs offered by CAHE an applicant must, at minimum:

- be at least 18 years of age prior to orientation.
- be in good mental and physical health, free from any physical handicaps which would interfere with their work
- meet the "Technical Standards" for admission (see below).
- possess a recognized high school diploma or high school equivalency diploma.

Student Location Policy

In accordance with 34 CFR 668.43 the institution meets the responsibilities for (1) determination of student location and (2) the use of location information in the distribution of direct disclosures related to professional licensure and certification disclosures. The prospective student's location is determined by the information provided by the enrollee on the application, and then again by the student, at the time of enrollment into any academic program. For those programs leading to professional licensure or certification, students are referred to the disclosure regarding state requirements for their field of study. Student location is also updated with notification by the student to the Office of the Registrar when and if there is a change of location. For the purpose of this policy, 'student location' means the physical location in which the student engages in distance education.

Program Specific Qualifications

Radiation Therapy and Surgical Technology Programs:

Possess an associate or more advanced degree from an institution accredited by an accrediting agency recognized by USDE or CHEA.

Medical Dosimetry:

1. (Pathway A) A minimum of a bachelor's degree and have graduated from a JRCERT accredited radiation therapy program with a 3.0 or higher GPA. Active NYS license as a Radiation Therapist is required. OR
2. (Pathway B) Students that have not completed a JRCERT accredited radiation therapy program but hold a minimum of a bachelor's degree and have taken Anatomy & Physiology I & II, a minimum of one semester of Physics and a minimum of one semester of Calculus with a grade of a "B" or higher and an overall GPA of 3.0.

Paramedic Program:

Possess a current NYS EMT certification (must be valid for the duration of the Paramedic course up to, and including, the date of the scheduled New York State written certification examination at the end of the course)

**Graduates of CAHE's EMT-Basic Program, with no disciplinary records on file, are exempt from the entrance examination and are automatically accepted into the Paramedic Program.*

Admissions Process

All Programs require applicants to:

- File a completed application.
- Submit the application fee, if applicable (please refer to each program's *Tuition, Fees and Charges* insert)
- Submit official transcripts as evidence of high school graduation or equivalent.
- Submit official college transcripts, if applicable.
- Receive a favorable recommendation after the interview process.
- Receive a favorable decision from members of the Admissions Committee.
- Pass all required screenings and clearances within the required timeframes.

In addition to the above requirements, the following programs require applicants to:

Diagnostic Medical Sonography, Radiography, Radiation Therapy, Surgical Technology and Paramedic Programs:

- Submit a minimum of one professional letter of recommendation.
- Submit a personal statement.
- Pass or be exempt from the required sections of the entrance examination.

Medical Dosimetry Program

- Submit a minimum of two professional letters of recommendation.
- Submit a personal statement.

Entrance Examination Exemption

Applicants who meet at least one of the criteria in each section below will be exempt from the respective entrance examination section(s):

- Reading
  - A minimum SAT score of 470 in Critical Reading
  - A minimum ACT score of 19 in English
- A minimum grade of a "C" on a college level, credit-bearing English literature course from an institution, accredited by an accrediting agency recognized by the U.S. Department of Education or CHEA.Math
  - A minimum SAT score of 490 in Math
  - A minimum ACT score of 20 in Math
  - A minimum grade of a "C" on a college level, credit-bearing math course from an institution accredited by an accrediting agency recognized by CHEA or U.S. Department of Education (USDE).
- Holds at a minimum an associate degree from an institution accredited by an accrediting agency, recognized by USDE or CHEA.

Paramedic Program:

- EMT Knowledge
  - A score of 80% or above on the EMT-B New York State Written Exam taken within the past three (3) years.

Entrance Examinations

Diagnostic Medical Sonography, Radiography, Paramedic, EMT-Basic and Surgical Technology programs:

All applicants are required to take their respective program's entrance examination unless they meet the criteria for exemption listed under the *Admissions Process* section.

Examination Sections and Passing Grades

An applicant must receive a passing grade on all sections of the entrance examination to be considered to have passed. A minimum passing grade on each required section of the examination, for automatic advancement within the admissions process, is considered a scale score of:

Program	Math	Reading	EMT Knowledge
Diagnostic Medical Sonography	267	267	N/A
Radiography	267	267	N/A
Surgical Technology	267	267	N/A
Paramedic	267	267	75%
EMT-Basic	267	267	N/A

Re-taking the Exam

Applicants have the opportunity to retake both the Reading and Math exam sections once.
Applicants who successfully pass the entrance examination or the retake, have successfully completed the entrance examination requirement. Applicants who fail the entrance examination or the retake, have not successfully completed the entrance exam requirement.

Applicants who do not successfully complete the entrance examination requirement will be ineligible to reapply to any of CAHE's programs for a minimum of one year.

Paramedic Program:

If an applicant passes the Reading section and fails one or both of the other two sections, they will have the opportunity to retake the failed section once. If they pass the retake, they have successfully completed the entrance exam requirement. Applicants who fail the retake have not successfully completed the entrance exam requirement.

Applicants who successfully pass the entrance examination or the retake, have successfully completed the entrance examination requirement. Applicants who fail the entrance examination or the retake, have not successfully completed the entrance exam requirement.

Technical Standards

Each applicant/student must possess certain physical and mental attributes to be able to complete the program to which they applied. It is the applicant/student's responsibility to notify the program of any changes that would result in them not meeting the applicable technical standards. Any applicant who does not meet the technical standards applicable to the program for which they are applying is ineligible for admission to the program.

Any student whose status changes while enrolled and no longer meets the technical standards as outlined in each program's section may not be allowed to continue to progress through the program.

For complete details pertaining to each program's technical standards, please refer to each program's section in Part 2 of the catalog.

Required College Coursework

A minimum passing grade of a "C" (2.0) is required for any college coursework accepted towards an entrance requirement or graduation requirement.

EMT-Basic Program Enrollment Policy

In addition to all other criteria, enrollment into the EMT-Basic Program is contingent on a student successfully passing an assessment, which will be conducted by the program director prior to the fifteenth session of the program. The assessment may include, but not necessarily be limited to, attendance, class participation, behavior, homework, compliance with the medical clearance process, and general cooperation with program faculty. A student who does not successfully pass this assessment will have their enrollment rescinded and may not progress to the fifteenth session of the program.

Criminal Background Screening Policy

All students, without promises of immunity or threats of coercion, are required to undergo a criminal background screening prior to commencing the program, which is completed through CastleBranch/DISA, a third-party screening service. If a student refuses to undergo a criminal background screening, or if the results of the criminal background screening results are positive, the matter will be brought to CAHE's legal counsel for review and determination based on CAHE's standing policy.

At any time during a student's enrollment, a criminal background screening may be required by CAHE for Allied Health Education and/or any of its clinical affiliates. If the results of a student's criminal background screening required by CAHE and/or any of its clinical affiliates) are positive, the student will be placed on clinical probation and will not be allowed to return to the clinical setting. The result of the criminal background screening will be brought to CAHE's legal counsel for review and determination based on CAHE's standing policy.

Drug Screening Policy

All students, without promises of immunity or threats of coercion, must have a drug screening conducted through CastleBranch/DISAprior to the first day of didactic instruction. If a student does not complete their drug screening on time, refuses to conduct a drug screening, submits an unacceptable urine sample or the screening results come back positive, the student's enrollment into the program may be rescinded.

Once enrolled in the program, students may be subject to a drug screening at any time in the program, including but not limited to:

- Random drug screening tests by Center for Allied Health Education and/or any of its clinical affiliates
- During the clinical clearance process at a specific clinical affiliate
- Prior to the first day of the second year of their program

Any student who refuses to conduct a drug screening test when requested by CAHE or any of its affiliates, or who submits an unacceptable urine sample, may face disciplinary procedures, up to and including dismissal from their program.

Failing a Drug Screening

If a student fails a drug screening administered by a clinical affiliate, the student will be placed on clinical suspension and will be sent to a facility approved by CAHE to be retested. The student will not be allowed to return to the clinical setting until they have been cleared by the applicable facility. (If the test is positive, refer to the policy below.)

If a student fails a drug screening administered (whether the student was randomly tested, retested because they failed a drug

screening administered by a clinical affiliate, or during their annual physical examination), the student will be suspended from clinical rotations for thirty days. At the end of the suspension period, the student will be required to repeat their drug screening at an approved facility. In addition, the student will be required to sign an agreement stating that they will remain drug free throughout the duration of the program. If a student does not receive medical clearance after their repeat drug screening, they will be dismissed from the program unless they seek treatment and provide proof of successful completion of a drug addiction treatment program. Students must receive approval for a treatment program prior to enrolling in it, if that program will be used as the basis for re-entry into their program. If a student chooses to seek treatment, they may be required to take a leave of absence or withdraw while in treatment.

Clinical Clearance Policy

Medical Clearance

Prior to the first day of class, each student must be medically cleared, at their own expense, by a qualified healthcare provider. Clearance must also be completed prior to the beginning of the clinical internship phase of their program. Failure to do so may result in disciplinary action. Students will not be permitted to participate in any clinical internship without being medically cleared. Students are required to sign a release authorizing disclosure of their health information to clinical internship sites.
Medical Clearance includes the following:

- Medical History and Physical Exam
- Proof of Immunity of Measles, Mumps, Rubella, Varicella and Hepatitis B
- A PPD or QuantiFERON-TB Gold Blood Test
- Immunization of Tetanus and Influenza
- 10 Panel Drug Test

A student's medical clearance is valid for one year from the date it is issued by a qualified healthcare provider. Students are required to maintain valid medical clearance at all times while enrolled in the program. Medical clearance must be renewed annually for each year of enrollment, and the renewal must be completed by the deadline provided by the Clinical Clearance Department. Failure to comply with this requirement may result in suspension or dismissal from the program.

Health Insurance

Students are required to have and provide acceptable documentation of, active health insurance coverage throughout the duration of the program. Failure to possess active health insurance coverage may result in disciplinary action.

CPR, Bloodborne Pathogens, HIPAA and Fit Testing

Prior to beginning their clinical rotations, students are required to successfully complete the CPR, Bloodborne Pathogens, HIPAA, and Fit Testing components of clinical orientation provided by CAHE. Bloodborne Pathogens training must be completed annually and will be provided by CAHE during students' second year orientation.

International Students Policy

Students who have studied outside of the United States must have their transcripts evaluated by an acceptable evaluation agency. A list of approved evaluation agencies can be found on CAHE's website, https://www.cahe.edu/acceptable-evaluation-agencies-for-foreign-transcripts/

Advanced Standing Policy

CAHE recognizes that some individuals will possess previous education, training, certification and/or experience that may allow them to be granted advanced standing in a program. Such persons may be exempt from certain portions of both the didactic and clinical phases of a program. Applicants with prior or advanced training who wish to enroll in a program and seek advanced standing will be evaluated on an equal basis with all other applicants.

Applicants seeking advanced standing in a program must first complete the standard admissions process (including submission of an application, supporting documentation, etc.) and gain acceptance into their desired program. Once accepted, the applicant seeking advanced standing must then submit an *Advanced Standing Request Form*. The form will detail the types of supporting documentation that must be submitted for the request to be evaluated, as well as other pertinent information. Once all the required documentation has been received, the appropriate Program Committee will review the request for advanced standing and, if deemed necessary, will re-interview the candidate. The Program Committee will make the final determination regarding the

awarding of advanced standing. (If mandated by regulatory guidelines for the particular program, the Medical Director must approve the recommendation of the Program Committee). The decision of the Program Committee will be considered final and the decision cannot be appealed.

The following documentation must be submitted with an *Advanced Standing Request Form*:

- Life/Work Experience
  - Letter from the applicant's immediate supervisors including a detailed job description and duration of employment in the related field.
  - A copy of any licenses, registrations or certifications related to the field.
  - Proof of degree (if applicable) by providing official college transcripts.
  - A brief essay written by the student detailing their past life/work experience and the rationale for their advanced standing request.
  - Curriculum Vitae/Resume.
- Previous education completed outside CAHE
  - An official copy of transcripts detailing any relevant previous college or vocational coursework.
  - A course description for each completed course.

The above list represents the minimum required documentation; additional documentation and/or supporting materials may be requested on a case-by-case basis.

An applicant who has been awarded advanced standing will be required to sign, in addition to an enrollment agreement, an individualized learning contract. The individualized learning contract will detail the advanced standing awarded, any additional objectives a student may need to complete to maintain their advanced standing, total hours required to complete the program, and the tuition and fees they will be charged.

Paramedic Program:
Candidates with prior advanced training (MD, EMT-CC, PA, RN, etc.) may be eligible for advanced standing. Please refer to Part 2 of the Catalog for the *Advanced Standing Policy* pertaining to the Paramedic Program.

Medical Dosimetry Program:
Candidates with prior education and experience in radiation therapy may be eligible for advanced standing. Please refer to Part 2 of the catalog for the *Advanced Standing Policy* pertaining to the Medical Dosimetry Program.

Transfer Students Policy

Transfer students from a two-year or four-year educational institution accredited by an accrediting agency recognized by the Council for Higher Education Accreditation or United States Department of Education may receive credit for courses taken at previous institutions, which allow for individualized progression through their program (Please refer to the *Transfer Credit/Hours Policy*).

Admissions Procedure

Transfer students may be accepted to CAHE at the beginning of a term. Unless otherwise noted, the general admission procedures described apply to all students seeking to transfer from acceptable accredited educational institutions. Transfer students seeking to transfer from an acceptable accredited certificate program can apply for advanced standing (Please refer to the *Advanced Standing Policy*).

Transfer Credit/Hours

If an applicant is accepted into a program, they may request that their previous coursework be evaluated and transferred. If such a request is received, their records will be examined carefully to determine how much, if any, transfer credit will be granted. Transfer students follow the same course progression as incoming students.

The following are the minimum grade requirements an applicant must have earned in a course for the course to be transferred and applied towards their graduation requirements:

Course Type	Grade	Quality Points
General Education	C	2.0
Prerequisite	C	2.0

The maximum number of transfer credits granted to students transferring from a two-year institution may not exceed 30 credits or its clock hour equivalent. Transfer students from four-year institutions can receive approximately 90 credits or its clock hour equivalent. A tentative statement of transfer credit is provided to each student upon notification of admission to the program. The applicant will be notified on the tentative transfer statement whether additional transcripts are required. A final statement of transfer credit will be provided during the admissions process.

Multiple factors are taken into consideration when reviewing and evaluating previous coursework for the purpose of transfer credit. As a result, no transfer of coursework is guaranteed, even when coursework meets the requirements listed above.

College Level Examination Program (CLEP)

These exams may be taken to obtain credit for all general education requirements. A student can access information at www.collegeboard.com/clep.

Late Start Policy

CAHE may permit a student to begin instruction up to one calendar week after the program has started. When permitted, the student may begin instruction no later than the first day of the second week. Students entering the program after the official start date of the class will be required to make up all missed material pursuant to the *Make-Up Policy*. Refund calculations for late starts will be based on the student's actual start date, not the date of the program start.

Blended/Hybrid Delivery Method

CAHE offers several courses via blended/hybrid delivery only. Students will complete this coursework online utilizing CAHE's learning management system, Canvas, and CAHE's adopted web conferencing system, Microsoft Teams. Students will be provided a school issued iPad that meets the minimum technology requirements to complete the online portion of the program. Should a student wish to utilize their own technology they will need the following technology resources to be able to complete the online portion of the courses:

Computers:

- Operating Systems
  - Windows 11 or newer
  - MacOS 13 Ventura or newer
  - iOS 17 or later (minimum needed to ensure app compatibility)
- Memory, Speed, Processors, and Storage
  - 16 GB RAM minimum, 32 GB recommended
  - 1.8 GHz 9th Generation Intel i-Series processors or newer (PC and Mac)
  - 1.8 GHz AMD Ryzen 3rd Generation Processors or newer (PC)
  - Apple M1 Arm processors or newer (Mac)
  - 9th Generation iPad, 3rd Generation iPad Air, 5th Generation iPad Mini, 2nd Generation iPad Pro or newer
  - 256 GB storage minimum; SSD is strongly recommended
- Internet Speed: Minimum of 10 Mbps (Gigabit Fiber service like Verizon FiOS or Gigabit Optimum Fiber is recommended)

It is recommended that students keep their computer's operating system fully up to date.

Students will use Single Sign-On (SSO) security verification to access the CAHE Canvas LMS and Microsoft Teams using their student email account. CAHE's learning management system and web conferencing system will be used to complete the coursework required for the course. Students who sign into Microsoft Teams for blended delivery using an unverified account will be removed from Microsoft Teams sessions and subject to the *Attendance and Make-Up policies*. Should a student share their username and/or log in with another individual or share Microsoft Teams links with an account outside of the CAHE student email account, they will be in violation of the *Code of Conduct Policy* and subject to the *Disciplinary Policy*.

Student and Graduate Services

Student Services represent a variety of resources available to students that aid in augmenting their educational experience and which are intended to aid students in their attainment of satisfactory academic progress. Student services include Orientation, Advisement, Student Leadership, Disability Services, Social Counseling, Academic Services or remediation, Academic Counseling, Tutoring and Career Services.

Orientation

Prior to the start of the program, students must attend a mandatory new student orientation. The goals and objectives of the new student orientation session are to:

- Assist students with acclimating to CAHE and the program.
- Introduce students to the resources and services available to support their educational and personal goals, including CAHE's library, academic advisement and assistance, as well as student services.
- Familiarize students with CAHE's campus environment and physical facilities.
- Create an atmosphere that promotes confidence, a positive attitude, and excitement for learning.
- Offer students an opportunity to meet with faculty, staff, continuing students, as well as other new students.
- Provide comprehensive information regarding institutional and program-specific policies, procedures, and processes.
- Create an awareness of CAHE's policies pertaining to sexual harassment prevention, drug and alcohol abuse prevention, as well as plagiarism and copyright infringement.
- Train on accessing the student portal where they can review and obtain information related to their academic progression (balance, attendance, gradebook, etc.)
- Train on utilizing Canvas, CAHE's Learning Management System used to complete coursework.
- Train on utilizing downloaded software programs. For costs associated with the learning software/resources, refer to the program's booklist.
- Familiarize students with campus safety requirements and procedures.

Advisement

The program director or appropriate designee serves as the academic advisor throughout the duration of students' enrollment. Academic advisors assist the student with any issues they may have in meeting satisfactory academic progress. Students should meet with their advisor at least once per quarter/term.

A student may seek advice or assistance from the guidance counselor for non-academic issues. The guidance counselor may recommend a solution or may refer students to a different staff member at CAHE. The guidance counselor may also recommend that students seek help from an outside agency.

Student Leadership Committee

The Student Leadership Committee is a group comprised of student representatives from programs at CAHE. The committee serves as a student advisory committee to provide the student body with a mechanism to deal with the affairs of students and as a forum for expression and participation concerning student life at CAHE. In addition, the committee facilitates charitable and philanthropic events and opportunities throughout the academic year. The Student Leadership Coordinator organizes and leads the committee. The committee will be called to order approximately once per quarter.

Disability Services

In compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, as amended, Center for Allied Health Education, through its program of disability services empowers students with disabilities to realize their academic potential in its educational programs, by providing a reasonable accommodation and support services for eligible students.

Campus Accessibility for Students with Disabilities

CAHE's school locations are accessible to students with disabilities. The main entrance is wheelchair accessible and there is elevator access.

Social Counseling

Upon recognition by a student or faculty member that a social issue exists, the guidance counselor will be notified. The guidance counselor will recommend outside agencies that may be able to assist the student with their social issues.

Academic Assistance or Remediation

Learning Center

The Learning Center provides facilitated group sessions led by faculty to guide students through structured, collaborative opportunities to review and reinforce key concepts learned in courses. Learning Centers are not a replacement for classroom instruction but are intended to provide aid to students seeking deeper understanding of course concepts. Learning Center sessions are scheduled throughout each term and provide a consistent space for reviewing course material, preparing for assessments, and developing effective study strategies. Students are required to register in advance for Learning Center sessions.

If a faculty member feels that a student needs specialized assistance outside the scope of the Learning Center, additional academic support services may be recommended. The option to consider seeking services beyond those provided by the institution may also be recommended.

Students in need of additional academic support or resources beyond that provided by the scheduled Learning Centers are encouraged to request an academic advisement session with their program director. The purpose of the academic advisement session is to identify the most appropriate academic support resources based on the students' specific learning needs.

The program director may refer the student to additional Learning Centers, match the student with a peer or faculty tutor (for programs that are a minimum of one year in length), or recommend students consider seeking services beyond those provided by the institution.

Academic Counseling

Upon recognition by a student or faculty member that an academic problem exists, a counseling session with the program director will be scheduled. This counseling session will occur either in person, by phone or via video call. The objective of the counseling session is to help identify any problems that may be related to academic issues. Once these problems are recognized, a remediation plan will be suggested to help find a solution.

Peer Tutors

Students who are interested in serving as a tutor for their peers may request a Peer Tutoring Application from their program director.

Benefits of peer tutoring:

- Peer tutors have often had the same or similar struggles as those seeking tutoring. They understand the frustrations, as well as the potential roadblocks to success, and can help the student address those difficulties.
- Peer tutors "speak the same language" and can connect with the student.
- Peer tutors serve as role models for other students.
- Students often feel a sense of partnership when working with a peer tutor because there is a greater understanding.
- Peer tutors often have great energy and enthusiasm because they want to help others, and they are motivated to do the job well.
- Peer tutors help the student work toward self-responsibility and self-direction.
- Peer tutors often provide social and academic support.

The selection process to become a Peer Tutor is competitive and only a few students per program will be selected. To become a peer tutor, students must:

- receive minimum overall average of 85% or better
- receive an "A" in the subject area in which they wish to tutor
- complete a successful interview with the program director and a Licensed School Director
- have good communication skills
- have a high level of patience and a sincere desire to help others

Peer tutors who provide a minimum of 30 hours of tutoring per quarter for at least two terms will be recognized at graduation and will be reimbursed up to $200.00 for any fee associated with a state/national exam/registry or society membership for their profession.

Career Services

CAHE assists students with preparing for entry into the workforce. Students are offered assistance through formal and informal means, including but not limited to resume writing, interview skills, presentations, and discussions regarding appropriate behavior and attitudes of healthcare professionals.

CAHE provides assistance to graduates with obtaining entry-level positions in their respective fields. While CAHE makes every effort to assist graduates with job placement, it does not guarantee employment.

Standards of Satisfactory Academic Progress (SAP)

Student satisfactory academic progress is measured through the attendance, assessments, and progression policies listed below.

Attendance Policy

To maintain a quality program and to ensure compliance with regulatory requirements, the following Attendance Policy is in effect for courses. Students must be marked present during the first week of the first term of the program to be considered an enrolled student. Students who are not present during this period will have their enrollment rescinded.

Attendance at all didactic, laboratory and clinical education sessions is mandatory.

One (1) absence is defined as one (1) missed session.

The course schedule will be provided to each student prior to the first day of the quarter/term. In addition to the course schedule, the number of absences for each course may be found in the course syllabi provided to the students during the first session of each course.

Any absence requiring make-up must be made up pursuant to the *Make-Up Policy*.

Subject to the Attendance Policy, students must complete a minimum of 90% of a program's total contact hours, and students may not be absent for more than 10% of a program's total contact hours. Hours missed while on a Leave of Absence count toward the 10% maximum hours allowed to miss.

Time Off

Students are allowed time off for extenuating circumstances or documented medical emergencies. Examples of such absences include, but are not limited to, admission to a hospital for treatment, serious or contagious illness, bereavement of a non-immediate family member, jury duty and mandatory court dates.

For didactic and lab sessions, students who need to use allowed time off for scheduled events must submit a *Request for Time Off Form* as soon as they become aware of the anticipated absence. Students who use allowed time off for an unanticipated event must submit a *Request for Time Off Form* within two weeks following the date of the absence. The request must include a detailed description of the circumstance, accompanied by detailed supporting documentation. The Campus Director will review the submitted form and documentation and will determine whether or not the circumstance meets the required criteria for allowed time off. Absences for which a *Request for Time Off Form* is not submitted, or which do not meet the criteria for allowed time off, will affect the student's class participation grade pursuant to the *Class Participation Policy*. For clinical absences, students should not submit a *Request for Time Off Form*. (Please refer to the clinical internship absences section below.)

All absences, regardless of whether they are approved or unapproved, may not exceed the maximum number of absences per course as detailed below.

Classroom and Laboratory Absences

The following are the maximum number of classroom absences allowed per course per quarter:

Residential and Blended Courses

Residential courses are those that are synchronous and occur on campus only. Blended courses are those courses in which instruction involves instructor-led live lectures using web conferencing technologies. Blended courses may include residential administration of assessments/exams. Students can be absent for one week's worth of material. For example, if a course is scheduled to take place twice a week, a student can be absent twice for the course.

Blended Plus Asynchronous Courses

Blended Plus Asynchronous courses are those that have both a synchronous and asynchronous component. Students can be absent for one week's worth of material. For example, if a course is scheduled to take place twice a week, a student can be absent twice for the course. Students enrolled in Blended Plus Asynchronous courses must be present for all in-person, on campus activities including exams or skills labs. Students who miss in-person activities must submit a *Request for Accommodation* and receive approval to make up the missed session.

Laboratory Absences
Students may not miss any laboratory sessions. All missed laboratory sessions must be made up on campus during the scheduled make-up session. Students can make up only one lab session per course, per quarter.

Class Participation
Class participation is counted toward a student's course average. Attendance affects a student's class participation grade and is included as part of the class participation as published in each course syllabus.

Tardy, Absent and Left Early
The following table represents the definition of didactic Tardy, Absent and Left Early:

Student Arrival/Departure	Student Considered
Arrives/logs in within 15 minutes of class scheduled start time	Tardy
Arrives/logs in more than 15 minutes after scheduled class start time	Absent
Departs/logs out within 15 minutes of scheduled class end time	Left Early
Departs/logs out more than 15 minutes before the scheduled class end time	Absent

Three tardies per course are considered one absence as calculated toward the student's course grade.

Failure to attend a class/lecture/lab will result in an absence for that session.

Clinical Internship Absences
Medical Dosimetry, Radiography, Radiation Therapy, Diagnostic Medical Sonography, and Surgical Technology programs:
The following tables represent the maximum number allowed of clinical internship hours per course per quarter/term.

Scheduled Clinical Internship Hours per Week	Maximum Hours
14 hours (2 days*)	14 hours (2 days)
21 hours (3 days)	21 hours (3 days)
28 hours (4 days)	28 hours (4 days)
35 hours (5 days)	35 hours (5 days)

**One day of clinical internship is equal to 7 hours.*

Paramedic Program:

Recommended Clinical Internship Shifts/Hours per Week	Maximum Absences
16-36 hours	2 shifts*

** A shift may consist of 8 or 12 hours.*

EMT-Basic Program:

Maximum Shifts	1

All clinical absences must be logged in Trajecsys or FISDAP on or before the date of absence. Absences not logged into Trajecsys on or before the date of absence will be required to be made up.

Outstanding clinical internship hours that need to be made up may delay a student's graduation date.

Clinical Tardy, Left Early, and Absence

Student Arrival/Presence	Student is Considered
Arrives within one hour of the scheduled shift start time	Tardy
Fails to clock out	Left Early
Present for less than 50% of scheduled rotation time or fails to clock in and out	Absence

Three "tardies" or "left earlies" per course are considered one absence and will result in a deduction in the student's earned course grade.

Exceeding Maximum Absences

Students who exceed the maximum number of didactic, laboratory or clinical internship absences will receive a grade of "F" and will be considered to have failed the course regardless of their calculated course average. Students who fail a course are required to follow the Progression Policy as published in the catalog.

Breaks

Didactic

All Programs

Breaks will be provided during class. Students are expected to be back in class, ready to continue at the time specified by their instructor. Students who do not return on time will be marked tardy.

Clinical

Medical Dosimetry, Radiography, Radiation Therapy, Diagnostic Medical Sonography, and Surgical Technology programs:

Students are required to clock in and out before and after their lunch break or the break closest to the midpoint of their shift. During the 1st and 2nd quarter where students are scheduled for clinical internships, students are provided three opportunities per quarter to fail to clock in or clock out. After the third failure, two points will be deducted from the student's course grade per occurrence.

Student Portal

Students can view their attendance through their student portal. Students will be advised and counseled as they are near the maximum percentage allowed.

Absence Notification

Medical Dosimetry, Radiography, Radiation Therapy, Diagnostic Medical Sonography, and Surgical Technology programs:

Students are required to notify their Program Director, Clinical Coordinator or any administrative office staff if they will not be attending class or clinic that day.

Paramedic and EMT-Basic Programs:

Students schedule themselves for specific rotations based on the skills they have learned and passed to date. For all sites, students may sign up for rotations until the 25th of the previous month. Rotations may not be scheduled at the last minute. To drop or trade a rotation, students are required to request and receive approval from the program director through FISDAP.

Attendance Procedure

Didactic and Laboratory

Attendance procedures will be explained during orientation and may include one or all of the following: sign in and out sheets or verbal attendance.

Class will start exactly on the assigned hour. Students are expected to be on time. The definition of late is up to the discretion of their instructor but will be no later than 15 minutes after the scheduled start time. Excessive tardiness will not be tolerated and is considered unprofessional conduct and may lead to the student's dismissal from the program.

All students must notify their Program Director if they need to leave early. Any student leaving before the end of class without notifying their Program Director will be marked absent for the class.

Clinical

Clinical attendance is logged and monitored using Trajecsys, a web-based clinical reporting system. All Trajecsys clock-ins and clock-outs must be performed within 50 feet of the clinical facility, using a GPS-enabled mobile device. Clock records captured with location services turned off will result in absence.

Medical Dosimetry, Radiography, Radiation Therapy, Diagnostic Medical Sonography, and Surgical Technology programs:
Students are required to clock in and out via Trajecsys upon arrival to, and departure from, their clinical site. Students are also required to clock in and out before and after their lunch break or the break closest to the midpoint of their shift.

Clinical sessions will start exactly on the assigned hour, and students are expected to be on time. The definition of late is up to the discretion of the Clinical Coordinator but will be no later than one hour after the scheduled shift start time. Excessive tardiness is considered unprofessional conduct and will not be tolerated and may result in the student's dismissal from the program.

If a student must leave early from their rotation for any reason, they must inform their assigned clinical instructor or supervisor/preceptor AND either their Program Director or Clinical Coordinator. Failure to inform one of these individuals will result in the student being penalized for a full day's absence. Repeated infractions of this type are grounds for dismissal from the program.

A student may fail to clock in or out up to three times per quarter for the beginning and end of their shift in which case the Clinical Coordinator will verify the student's attendance and enter that record on their behalf. Students who exceed the maximum number of allowed failures will be subject to the Attendance Policy.

Paramedic and EMT-Basic Programs:
For additional guidance on clinical attendance and procedures, refer to the program's handbook, Clinical/Laboratory Guidelines, Rules, and Regulations.

Exceptions

All Programs
In the event of any exceptions (e.g. the Trajecsys attendance logging feature is down), students are required to send a message to the Program Director and Clinical Coordinator through Trajecsys, at the time that they are unable to clock in or out, notifying them of the issue. The Clinical Coordinator will verify the student's attendance and enter that record on their behalf. If a student does not send the required message at the scheduled time, the exception will be considered a failure to clock in or out.

Volunteering During Off Hours and Holidays

Students may only rotate at Center for Allied Health Education's affiliated clinical sites during the shifts and hours assigned to them by their Program Director or Clinical Coordinator. Students may not "volunteer" during off hours in his or her profession's department to obtain additional clinical experience.

Paramedic Program:
While working as an EMT (not during an assigned rotation shift), students may not assist or perform any paramedic skills during an ALS call.

Holidays

Please refer to the Academic Calendar for a complete class and holiday schedule.

Infectious Disease

Any student who has an infectious disease (e.g. influenza, pneumonia, etc.) may not participate in educational activities. Others should never be put at risk by a student with an infectious disease. Students with an infectious disease will still be required to follow the published *Attendance Policy*. If a student's illness requires excessive absences, they may be required to take a medical Leave of Absence. Please refer to the Leave of Absence Policy for additional information.

Requirement for Medical Release

In the case where any illness/injury which requires the student to miss three or more consecutive days of educational activities, the student will be required to submit a Physician's Affidavit before being allowed to return to class or participate in educational activities.

Academic Policy

Measurement of Academic Progress

Center for Allied Health Education measures students' academic progress in clock hours.

Additional Outside Hours

Students are required to complete additional outside preparation/homework hours. The additional outside hours for each course are listed on each course syllabus. The ratio will generally not exceed 2 hours of additional outside hours for every 1 in-class clock hour.

Grading Scale

The following is CAHE's grading scale:

Letter Grade	Numerical Equivalent	Quality Points	Legend
A	90 – 100	4	Excellent
B+	85 – 89	3.5	Very Good
B	80 – 84	3.0	
C+	75 – 79	2.5	Satisfactory
C	70 – 74	2.0	
D	65 – 69	1.0	Unsatisfactory
F	0 – 64	0	Fail
P	--	--	Pass
TF	--	--	Transfer Credits
INC	--	0	Incomplete
W	--	--	Official Withdrawal
FW	--	0	Failure due to unofficial withdrawal
FT	--	0	Failure due to dismissal

"Incomplete" Grade

Students who receive a grade of "Incomplete" will be notified of the conditions that need to be met to remove the grade. Students with a grade of "Incomplete" on more than one course in a single quarter/term will be unable to progress to the next quarter/term and will be subject to dismissal from the program. If a student meets the conditions for removal of the grade of "Incomplete," the highest recorded grade a student can receive is the minimum passing grade for their program. If a student fails to meet the conditions, they will receive a grade of "F" on that course and will be subject to the *Progression Policy*.

Graduation Requirements

Medical Dosimetry, Radiation Therapy and Paramedic Programs:
A "C+" average – an index (GPA) of 2.5 – is required for graduation.

Diagnostic Medical Sonography, Radiography, Surgical Technology, and EMT-B Programs:
A "C" average – an index (GPA) of 2.0 – is required for graduation.

For the Academic Policies and Graduation Requirements for each program, including program courses and course descriptions, please refer to each program's section in Part 2 of the catalog.

Assessment Policy

The successful progression of each student through the stages of objectives must be documented for the successful completion of their program. This requires a formal ongoing evaluation process.

The following is an overview of the evaluation process, minimum competency levels and retention standards for students.

Cognitive Assessments
Didactic testing will consist of written exams and quizzes prepared by the program faculty. These exams and quizzes may contain a variety of types of questions including multiple choice, situational, scenario, short answer and essay.

Materials covered on quizzes/examinations can be derived from reading assignments, lecture materials, handouts, labs, NYC REMAC protocols and practical skill sheets (Paramedic).

Paramedic and EMT-Basic Programs:
Please refer to the *Assessment Policy* in each program's *Clinical/Laboratory Guidelines, Rules and Regulations Handbook* for additional information regarding each program's assessment policy.

Passing Grades

Medical Dosimetry and Radiation Therapy Program:
An overall grade average of 75% or better must be maintained for successful completion of a course. A grade of less than 75% is considered a failing grade.

Paramedic Program:
An overall grade average of 75% or better must be maintained for successful completion of a course. A grade of less than 75% is considered a failing grade. A passing grade on BLS/ACLS/PALS is 84%.

Radiography, Diagnostic Medical Sonography (core courses)*, , EMT-Basic, and Surgical Technology programs:*
An overall grade average of 70% or better must be maintained for successful completion of a course. A grade of less than 70% is considered a failing grade.

Diagnostic Medical Sonography (General Education Courses):
An overall grade average of "C+" or better, must be maintained for successful completion of a course. A grade of less than "C+", pursuant to CAHE's grading scale, is considered a failing grade.

Process for Determining a Student's Average

The process to determine a student's average is found in the syllabus of each course, which will be distributed at the first class/session of each course. Exams, quizzes, assignments, midterm, final exams and class participation may be used to determine a student's average.

Comprehensive Assessment Evaluations
At the end of the academic year a comprehensive assessment evaluation may be given. The purpose of this assessment is to determine the student's mastery of core knowledge as well as the student's ability to integrate the various subject matters and skills taught and apply them in problem based clinical scenarios; additionally, the assessments will aid to identify areas needing remediation. The assessment's format mimics the licensing/registry/certification exam.

Affective Assessments

Continuous assessment will occur in the following areas of professional behavior:

Integrity
Examples of integrity include but are not limited to consistent honesty, being able to be trusted with the property of others, can be trusted with confidential information, and the ability to complete and document accurate information of patient care.

Empathy
Examples of empathy include but are not limited to showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate and helpful demeanor toward those in need; being supportive and reassuring to others.

Self-motivation
Examples of self-motivation include but are not limited to taking initiative to complete assignments; taking the initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; and taking advantage of learning opportunities.

Appearance and Personal Hygiene
Examples of appearance and personal hygiene include but are not limited to appropriate, neat, clean and well-maintained clothing and uniforms; good personal hygiene and personal grooming.

Self-confidence
Examples of self-confidence include but are not limited to demonstrating an awareness of strengths and limitations and exercising good personal judgment.

Communications
Examples of communication include but are not limited to speaking clearly, writing legibly; actively listening; ability to adjust communication strategies to various situations.

Time Management
Examples of time management include but are not limited to consistent punctuality and completing tasks and assignments on time.

Teamwork and Diplomacy
Examples of teamwork and diplomacy include but are not limited to placing the success of the team above self-interest; helping and supporting others; showing interest for all team members; remaining flexible and open to change; communicating with others to resolve problems.

Respect
Examples of respect include but are not limited to being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.

Patient Advocacy
Examples of patient advocacy include but are not limited to not allowing personal bias or feelings to interfere with patient care; placing the needs of the patient above self- interest; protecting and respecting patient confidentiality and dignity.

Careful Delivery of Service
Examples of careful delivery of service include but are not limited to mastering and refreshing skills, performing complete equipment checks, following policies, procedures, and protocols and following orders.

These professional behaviors will be assessed during the classroom dynamic, skill lab sessions (if applicable), and clinical rotations. Interactions between the student and other students, advisors, instructors, staff, preceptors, patients and others the student has contact/interactions with, will form the basis for evaluations in this area.

Areas in need of improvement will be discussed with the student in counseling sessions. Documentation will include the areas in need of improvement as well as any corrective actions that need to be taken. Continued problems in the affective area may lead to dismissal from the program. For additional details regarding the assessment policies for the Paramedic and EMT-Basic programs, please refer to each program's section in Part 2 of the catalog.

Progression Policy
All Programs:
Students must complete all program courses in the sequence prescribed in the curriculum. When applicable, all prerequisite course(s) must be completed before beginning an advanced course. Courses considered prerequisite courses are delineated in the catalog and course syllabi.

Students must pass all courses in a quarter/term to progress to the next quarter/term in the program. Students are required to pass all courses in the program to graduate from the program.

If a student fails one course in a quarter/term:
- Progression Course – student is dismissed from the program.
- Non-Progression Course- the course must be made up as per the *Make-Up Policy* published in the Institutional Catalog.

If a student fails two courses (clinical courses included) in a quarter/term they are dismissed from the program.

EMT-Basic program:
Students must successfully pass the Midterm and Final Exam with a minimum score of 70%.
Please refer to the *Summative Examination Policy* for additional details.

Comprehensive Examination Policy

Comprehensive exams are only available for failed didactic and lab courses. There is no comprehensive exam for a failed clinical course.

Medical Dosimetry, Radiography, Radiation Therapy, Diagnostic Medical Sonography, Paramedic and Surgical Technology programs:
A student who fails up to two didactic courses in a quarter may qualify for a comprehensive exam(s) for each of the failed courses. The results of the comprehensive exam(s) will determine the student's requirements to meet the objectives of the failed course.

Qualifying for a Comprehensive Exam
To qualify for a comprehensive exam, a student's course average must be a minimum of 65%.

Results of the Comprehensive Exam
Paramedic, Medical Dosimetry and Radiation Therapy programs:

- 90% to 100%: The student will be considered to have passed the course and will receive the minimum passing grade as their recorded score.
- 75% to 89%: The student will be required to complete an independent course of study that meets the objectives of the course. An individualized learning contract will be signed by the student detailing the objective criteria they are required to complete. Once complete the minimum passing grade will be recorded as their score.
- 74% or below:
  - Progression Course – the student has failed the course.
  - Non-Progression Course – the student will need to make up the course as per the *Make-Up Policy.*

Students enrolled at the Brooklyn or Staten Island location who are required to repeat a course may be registered to complete the repeated course at an alternate location, subject to course availability.

Radiography, Diagnostic Medical Sonography and Surgical Technology programs:

- 90% to 100%: The student will be considered to have passed the course and will receive the minimum passing grade as their recorded score.
- 70% to 89%: The student will be required to complete an independent course of study that meets the objectives of the course. A learning contract will be signed by the student detailing the objective criteria they are required to complete. Once complete, the minimum passing grade will be recorded as their score.
- 69% or below:
  - Progression Course – the student has failed the course.
  - Non-Progression Course – the student will need to make up the course as per the *Make-Up Policy.*
    Students enrolled at the Staten Island campus may be required to repeat the course at the Brooklyn campus.

EMT-Basic Program:
Students who fail a course in the term may qualify for one comprehensive exam.

Results of the Comprehensive Exam
Students must receive a minimum of 75% on the comprehensive exam to have passed the course and will receive the minimum passing grade as their recorded score. A student who receives less than 75% on the comprehensive exam will have failed the course and is subject to dismissal from the program.

Competency/Proficiency Evaluation Policy

Clinical Education is an integral part of healthcare professional training. It allows the student to develop those concepts that are taught in the classroom and apply them to patients in a clinical setting. Skills learned in the classroom are refined in the clinic.

Working alongside health professionals in the field allows and encourages students to develop confidence and become competent practitioners.

The Competency/Proficiency Evaluation Policy is a standardized method of evaluating student performance during their clinical rotations. It is through the integration of the cognitive (classroom) and psychomotor (practical or skills) aspects of the curriculum that the student will gradually reach, over a period of time, the level of competency which will allow them to function in their

professional role with the necessary technical skills. It is the function of the Competency/Proficiency Evaluation Policy to act as the measuring instrument by which we may deem the student competent.

Competencies/Proficiencies are graduation requirements and must be completed before the student can graduate.

Competency/Proficiency Evaluation Policies can be found in each program's *Clinical/Laboratory Guidelines Handbook*.

Summative Examination Policy

Mid-point Summative Evaluation

Radiography and Radiation Therapy Programs:
At the end of the fourth quarter of the program, students are required to take, and successfully pass, a mid-point summative examination to progress to the fifth quarter of the program. To successfully pass the exam, students must receive a minimum passing grade of 75%. Students who fail the exam may retake it once. If the student fails the mid-point summative exam after the second attempt, the student may submit a request for a review of the exam. The program director/administration will review questions missed to identify a pattern of any gaps in course knowledge contained within a specific quarter. If a pattern is identified as deriving from content taught in quarters three or four, the student may be given the option of repeating course(s) from the previous quarter(s). If placed in quarter 3 or 4, the student will have one attempt to pass the mid-point summative exam at the end of quarter 4 as the third and final attempt. Students may not repeat quarters one or two.

Diagnostic Medical Sonography
By the end of the fifth quarter of the program, students are required to take, and successfully pass, the Sonography Principles & Instrumentation (SPI) component of the ARDMS examination to progress to the sixth quarter of the program. (Students are eligible to sit for the SPI examination upon receiving a minimum grade of 70% on the DMS 1230 Sonographic Physics and Instrumentation I course.) Students who fail to pass the SPI examination are subject to dismissal from the program.

Paramedic Program
At the end of the second quarter, students are required to take, and successfully pass, a mid-point summative evaluation. To successfully pass the mid-point summative examination, students must receive a minimum grade of 75%. Students who fail the mid-point summative evaluation may retake it once. Students who fail the mid-point summative evaluation cannot progress to the third quarter of the program and are subject to dismissal from the program.

The mid-point summative for this program consists of a written component only.

To be eligible to sit for the mid-point summative examination, students must:

- Successfully pass all didactic, lab and clinical courses from the first and second quarter
- Pass and obtain certification in any AHA requirements for the quarter (i.e. BLS)
- Successfully pass all skill evaluations from the first and second quarter

EMT-Basic Program

14-Session Progression Assessment

Upon completion of the 14th instructional session of the program, students will be assessed by the program director to determine their eligibility to progress to the 15th instructional session of the program. The assessment will consist of the following components and benchmarks:

Area	Method/Benchmark
Administrative	
Medical clearance	Administration – timeliness and cooperation
Background check	Administration – timeliness and cooperation
Didactic	
Quiz/Exam	Gradebook (grade of ≥ 70%)
Class participation	Gradebook (grade of ≥ 70%)
Attendance	Attendance record (3 or less absences)
Homework assignments	Gradebook (grade of ≥ 70%)
Behavior and professionalism (affective)	Instructor observation/Counseling records
Lab	
Class participation	Gradebook (grade of ≥ 70%)
Psychomotor	Instructor observation/Counseling records
Attendance	Attendance record (3 or less absences)
Behavior and professionalism (affective)	Instructor observation/Counseling records

Students who do not receive a favorable recommendation from the program director based on the results of the 14-Session Progression Assessment will not be eligible to progress to the 15th session of the program.

AHA Requirements

Students must successfully pass and obtain certification in Basic Life Support (CPR). Students who fail to obtain this certification by the midterm Examination will be subject to dismissal from the program.

Midterm Exam

At the mid-point of the term, students are required to take, and successfully pass, a Midterm Examination.
To be eligible to sit for the Midterm Examination, students are required to:

- Successfully pass, and obtain certification in any AHA requirements for the term (i.e. BCLS)
- Successfully pass all skill evaluations prior to the exam

To successfully pass the Midterm Examination, students must receive a minimum passing grade of 70%. Students who fail the examination may retake it once. Students who do not successfully pass the Midterm Exam cannot progress through the rest of the program and are subject to dismissal from the program.

End-point Summative Evaluation

Radiography Program

At the end of the Registry Review course, students are required to take, and successfully pass, the Health Education Systems Incorporated (HESI) Radiography Exit Exam to graduate from the program and be eligible to sit for the American Registry of Radiologic Technologists (ARRT) credentialing examination. To successfully pass the examination, students must receive a minimum passing score of 800 or above. Students who fail the examination may retake it up to two times. Students who do not successfully pass the examination by the third attempt will not be eligible to graduate from the program or sit for the ARRT credentialing examination. Additional attempts, beyond the first attempt, will be an additional out-of-pocket fee at the student's expense.

Surgical Technology Program

During the fourth quarter of the program, students will be given three mock exams to assess their course content knowledge. To successfully pass the CST Review Course (CST 1490), students must earn a minimum of 70% on their course average. Students who fail to meet the minimum passing grade must follow the *progression policy*.

Diagnostic Medical Sonography Program
At the end of the Registry Review course, students are required to take, and successfully pass, a final summative examination to graduate from the program. To pass the examination, students must receive a minimum grade of 80%. Students who meet the eligibility requirements to take the American Registry for Diagnostic Medical Sonography (ARDMS) examination at least 60 days prior to graduation may be exempt from the Registry Review course and the final summative examination. For details, refer to Part 2 of the catalog.

Students who successfully pass an ARDMS examination will be considered as having successfully passed the program's final summative examination.

Radiation Therapy Program
At the end of the Registry Review course, students are required to take, and successfully pass, an end-point summative evaluation to graduate from the program and be eligible to sit for the ARRT credentialing examination. To successfully pass the examination, students must receive a minimum score of 75%. Students who fail the examination may retake it up to two times. Students who do not successfully pass the examination by the third attempt will not be eligible to graduate from the program or sit for the ARRT credentialing examination.

Paramedic Program
At the end of the fourth quarter of the program, students are required to take, and successfully pass, a Final Summative Evaluation. The evaluation consists of two components, a written and a megacode (adult and pediatric) evaluation.

To be eligible to sit for the Final Summative Evaluations, students are required to:

- Successfully pass all courses in the program
- Pass and obtain certification in all AHA and NRP requirements for the program (i.e., FEMA Courses, ACLS, PALS and PHTLS)

Written Evaluation
To successfully pass the written component of the Final Summative Evaluations, students must receive a minimum grade of 75%. Students who fail the written component of the evaluation may retake it one time. Students who fail the retake examination may face dismissal from the program.

Megacode Evaluation
To successfully pass the megacode component of the Final Summative Evaluation, students must successfully assess and manage their simulated patient. The megacode component of the evaluation consists of two sections – an adult megacode and a pediatric megacode. Students who fail either section of the megacode component of the evaluation may retake it one time. Students who fail either section of the megacode component of the evaluation on their second attempt may face dismissal from the program.

New York State Practical Skill Exam/Skills Portfolio
NREMT no longer requires a psychomotor exam. While New York requires a practical skill exam, there are other pathways to fulfill this requirement, including a skills portfolio. Students will be eligible to sit for the New York State Written Certification Examination upon successful completion of a practical skill exam or the completion of a skills portfolio.

EMT-Basic Program
At the end of the term, students are required to take, and successfully pass, a final exam. To be eligible to sit for the final exam, students are required to successfully pass all skill evaluations prior to the exam.

To pass the course and complete the program, students must successfully pass the Final Exam. To successfully pass the Final Exam, students must receive a minimum grade of 70%. Students who fail the Final Exam will have failed the course and must follow the *Progression Policy*. Students whose course average falls below 70% will be considered to have failed the course and must follow the *Progression Policy*.

New York State Practical Skill Exam/Skills Portfolio
NREMT no longer requires a psychomotor exam. While New York requires a practical skill exam, there are other pathways to fulfill this requirement, including a skills portfolio. Students will be eligible to sit for the New York State Written Certification Examination upon successful completion of a practical skill exam or the completion of a skills portfolio.

Individualized Learning Contracts

An individualized learning contract is an instrument which serves as a guide to monitor and direct a student's academic progress and compliance with requirements. It identifies the process and stipulations to which the student is required to adhere to as a condition of remaining in the program. An individualized learning contract, signed by the student, may be required as a result of circumstances including, but not limited to, a conditional grant of appeal, absences requiring make-ups, or failure of a non-progression course. Stipulations included in an individualized learning contract may include, but not be limited to, requiring the student to audit or retake a course, make up missed clinical days, take or retake a course during the next available offering, be placed on probation for a defined period, pass a non-progression course on the first attempt, or pass a failed course on the second attempt without the ability to take a comprehensive examination. The terms of an individualized learning contract may supersede any other published policies, procedures or processes.

Auditing Classes

The ability to audit a course is available to students in specific circumstances. A student may be required to audit a course as a part of transfer credit for a specific program requirement or as part of a learning contract to reinforce concepts and assist the student in mastering specific learning outcomes.

A student who is required to audit a course, regardless of reason, is responsible for obtaining required course materials, such as textbooks, lab supplies, etc., as outlined in the course syllabus and responsible for meeting attendance requirements, completing assignments, participating in quizzes, exams and other academically related activities as specified in the syllabus, but will not receive a grade for the audited course.

An Individualized Learning Contract will be created by the Program Director and signed by the student for any course that must be completed via audit specific to an individual student's progression. The contract will include auditing requirements and must be approved by the Director of Academic Affairs.

Auditing Courses as a part of Admission with Transfer Credit

Students who are awarded transfer credit to fulfill program requirements may be required to audit specific courses to refresh foundational content and concepts essential to the program core. An Individualized Learning Contract may not be required in this situation if the audited course requirement is applied to the entire cohort of students.

Auditing Courses as a part of Re-Admission

Based on student performance on a placement exam for re-admission to a program, a readmitted student may be required to audit multiple courses within the program quarter of the program that they have been placed in based on their exam. The student is responsible for ensuring they have access to the textbook and any resources for the course(s) audited. An Individualized Learning Contract is required in this situation.

Auditing Courses in Cohorted Programs

For cohorted programs, an active student who fails a pre-requisite course may be required to repeat the failed course and audit additional courses from the same quarter as the course that is being repeated. An Individualized Learning Contract is required in this situation.

Program Completion Time Frames

All students in all programs must successfully complete their educational objective within the maximum time frame below, which may not exceed 150% of the normal program length as measured in weeks. Transfer credits, all courses taken and repeat coursework count towards the maximum time frame.

Maximum Time Frames in Weeks:

Program:	Program Length	Maximum Time Frame
Radiography	74 Weeks	94 Weeks
Paramedic	42 Weeks	63 Weeks
Diagnostic Medical Sonography	74 Weeks	94 Weeks
Radiation Therapy	74 Weeks	94 Weeks
Medical Dosimetry	74 Weeks	94 Weeks
EMT-Basic – Day	12 Weeks	18 Weeks
EMT-Basic – Evening	21 Weeks	31.5 Weeks
Surgical Technology	40 Weeks	60 Weeks

Make-Up Policy

As per the *Attendance Policy* and *Progression Policy* published in the Institutional Catalog, missed didactic sessions, clinical sessions and failed courses may be required to be made up according to the *Make-Up Policy* found below. When required, make-up sessions/activities may not interfere with regularly scheduled classes or other activities and may be conducted on Sundays. Failure to abide by this policy may result in disciplinary action.

Quizzes

Quizzes cannot be made up. Students who miss a quiz will receive a grade of zero.

Exams and Midterms

Students are allowed to make up one exam per course. Make-up exams must be taken within one week of the original exam date, during one of CAHE's scheduled exam make-up sessions. Students who fail to take the make-up exam within the required time frame will receive a grade of zero for that exam. Students who successfully complete a make-up exam within the required time frame will have ten points deducted from the grade they achieved on the exam.

Final Exams

Under extenuating circumstances and with written approval from the Licensed School Director, a student who misses a final exam will be allowed to make up that exam. Make-up final exams must be taken prior to the scheduled comprehensive exam date for that term/quarter. Completion of the make-up exam will result in the actual numerical score obtained.

Didactic Sessions

Students are not required to make up didactic absence hours. To ensure that the student masters the missed course material, students are required to complete a make-up assignment for all missed didactic sessions by completing an assignment correlated to the material covered during missed session.
Program directors will provide students with the details and due date of the make-up assignment. The due date, which will be printed on the assignment, will be based on the missed session, and will be no later than the date of the course's final exam. All make-up assignments will be kept on file in a student's record.

If the student has not handed in their assignment prior to finals week, a grade of "Incomplete" will be recorded for that course. Please refer to the *Incomplete Grade Policy* published in the Institutional Catalog.

Absences Exceeding 10% of Total Program Clock Hours

Students returning from extended absences (e.g. Leave of Absence) that result in total absences exceeding 10% of total program clock hours are required to meet with their program director to determine whether the student can continue with their current cohort or whether the student will be required to retake the course with the next cohort.

Skill Lab Sessions

All missed skill lab sessions must be made up on campus on a 1:1 ratio.

Clinical Sessions

Medical Dosimetry, Radiography, Radiation Therapy, Diagnostic Medical Sonography, and Surgical Technology programs:
Clinical internship absences are not required to be made up unless a student needs to complete extra hours to meet their competency requirements. Students may be scheduled to make up clinical absences on Sundays, during vacation time, or after their original graduation date which may delay their graduation date to allow time for the make-up work to be completed.

Paramedic and EMT-Basic Programs:
Students may schedule additional shifts based on availability. These shifts cannot be taken until all other students have scheduled their rotations for the month.

Any required clinical rotations that have been made up will not be deducted from the total number of absences accumulated.

Failing a Non-Progression Course

Medical Dosimetry, Radiography, Radiation Therapy, Diagnostic Medical Sonography, Paramedic and Surgical Technology programs:

Didactic Course

A student who fails a didactic course must attend the course at the next available date and pass that course. Students are allowed to retake non-progression courses one time for a total of two attempts per course. Students retaking a failed course must pass it on the first attempt and will not be eligible for a comprehensive examination. Students enrolled at the Brooklyn or Staten Island location who are required to repeat a course may be required to complete the repeated course at an alternate location, subject to course availability.

Clinical Course

A student who fails a clinical course must repeat and pass that course. Students who fail a clinical education course will be registered for the repeat course to be taken in a quarter based on clinical site availability. Failure of a clinical education course may delay a student's date of graduation. Students are allowed to fail only one clinical course during their enrollment; failure of any additional clinical course will result in dismissal from the program.

Refer to the following sections of the catalog for additional guidance and requirements: *Clinical Clearance Policy*, *Satisfactory Academic Policy* and *Maximum Time Frames in Weeks*, as well as *Program Completion Timeframes*.

Cancellation of Classes

If due to inclement weather or any other possible cause, there is a question as to whether classes will be held, it is the responsibility of the student to contact the administrative office at (718) 645-3500 and listen to the recorded message regarding change of schedule/closure. Students should listen to the message in its entirety as different programs have different schedule changes/closures. A message regarding schedule changes/closures will also be posted to our website, www.cahe.edu and social media pages.

As a courtesy, an email may be sent out to all students regarding any change of schedule/closure.

If class is canceled, students are expected to return to the next regularly scheduled class. Any exam/quiz scheduled for the canceled class will be administered during the next scheduled class.

Make-up classes will be scheduled when possible. Attendance at the make-up session will be required. A minimum of two weeks' advance notice will be given to students for any make-up session scheduled.

Student Code of Conduct Policy and Academic Integrity

Center for Allied Health Education tries to instill in each student a love of learning, commitment to fair and honorable conduct, and respect for the safety and welfare of others. It also strives to protect its community of interests from the influence of those who do not embody these values in their conduct, and to protect the integrity of CAHE and its property for the benefit of all.

Because CAHE is an educational institution, the Code of Conduct has education as its foremost aim; it is not intended to be a solely punitive process nor a substitute for the law. The Code aims to sustain an environment conducive to learning, promote a climate of mutual respect, foster open dialogue that promotes learning and understanding, promote individual well-being and personal development, and encourage the application of ethical decision-making in the daily life of its students. This code applies to all students enrolled in CAHE, in their conduct both on campus and at clinical affiliates.

Expectations of Conduct

Center for Allied Health Education expects that all students act honorably, demonstrating a keen sense of ethical conduct. It is expected that students behave respectfully, providing particular consideration for other people and for property. CAHE expects that students act responsibly, being accountable for the safety and well-being of themselves and others.

Students are expected to be trustworthy, demonstrating honest character upon which others may rely with confidence.

CAHE reserves the right to suspend or dismiss a student for conduct that is determined to be detrimental to the best interest of the institution, its students, its community of interests and its clinical affiliates, or which violate the campus security and safety policies.

Instances of misconduct that are considered violations of this Code and could result in disciplinary action against a student include, but are not limited to the following:

Honor and Ethics

- Attempting, assisting, knowingly permitting, or encouraging any conduct in violation of CAHE's expectations of students' conduct.
- Failure to comply with the direction of CAHE's staff when they are acting in performance of their duties.
- Failure to comply with and/or knowingly violating the terms of any disciplinary action imposed or any mutual agreement reached in accordance with this Code.
- Disrupting the normal operations of CAHE.
- Misuse of computer or network resources, including but not limited to, use of another individual's identification or password; using computer or network resources to send anonymous, obscene, or abusive messages; using computer or network resources in violation of copyright laws; use of computer or network resources to interfere with the normal operation of CAHE's computer system; or any other violation of policies established by the Information Technology Department.
- Violating CAHE's rules, regulations, or policies.
- Violating any government laws or ordinances.

Respect and Consideration

- Causing physical harm to any person, animal or living object.
- Physical abuse, verbal abuse, threats, intimidation, harassment, coercion, or other conduct that threatens or endangers the emotional or physical health or safety of any person.
- Behaving in a manner that a reasonable person would consider alarming, disorderly, or indecent.
- Violating the Sexual Misconduct Policy.
- Using social media or electronic devices in a manner that violates this Code, including but not limited to, cyber bullying.

Responsibility and Accountability

Violating CAHE's Alcohol and Drug Abuse Policy, including but not limited to:

- Use or possession of alcoholic beverages. This includes being in the presence of alcoholic beverages and not consuming.
- Intoxication.
- Use or possession of any illegal drug or controlled substance (including prescribed medications) except as expressly permitted by law.
- Manufacture or distribution of any illegal drug or controlled substance (including prescribed medications) except as expressly permitted by law.
- Using, possessing, or storing any weapon on campus without prior written authorization from the School Director.
- Using, possessing, or storing fireworks, explosives, or dangerous or flammable chemicals on the campus.
- Intentionally misusing, damaging, or tampering with fire or other safety equipment, including covering or disabling a smoke detector.
- Possession or use of items commonly associated or interpreted as drug paraphernalia (hookah, bongs, pipes, etc.).
- Participating in behavior considered to be inappropriate by a staff member.

Trustworthiness and Honesty

- Intentional misrepresentation, including but not limited to:
  - Providing false or misleading information to a staff member.
  - Filing a false or misleading report with staff or law enforcement officials.
  - Manufacture, use, intended use, purchase or possession of false documents, identification, or access devices.
  - Impersonating another individual through email, social media, electronic communication or other means.
  - Violating the Honor Code.
- Using or being in or on the campus outside of business hours without express permission from a staff member.
- Misuse of property.
- Destroying, damaging, or vandalizing property.

- Inappropriately participating in the Code of Conduct and/or investigation processes, including but not limited to:
  - Providing false or misleading information during an investigation.
  - Filing a conduct complaint as a means to retaliate, harass, coerce, or intimidate another person.
  - Attempting to influence the impartiality of the parties involved in the investigation and/or incident prior to or during the course of the investigation; harassment or intimidation of the parties involved in the investigation and/or incident, during, or after a conduct meeting or hearing.
  - Influencing another person to engage in any of the aforementioned acts.

For the Code of Ethics applicable to each program, please refer to each program's section in Part 2 of the catalog.

Honor Code & Academic Integrity

The responsibility for maintaining standards of unimpeachable honesty in all academic and clinical work falls upon every enrolled student. The Honor Code is based on the fundamental expectations that each student will conduct themselves according to the Honor Code and will not tolerate actions of others which would violate the Honor Code.

Dishonesty, in any form, will NOT be tolerated. Dishonesty will result in disciplinary action up to and including dismissal.

Examples of violations of the Honor Code are but not limited to the following:

Classroom Dishonesty

- Cheating on course or proficiency examination by the use of books, notes, or other aids when these are not permitted, or by copying from another student.
- Submission of similar papers or projects in more than one course without permission of the instructor(s).
- Collusion: Two or more students helping each other on an examination or assignment, unless specifically permitted by the instructor.
- Use of substitutes: Sitting in for another student at an examination or permitting someone else to sit in for oneself.
- Plagiarism: The submission of another's work, or content generated by tools such as generative AI, used as one's own original work, without proper acknowledgment of the source or disclosure of AI assistance.
- The concealment, destruction, or inappropriate modification of classroom or other instructional material; (i.e., posted exams, library materials, laboratory supplies, audio/visual aids and computers or computer programs).

Examination Dishonesty

- Altering an examination or a paper after it has been graded for the purpose of fraudulently requesting a revision of the grade.
- Use of unauthorized materials for an exam or project (e.g., use of calculators on an exam where they have been prohibited, beepers, cell phones or other electronic devices).
- Circulation and/or use of unauthorized "old exams."
- Unauthorized possession of an exam, even if inadvertent or not premeditated.

Clinical Dishonesty

- Falsification of patient or institutional records.
- Concealing information or activities that affect the safety and well-being of patients.
- Inappropriate violation of patient confidentiality.
- Engaging in activities that are contrary to professional codes of ethics or standards or practice as defined by the program, clinical facility, or professional associations.
- Misrepresenting one's role as a student to an institution, patient, or to the public at large so as to mislead them in their expectations of the student's competencies and/or limitations.
- Failure to seek supervision for clinical activities or neglecting to obtain required clearance for such clinical activities.
- Falsifying or altering any clinical documentation.
- Signing in or out for other students.

Use of Electronic Devices and Generative AI

To support the integrity of its educational environment, the institution has established the following policies with respect to the use of electronic devices and generative AI. Electronic devices (laptops, tablets, smartphones, smartwatches, etc.) may be used only for course-related purposes and in accordance with instructor directions. The use of generative AI tools (e.g., ChatGPT, Copilot, image generators, and similar) is prohibited unless explicitly permitted for a specific activity or assignment. When permitted, students must disclose AI use and cite sources for any content derived from AI tools. Unauthorized use of devices or AI, including during assessments, constitutes a violation of academic integrity and will be subject to disciplinary action.

Additionally, the use of photography, video recording or audio recording equipment of any kind is prohibited in the classroom unless outlined in the course syllabus.

Coaching and Counseling Policy

The primary purpose of coaching and counseling is to assure compliance with the rules and regulations of CAHE and its programs, which have been established as an aid in achieving the objectives of the programs. Proper administration of this policy utilizes students and program staff, working collaboratively as a team, to achieve the objectives of the programs.

CAHE's policies are designed in a manner that is corrective rather than punitive, in a uniform, consistent and non-discriminatory manner.

There are various forms of discipline, each recognized by CAHE as equitable and proper. The administration of discipline by CAHE toward a student may embrace all of the forms in a progressive manner or may include only one of them, depending upon the severity of the offense. The proper implementation of this policy rests ultimately upon the exercise of judgment. No guide will substitute for this, although certain general rules may be recommended as an aid to arrive at an equitable solution to disciplinary problems.

The forms of discipline which may be utilized include:

Coaching

Instances of student misconduct which are not so serious as to warrant a written counseling or dismissal may be corrected by verbal coaching of the student. The coaching session will be recorded and maintained in the student's file. A signature by the student is not required on a coaching session.

Counseling

Instances of student misconduct which are not so serious as to warrant dismissal may be corrected through counseling. The counseling should be formalized in writing on a record of counseling and maintained in the student's file. Signature or confirmation of receipt by the student is required following a counseling session. This counseling will also include actions required by the student and further recommendations, if any.

Examples include but are not limited to any of the following reasons:

Warning	Examples
Academic	Failure to maintain a passing average
Attendance	Excessive absence or lateness
Clinical Performance	Failure to demonstrate proficiency in required competencies
Professional Behavior	Failure to behave in a professional manner; failure to report an accident or incident; sleeping at an inappropriate time; soliciting from patients, etc.

Probation

Upon recognition that a problem exists which are not so serious as to warrant dismissal but too serious for just a counseling or a problem that has not been corrected through remedial actions or recommended remedial actions have not been completed by the required date, a student may be placed on probation. Students on probation will be given written notice of their status and a copy of the notice will become part of their academic record. The length of the probationary period will be stated on the notification. Probation status may occur as a result of but is not limited to any of the following reasons:

Reason	Length of Probation	Further actions if reason has not been corrected by the end of the probationary term
A failing didactic or clinical average at the midpoint evaluation of a course	Remainder of the quarter/term	See *Progression Policy*
A failing didactic or clinical average of a non-progression course at the final evaluation of the quarter/term	The next quarter/term	See *Progression Policy*
Lack of professional ethics and conduct Lack of Cooperation Inability to accept his/her role as a student Inappropriate behavior towards patients, staff or classmates Refusal to comply with professional appearance codes Creating disruptions in the classroom or clinical area	Remainder of the academic year	See *Coaching and Counseling Policy*
Excessive absenteeism or tardies	Remainder of the quarter/term	See *Attendance Policy*
Consistently poor clinical performance as demonstrated by evaluation results	Remainder of the academic year	See *Coaching and Counseling Policy*
Failure to meet financial obligations	Remainder of the quarter/term	See *Coaching and Counseling Policy*

Students placed on probation for two consecutive quarters/terms will remain on probation for the remainder of their enrollment.

Suspension

A student who violates their probationary status or depending on the seriousness of an incident that requires an investigation, may be suspended.

If a student faces dismissal from their program as a result of an incident that requires an investigation, the student may be suspended pending the results of the investigation. Students who are suspended will be given verbal and/or written notice of their status and a copy of the written notice will become part of their academic record. The reason and length of the suspension period will be stated. Any absences accumulated while on suspension will not count toward their total absences allowed for the academic year, however, any didactic material missed must be made up as per the *Make-Up Policy* published in the Institutional Catalog. Any clinical rotation hours missed must be made up.

Absences accrued by students placed on suspension for any reason other than a pending investigation (e.g. failing to meet financial obligations, failing to follow published policies, etc.) will count toward the student's allowed absences.

Students may face emergency suspension for violating CAHE's Campus Security and Safety Policy.

Dismissal

Dismissal from a program may result from, but not be limited to, any of the following reasons:

- Failure to maintain satisfactory academic progress
- Excessive tardiness
- Excessive absences
- Poor clinical performance
- Inability to meet clinical requirements
- Failure to meet terms of probationary status
- Any affective behavioral problem
- Any cheating on assessments (e.g., exams or quizzes, writing assignments, etc.)
- Falsification of any paperwork
- Failure to meet financial obligations
- Violation of any regulation or policy as detailed in the Institutional Catalog or in each program's *Clinical/Laboratory Guidelines, Rules and Regulations Handbook*

The student will be informed of the reason for the dismissal. The student will receive a dismissal letter, and a copy will be maintained in the student's record. The student may appeal the dismissal according to the procedure outlined in the *Appeals Policy*.

Complaint/Grievance/Appeals Policy

Students enrolled at CAHE have the right to submit a complaint and/or grievance and appeal any decisions according to the procedures described below. The person filing the complaint, grievance and/or appeal must be the alleged victim of unfair treatment as it relates to his/her status as a student. A complaint, grievance, and/or appeal cannot be filed on behalf of another person.

Appeals

If a student believes that a decision violates any of its published policies, procedures and processes, they may submit a written appeal to the Campus Director.

An appeal is an official request for a decision made by the institution to be reviewed and revised or overturned as a result of a belief that it violates one or more of its published policies, procedures and processes, or that a policy was inequitably applied.

Appeals and any accompanying documentation must be submitted to the Campus Director by the student using the *Appeal Request Form* which can be found in the Resources section of the website. The appeal must be received within five business days from when the student was provided the written decision and must clearly include the published policy that they believe was violated or inequitably applied as well as the remedy being sought.

To be considered, appeals must include any published policy, procedure and/or process that the student believes was violated or inequitably applied.

An appeal request will be reviewed and, if it meets the required criteria, the Campus Director will convene a Program Committee meeting within ten business days of receipt of the appeal request. It is at the discretion of the Campus Director whether or not the student will be invited to attend the meeting. If the student is invited to attend the meeting and fails to do so, a decision may be made in their absence. The student will receive written notification of the Program Committee's decision within five business days of the Program Committee meeting.

Decisions on dismissals cannot be appealed after the five-day timeframe. Once the five-day appeal timeframe has passed, the student will be considered dismissed for all purposes (readmission, financial aid, etc.).

Complaints/Grievances

Any complaint, grievance and/or appeal submitted must include the following information:

- A statement as to how the decision or action is unfair and has adversely affected the student including which institutional policies, program policies, state and/or federal laws have been violated.
- The name of the person(s) against whom the grievance is filed (if applicable).
- A statement as to how said person is responsible for the action or decision (if applicable).
- Remedy sought.

Complaint/Grievance Process

Step 1: If a student has a complaint that is not related to an academic decision or disciplinary decision, they should present the complaint in writing and signed by the student to their program director within five business days of its occurrence. The program director will review and investigate the complaint and report any findings and/or corrective actions to be made, back to the student within five business days.

If a student doesn't feel comfortable submitting their complaint to their program director, they can start at Step 2.

Step 2: If the student feels that the complaint has not been satisfied in Step 1, or they don't feel comfortable submitting their complaint to their program director, a grievance can be submitted to the Campus Director as a representative for the Program Committee, in writing and signed by the student, within five business days of the student receiving the response from their program director or from when the incident occurred. A Program Committee meeting will be convened to which the student may or may not be asked to attend, within 10 business days from when the student submits the grievance to the Campus Director. A grievance presented to the Campus Director will be answered in writing within five business days of the date of the Program Committee meeting.

Appeals Process
The following is the process to be followed for students who would like to appeal a disciplinary decision:

Step 1: The student should submit in writing and signed by the student, the appeal to the Campus Director as a representative of the Program Committee, within five business days of the student receiving the decision from their program director. A Program Committee meeting will be convened to which the student may or may not be asked to attend, within 10 business days from when the student submits the appeal to the Campus Director. An appeal presented to the Campus Director will be answered in writing within five business days of the date of the Program Committee meeting.

Step 2: If the appeal is not satisfied in Step 1, the final appeal shall be presented to the President & CEO of Center for Allied Health Education, in writing and signed by the student, within five business days of the student receiving the decision from the Campus Director. The President & CEO will have 15 business days to review the appeal and any related documents (i.e. student's files, attendance sheets, etc.). The President & CEO may consult or convene the Oversight Committee to review the final appeal. A meeting with the student may be requested or required to obtain additional information as deemed necessary by the President & CEO or the Oversight Committee. Any decisions made by the President & CEO or the Oversight Committee will be final. *No representation, including but not limited to, legal representation, will be allowed during any meeting held as part of the grievance/appeal process.*

Readmission Policy

In the event a student has been dismissed or has withdrawn from any program, they may apply and be considered a re-applicant for admission, provided that:

- A minimum of 10 weeks has passed since the date of their dismissal or withdrawal.
- The student meets the entrance requirements for the program to which they are applying.
- The student's original application packet is no more than two years old.

All applicants to CAHE, regardless of the amount of time that has passed since their attendance at CAHE, will have their previous history at CAHE taken into consideration when making the admission decision.

The decision to readmit will not be final until the re-applicant has been cleared by the Financial Services Office.

Process for Readmission

The re-applicant must submit a readmission application with the required application fee. If the program being applied to requires an entrance exam, the entrance exam may be waived. An interview with the appropriate program committee is required before acceptance into the program.

Should the applicant be accepted, based on previous performance and at the discretion of the program committee, the student may be given advanced standing as per the Advanced Standing Policy and be exempted from certain portions of the didactic and/or clinical phase of the program.

An applicant who is readmitted to CAHE and chooses to enroll will be required to pay the current tuition rate for the cohort they are enrolling in.

An applicant who is denied readmission to CAHE may only reapply for admission after at least six months have passed from the time they were denied.

In the event a student is dismissed, withdraws or is involuntarily withdrawn from a program at CAHE a second time, they may only reapply for admission after at least two years have passed from the time of their dismissal or withdrawal. Their application for readmission will be treated as a new application, including payment of all fees and tuition.

Textbooks and Learning Resources

Required Textbooks

Each program publishes an annual booklist containing both required and recommended textbooks and learning resources. The estimated cost is provided in the orientation packet via email, and the full list is provided at orientation. Students must obtain all textbooks and learning resources listed as required.

Learning Resources Available to Students

All students will have access to CAHE's Library. The following library resources will be available to students:

- Textbooks and Periodicals
- Audio-visual study aids
- Computer-based study aids
- Internet-based study aids

Additional academic resources are available through the Library & Information Resources Network (LIRN). LIRN resources provide students with digital access to the Gale, Infobase, Ovid, Primal Pictures, and ProQuest databases. These databases provide up-to-date and in-depth access to journals across a variety of disciplines to enhance each student's understanding of their profession. If a student needs help with CAHE's library, they should email support@centereducation.org. Under no circumstances may any resources be removed from CAHE's library without permission from a program director, the Librarian, or an administrative staff member. Removal of resources from CAHE's facilities without permission may result in disciplinary action.

Leave of Absence Policy

A Leave of Absence is a temporary interruption in a student's program of study due to an extenuating circumstance. Leave of Absence refers to the specific period during a program when a student is not in attendance and will return to complete the program.

There are two types of Leave of Absences, a full leave, and a short-term leave.

The time frame granted for a Full Leave of Absence is a minimum of fifteen (15) consecutive days up to a full term.

The time frame granted for a Short-Term Leave of Absence is fourteen (14) consecutive days.

Requested Leave of Absence

Under extenuating circumstances, students are eligible to request a Leave of Absence (LOA). If approved, the student will receive notice of the specific requirements and time frame granted for the leave. Any student who exceeds the timeframe granted for the leave will be considered to have unofficially withdrawn from the program as of their last day of attendance. In addition to reviewing the extenuating circumstances pertaining to the need for a LOA, the student must:

- Be maintaining satisfactory academic progress
- Be in good standing, including not being on probation
- Have their financial balance up to date

Students are eligible for only one LOA per academic year and will not be approved if requested in the students' first quarter of the program.

Process

The student must complete the *Request for Leave of Absence Form* and attach a written letter requesting a LOA and specify the reasons for that request. The letter must be signed and dated by the student. The Campus Director, in consultation with the Program Director, will render a decision approving or denying the LOA, the length of time the LOA will be in effect, and the requirements the student will need to complete, to make up any material missed. Students must not assume the LOA has been granted. They will receive written confirmation of the decision and must sign a *Leave of Absence Approval & Acknowledgement Form*. Failure to complete this form will invalidate the LOA.

Required Leave of Absence

Under extenuating circumstances, a student may be required by CAHE to take a Leave of Absence. Examples of extenuating circumstances are:

- No longer being able to meet the technical standards of the program
- Disciplinary sanctions because of sexual misconduct

If required, the student will be notified of the reason and receive notice of the specific requirements and time frame granted. If more time has elapsed than allowed, the student will be considered an unofficial withdrawal from the program, a refund calculation will be done based on a student's last day of academic related activity.

Process
The student must complete the *Request for Leave of Absence Form*. They will receive written confirmation of the requirements they will need to complete upon returning from their LOA and must sign a *Leave of Absence Approval & Acknowledgement Form*. Failure to complete this form will invalidate the LOA.

Returning from a Leave of Absence

Students returning from a Leave of Absence must contact the Office of the Registrar to begin the process of reenrollment. In addition to satisfying any requirements stipulated upon granting of the Leave of Absence (i.e., length of LOA, academic requirements, etc.) other factors, including but not limited to, course offerings and course size limits will affect the student's ability and time frame to re-enroll.

Students returning from a Long-Term Leave of Absence will be required to take a placement/retention exam as part of their reenrollment. The exam will be used to determine what term within the program the student will return to based on the knowledge they have retained.

Students returning from a medical or mental health Leave of Absence are required to submit a physician's affidavit, completed, and signed by their treating physician, certifying that the student is fit to complete the program and comply with the program's academic and behavioral requirements, and that they continue to meet the technical standards of the program and the profession.

Examples of Approved Leave of Absences

Acceptable leaves include but are not limited to, maternity, national guard or military duty, immediate loss of childcare, adoption, or medical leave.

Maternity Leave Policy
The purpose of Maternity Leave is to provide new mothers with an opportunity to bond with their newborn child. A student who is pregnant and will need to take a Maternity Leave must notify their program director of the expected birth no less than thirty (30) days prior to their anticipated date of delivery. The student will be initially granted a Short-Term Leave of Absence beginning on the date of delivery or date of adoption. A learning contract will be created detailing the process for the student to make up any material (e.g. exams, quizzes, homework, assignments and clinical hours) missed while on Maternity Leave.

Students with extenuating circumstances that may require them to take a Full-Term Leave of Absence, (e.g. the student has been placed on bed rest or delivered via a cesarean section, etc.) may submit to the school director a request in writing for additional time. The student must submit a note from their physician requesting the additional leave as medically necessary, which will be reviewed by the Campus Director who will review the request and grant an accommodation on a case-by-case basis.

Students returning from maternity leave, just like other students returning from a medical or mental health Leave of Absence, must submit a *Physician's Affidavit* certifying that the student is fit to complete the program academic and behavioral requirements (the technical standards of the program and profession). If a student is not medically cleared to return to the clinical setting following their Maternity Leave, they may remain on leave just for their clinical course until medically cleared.

CAHE has a dedicated lactation room available for all students. To reserve the room, contact the administrative office.

National Guard or Military Leave Policy
Students called to duty by the National Guard or Military will automatically have their leave of absence approved upon providing supporting documentation regarding their mandate. If the student will be out of attendance for an extended period, the *Request for Leave of Absence Form* is to be submitted. If the student is out of attendance for intermittent short periods of time, the *Request for Accommodation Form* is to be submitted. In either scenario, it is preferable that the appropriate form be completed prior to the leave occurring. However, under extenuating circumstances, the appropriate form can be completed upon returning from the leave if prior to leaving, supporting documentation was received by CAHE.

Examples of Other Leaves

Paternity Policy
Students will be granted one day of Paternity Leave for the date of the birth or adoption of their child; however, they will be required to make up any missed material at a later date, pursuant to the *Make-up Policy*. The request should be made through the *Request for Accommodation Form*.

Bereavement Policy
When a death occurs in a student's immediate family, (spouse, parent, sibling, child) the student will be exempt for three (3) consecutive days within one week from when the death occurred. Exceptional situations that may need additional accommodation will be reviewed on a case-by-case basis, and the Campus Director will determine the appropriate additional accommodation. The student will be responsible for any material missed while on leave per the *Make-up Policy*. The request should be made through the *Request for Accommodation Form*.

Personal Appearance Policy

In the field of healthcare, it is expected that healthcare workers present a neat and professional appearance at all times. This helps to gain a patient's confidence and ensures that the highest levels of sanitary conditions are maintained. In addition, while students are in uniform, they represent CAHE, whether they are in the classroom or clinical setting. Students are to make sure that at all times their appearance is professional and respectful in nature and that their representation of CAHE be positive and appropriate.

If a student's overall appearance is not a positive representation of CAHE they may face disciplinary action.

Dress Code

Students are required to wear program-issued uniforms and ID Badges at all times while in the classroom or in the clinic. Uniforms must be clean and in good repair.

Medical Dosimetry, Radiography, Diagnostic Medical Sonography, Radiation Therapy, and Surgical Technology programs:

Shoes
Open toe shoes including sandals, flip-flops, etc. may NOT be worn to all classes or clinic. In the clinic, shoes must be black or white only.

Baseball Caps/Hats
At no time should a student wear a baseball cap or hat in the classroom or clinical setting. Students may wear a baseball cap or hat during field internships only.

Hair
Hair must be kept clean and neatly trimmed. Those with long hair must wear it tied up at all times. Hair dyed an unnatural color is not permitted.

Facial Hair
Beards and mustaches are permitted if they are kept neatly trimmed. Those students without beards or mustaches must be clean shaven at all times.

Make-up and Jewelry
Make-up suitable for daytime wear is acceptable. Cologne, after shave and perfume is permitted if not overpowering. Necklaces, chains, and bracelets must be worn under one's shirt or blouse. One earring per ear is permitted provided they do not hang below the lobe of the ear. No additional facial or body piercings are allowed.

Nails
Nails should be kept short in length at all times. Only clear nail polish is permitted.

Paramedic and EMT-Basic Programs:

Didactic Sessions
Students are required to wear program issued uniform shirts or sweatshirts at all times. Uniforms must be clean and in good repair. Students are required to wear uniform/cargo pants or trousers (black only) at all times. Women may wear skirts (black only). No jeans, leggings, shorts, denim skirts and/or miniskirts are allowed to be worn in class. A student who appears in class with non-regulation attire may face disciplinary action.

Clinical Rotations
Field Internship:
Students must wear black pants, program-issued uniforms and black tactical work boots. All outermost layers of clothing (jackets, sweatshirts, etc.) must appropriately identify students as an EMT and CAHE's Paramedic student. In this regard, program patches, which must be affixed to garments, will be made available to students at a minimal fee. No jackets with any logos or emblems other than as indicated above are allowed.

Clinical Internship (Hospital)
Students must wear program issued scrubs. Black shoes or sneakers are required for all rotations. No jeans, leggings, or miniskirts are allowed at any rotations. Students not appropriately attired will be sent home and will receive a negative evaluation for that rotation.

Clinical Education

Clinical experiences are available for all enrolled students as they progress to that portion of the program. Clinical Education is an integral part of each program offered by CAHE. It allows the student to develop the concepts and skills taught in the classroom and apply them to patients in a clinical setting. Skills are learned in the classroom, demonstrated in the laboratory and are refined in the clinic. Working alongside qualified clinical staff with real patients provides students with the opportunity to develop confidence, become competent in their skills, and accustomed to the healthcare environment they will ultimately seek to work in. All clinical education settings will be confirmed and described in written affiliation agreements with institutions that provide clinical experience under appropriate clinical supervision.

Prior to the start of their clinical rotations, students will receive an orientation session as well as the following information:

- List of specific objectives for each rotation type
- Other available information about the clinical education settings (i.e. parking, etc.)

Emergency On Call System
Center for Allied Health Education has an "On Call" system. The system works as follows: if for any reason a student needs to reach the "on call" supervisor students should call 917-386-2929 and will be connected to the "on call" supervisor assigned at that time. This is not a pager system but a direct call system. In the unlikely event the call is not answered, leave a message when prompted, indicate the urgency of the call, and leave a call back number. The "on call" supervisor will return the call.

- The "on call" system is for true emergencies, i.e., student is involved in an emergency, accident or other event, and cannot wait for regular hours.
- All conversations that occur while on the phone with the "on call" supervisor are recorded.

Please refer to each program's *Clinical/Laboratory Guidelines, Rules and Regulations Handbook* for the complete rules and regulations pertaining to each program's clinical experience component.

Graduation Requirements and Time Frames

To graduate, students must have met all the graduation requirements applicable to the program in which they are enrolled. Additionally, students in each program who have not fulfilled their graduation requirements by their scheduled graduation date, have a limited time frame in which to complete all missing graduation requirements. For the graduation requirements and time frames applicable to each program, please refer to each program's section in Part 2 of the Catalog.

Certification/Licensure Examinations

Each program's curriculum is designed to prepare students to sit for, and successfully pass, the applicable required or recommended credentialing examination. Students who have successfully completed their program's entire course of study, fulfilled all the graduation requirements and met all their financial obligations will be eligible to sit for the licensure and/or certification examination applicable to their program.

For additional information regarding the credentialing examinations for each program, please refer to each program's section in Part 2 of the Catalog. For information for licensure requirements for graduates interested in working in states beyond New York, visit https://www.cahe.edu/professional-licensure/.

Injury/Illness and Incident Reporting Policy

Injury/Illness
During participation in program activities, students are required to report all injuries/illnesses to their program director and/or clinical coordinator. The program director and/or clinical coordinator may request a written incident report regarding the injury/illness. If an injury or illness occurs during a clinical rotation, all clinical affiliates have agreed to provide initial emergency medical care.

Incident Report Policy

Students are covered under CAHE's malpractice and student accident insurance policy while participating in educational activities. Any potential incidents (i.e., errors of omission, commission, negligence, etc.) injuries or illnesses are to be reported to program directors within 24 hours of occurrence with a written Incident Report. A senior administrative member must be notified of any unusual occurrence/incident either immediately, via the emergency on-call system or by the next business day after an incident occurs.

Listed below are examples of incidents that may occur, and depending on their severity, whether the student needs to notify administration immediately or by the next business day. The list below is to be used as a guide. The student should use their best judgment should an incident occur.

An incident is defined as any unusual event or circumstance that a student is involved in, which can include, but is not limited to, the following:

Immediate Notification Required

- The ambulance a student is riding on for a rotation was involved in a motor vehicle accident
- A student is involved in a needle stick injury
- A student is exposed to a communicable disease while on a clinical rotation (i.e. tuberculosis, meningitis, etc.)
- Any radiation exposure incident
- A patient is injured by a student's action or inaction

Next Business Day Notification Required

- Refusal of a preceptor/supervisor to allow a student to perform the skills required to meet the objectives of the rotation
- Altercations with other students, preceptors, staff, patients or family members
- Injury which occurs during a program activity (i.e. lecture, lab or clinical rotation)
- Unusual occurrence at any clinical rotation
- Emotional trauma
- Any occurrence which may result in potential for litigation (i.e. errors of commission, omission, negligence, etc.)

In addition to verbal notification as delineated above, all incidents must also be documented within 48 hours of occurrence according to the procedure described below.

The elements to be included in an incident report include the following:

- Name of individual(s) involved
- Details of incident (location, date of incident, time of incident, description of incident, etc.)
- Witnesses to the event(s)
- If an injury occurred treatment rendered, if necessary, or refusal of care statement
- Corrective actions taken following the incident

Incident Report Procedure

The procedure for reporting an incident is as follows:

- If necessary, the student will obtain whatever assistance is required (i.e. medical attention, etc.) following the incident.
- The student will complete an incident report providing all the required information (the *Incident Report Form* can be found at www.cahe.edu).

The program director will review and if necessary, investigate the incident and determine any appropriate follow-up.

Reasonable Accommodation and Support Services for Students with Disabilities

Americans with Disabilities Act

In compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, as amended, Center for Allied Health Education through its program of disability services, empowers students with disabilities to realize their academic potential in its educational programs by providing a reasonable accommodation and support services for eligible students.

Determination made regarding the provision of a reasonable accommodation or support services to qualified applicants will apply only to the program the student was enrolled in or applying to at the time the accommodation decision was made.

CAHE's program of disability services neither applies to clinical affiliation sites nor any other entity with which there are either separate agreements to provide educational services as a component to or subsequent augmentation of CAHE's programs.

The decision of CAHE to grant an accommodation in the classroom will not affect the student's need to contact the accrediting agency that publishes the licensing/certification exam, nor will our decision affect the review process, which the accrediting agency will undertake.

The accommodation provided by CAHE will not necessarily be recognized by the accrediting agency for the Written Licensure Examination.

CAHE's policy and process is not binding and stands separately from any such policy that an affiliate may or may not have regarding compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, as amended. Similarly, any affiliate or other entity with a particular program of disability services is not binding and stands separate from any such program of disability services that CAHE has or will establish.

CAHE will not accept any requests foraccommodation after the seventh week of a Quarter, after a student is notified that they are at risk of dismissal from their program, or after a student has been dismissed from their program.

Reasonable Accommodation and Support Services

A reasonable accommodation is an adjustment to policy, practice, and programs that "level the playing field" and provide equal access to our programs for students who are determined to be eligible for such accommodation and support services. Student eligibility to receive such reasonable accommodation and support services is determined by the Licensed School Director in consultation with the program director and other senior managers, after evaluation of mandatory documentation provided by the student, as discussed below. Students have neither the "right" to disability services nor appeals to the determination of eligibility. If eligible, the nature of accommodation provided is determined on a case-by-case basis. An accommodation proposed by students may be denied where they would impose undue hardship on the operation of CAHE.

Process for Requesting An Accommodation

Objectives

The objective of this process is to receive from the student documentation that, upon review by the Campus Director and the program director, permits a decision to provide or not to provide, an accommodation and, if an accommodation is to be provided, the precise nature of the accommodation.

Starting the Process

Students must submit a request for accommodation to the Campus Director. The decision process is executed by CAHE with great care and deliberation.

Schedule an Appointment

All students seeking a reasonable accommodation or support services begin the process by scheduling an appointment with the Campus Director, as indicated above, to receive an explanation of how the determination process works. At the end of this session, the Campus Director gives the student, if the student requests it, the *Application for Accommodation and Support Services* form. Please allow at least two (2) weeks for the Campus Director to review the application and all supporting documentation. Documentation guidelines may be obtained from the Campus Director during the student's initial meeting.

Determination
A student's Application for Accommodation and Support Services will not be reviewed until all documentation is submitted to the Campus Director.

Determination notification is made in writing to the student by the Campus Director. The determination notification, if the request is granted, will inform the student of the nature of the reasonable accommodation to be provided. CAHE is responsible for arranging for the provision of the accommodation.

If the request is denied, the notification letter will state as such. The student can request an appointment to meet with the Campus Director to discuss the denial.

The Campus Director receives and retains all inquiries and requests for accommodation and the required documentation. Requests for accommodation and the related documentation, including medical information, will be retained by CAHE for a minimum of six months. Access to information regarding student requests for accommodation is on a "need to know" basis consistent with the requirements of FERPA. To preserve student confidentiality, all information regarding requests for or delivery of reasonable accommodation is housed in the Student Services Department and access is restricted to staff supporting CAHE's disability services process.

Required Documentation for Application for Accommodation and Support Services Should Meet the Following Criteria:

- Be recent enough to assess the current impact on learning or a major life activity. Please see disability- specific guidelines for more information. Please note that students requesting accommodation due to a chronic medical condition must submit documentation dated within six months as well as annually updated documentation.
- Be sufficiently comprehensive to establish clear evidence of a substantial impact on one or more major life activities.
- Be sufficient to establish a direct link between the underlying impairment and the requested accommodation.
- Include a description of what mitigating measures the student has used and whether with such use the student may still require accommodation to access programs, activities, and services.
- Be issued by a medical or other qualified, licensed professional, unrelated by birth or marriage to the student, printed on letterhead, dated, signed, and including the professional's licensing information. No information may be redacted. CAHE reserves the right to require that a certified copy of such report be transmitted directly from the evaluator to CAHE.

Documentation Also Must Include:

- The student's history of receiving a reasonable accommodation and academic adjustments, if such history exists.
- Specific recommendations for an accommodation as well as an explanation as to why each is recommended as necessary.

Please Note: The student bears any costs incurred with obtaining information required as part of the accommodation request evaluation. Please refer to specific documentation guidelines for each type of disability. If the original documentation is incomplete or inadequate to determine the extent of the disability or reasonable accommodation(s), CAHE has the discretion to require additional documentation.

Students must complete the application process and submit disability documentation before they may receive an accommodation and services. CAHE reserves the right to deny services or a reasonable accommodation while the receipt of appropriate documentation is pending.

Documentation written in a language other than English must be translated by an independent firm that is engaged in this specific function. Both the translated documents and original non-translated documents are to be transmitted to the Campus Director on the letterhead of the independent entity, stating the date the translation was executed, the name and contact information of the individual executing the translation and all documents must be notarized. Translations by an individual who is not employed by this independent entity or translated by an individual who is related by birth or marriage to the student, will not be accepted.

Review of Accommodation Decisions
If a request for an accommodation is denied or if a proffered accommodation is unacceptable to the student, the student may discuss the situation with the Campus Director who will review the matter and attempt to resolve it. If a resolution is not achieved, the Campus Director will apprise the President & CEO of the issues, and the President & CEO will make the final decision.

Part 2: Programs

Diagnostic Medical Sonography Program

Campus: Brooklyn and Staten Island

Accrediting Agency

The Diagnostic Medical Sonography program is programmatically accredited for the Abdomen extended and OB/GYN concentration, and Cardiac and Vascular sonography concentrations by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) www.caahep.org upon the recommendation of the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS).

Committee on Accreditation of Allied Health Education Programs
9355 113th Street N, #7709
Seminole, FL 33775
Phone: 727-210-2350
www.caahep.org

The Joint Review Committee on Education in Diagnostic Medical Sonography
6021 University Boulevard, Suite 500 Ellicott City, MD 21043
Phone: 443-973-3251
www.jrcdms.org

State Licensure

Center for Allied Health Education is licensed by the New York State Education Department Bureau of Proprietary School Supervision to operate a program in Diagnostic Medical Sonography.

New York State Education Department Bureau of Proprietary School Supervision
89 Washington Avenue, Room 560
Albany, NY 12234

Important Addresses

The Diagnostic Medical Sonography program prepares students to sit for the examination administered by The American Registry for Diagnostic Medical Sonography.

The American Registry for Diagnostic Medical Sonography
1401 Rockville Pike
Suite 600
Rockville, Maryland 20852-1402
Phone : 301-738-8401
www.ardms.org

Program Outcomes

The following outcomes reflect program performance for the reporting period as required by ABHES:

Period	Outcome	Rate
7/1/2024 – 6/30/2025	Retention Rate	79%
	Job Placement	71%
	Credentialing Examination Pass Rate	86%

Mission Statement

CAHE's Diagnostic Medical Sonography program has made a firm commitment to the education of students in the field of diagnostic medical sonography. Our mission is the education of students who reflect excellence in didactic knowledge, clinical skills and patient sensitivity and are capable of performing various sonographic examinations. Our comprehensive curriculum, which follows the National Education Curriculum for Sonography, will provide training to ensure that these services are delivered with compassion and respect for human dignity and diversity.

Goals

The Diagnostic Medical Sonography program offers an educational program in sonography at the certificate level. The program's goal is to prepare competent entry- level sonographers in the cognitive (knowledge), psychomotor

(skills), and affective (behavior) learning domains for the following concentrations: Abdominal Sonography-Extended, Obstetrics and Gynecology sonography, Adult Cardiac sonography and Vascular sonography trained to provide and deliver compassionate, high-quality care in an urban and diverse environment.

Upon completion of the program the following goals will have been achieved:

- Completion of all didactic objectives including passing all courses by achieving a minimum passing grade.
- Completion of all clinical objectives including clinical performance and competency problem solving skills, thinking skills, communication skills, professional development and growth.

Program Objectives

Upon completion of the program, graduates will:

- Obtain relevant patient history by oral interview and/or chart review for clinical data such as lab tests or previous imaging scans to enable optimum diagnostic sonograms.
- Operate ultrasound equipment safely and accurately to obtain sonographic images of diagnostic quality.
- Practice proper infection control prevention in the clinical setting.
- Perform appropriate exam protocols to record normal anatomy or pathology in the body.
- Perform appropriate exam protocols for each area of specialization: obstetrics and gynecology; abdomen and superficial structures; vascular; and adult echocardiography.
- Record data for interpretation and analysis for the supervising physician.
- Analyze sonograms using critical thinking skills to compose a preliminary report.
- Demonstrate excellent therapeutic communication skills with patients and with others in the healthcare setting.
- Respect the privacy of the patients by adhering to HIPAA regulations at all times.
- Conduct oneself in an ethical and legal manner in accordance with the Code of Professional Conduct of the Society of Diagnostic Medical Sonographers which includes the following in its preamble:
    - Sonographers shall act in the best interests of the patient.
    - Sonographers shall provide sonographic services with compassion, respect for human dignity, honesty and integrity.
    - Sonographers shall respect the patient's right to privacy, safeguarding confidential information within the constraints of the law.
    - Sonographers shall maintain competence in their field.
    - Sonographers shall assume responsibility for their actions.

Upon graduation from the program, students will receive a certificate of completion.

The program identifies benchmarks to provide a standard by which the effectiveness of the program in achieving its goals can be evaluated. An assessment plan is in place and can be obtained from the program director.

Program Staff

Medical Advisor
Laurence Cohen, MD, ASNR
University of the Witwatersrand

Program Director
Yosefa Pessin, DHSc, MS, RDMS, RDCS, RVT
A.T. Still University (DHSc)

Clinical Coordinator (Brooklyn Campus)
Larisa Konshina, MS, RDMS, RVT
Odessa National University (BS)

Clinical Coordinator – Cardiac
Arlene Anteby, BS, RDMS, RDCS, RVT
SUNY Downstate Medical Center

Clinical Coordinator – OB/GYN (Staten Island)
Chana Bitton-Friedman, BS, RDMS
SUNY Downstate Medical Center

Clinical Coordinator – Abdomen Extended (Staten Island)
Michelle Gugilev, MA, RDMS
New York University

For a listing of program faculty, please refer to the *Program Faculty* insert.

Technical Standards

Students must meet the following technical standards throughout the duration of the program.

Students must be able to:

- Lift more than 50 pounds routinely.
- Push and pull routinely.
- Bend and stoop routinely.
- Have full use of hands, wrists and shoulders.
- Distinguish audible sounds.
- Adequately view sonograms, including color distinctions
- Work standing on their feet 80% of the time.
- Interact compassionately and effectively with the sick or injured.
- Assist patients on and off examining tables.
- Communicate effectively with patients and other healthcare professionals.
- Organize and accurately perform the individual steps in a sonographic procedure in the proper sequence.

Criminal Conviction Policy

A student who has been involved in a criminal proceeding or who has been charged with or convicted of a crime should be aware that a conviction may not be an automatic bar to certification. Students who have been convicted of a misdemeanor or felony should do the following:

File a request for pre-application review with the ARDMS to obtain a ruling on the impact of the situation on their eligibility for certification and registration. This review process is available only to those who are more than six months away from graduation/program completion. The application is available at www.ardms.org/legal.

Students with a conviction should be aware that even though they may graduate from the school, they may not be able to sit for the ARDMS Certification Examination, which is required to become certified as a sonographer/ultrasound technologist.

Code of Ethics for the Profession of Diagnostic Medical Sonography

This Code of Ethics aims to promote excellence in patient care by fostering responsibility and accountability among diagnostic medical sonographers, thereby maintaining and elevating the integrity of the profession. It serves as a guide and framework for addressing ethical issues in clinical settings, business practices, education, and research.

Objectives:

1. Foster and encourage an environment where ethical issues are discussed, evaluated, and addressed.
2. Help the individual diagnostic medical sonographer identify ethical issues.
3. Provide ethical behavior guidelines for individual diagnostic medical sonographers and their employers.

Principle I:

To promote patient well-being, the diagnostic medical sonographer shall:

A. Provide information to the patient about role, credentials and expertise.

B. Provide information to the patient about the purpose of the sonography examination, procedure, or associated task within the scope of practice.

C. Respond to the patient's questions, concerns, and expectations about the sonography examination, procedure or associated task according to the scope of practice.

D. Ensure patient safety when the patient is in the sonographer's care.

E. Respect the patient's autonomy and the right to refuse the examination, procedure, or associated task.

F. Recognize the patient's individuality and provide care in a non-judgmental, non-discriminatory, and equitable manner.

G. Promote the patient's privacy, dignity, and well-being to ensure the highest level of patient care.

H. Maintain confidentiality of acquired patient information per national patient privacy regulations and facility protocols and policies.

Principle II:

To promote the highest level of competent practice, diagnostic medical sonographers shall:

A. Obtain appropriate diagnostic medical sonography education and clinical skills to ensure competence.

B. Achieve and maintain specialty specific sonography certifications/credentials. Sonography certifications/credentials must be awarded by a national sonography certifications/credentialing body that is accredited by a national organization which accredits certifications/credentialing bodies (i.e., Institute for Credentialing Excellence (ICE)/National Commission for Certifying Agencies (NCCA) or the American National Standards Institute (ANSI)/ANSI National Accreditation Board (ANAB)).

C. Uphold professional standards by adhering to defined technical protocols and diagnostic criteria established by peer review and institutional research.

D. Maintain continued competence through lifelong learning, which includes ongoing education and acquisition of specialty specific credentials.

E. Perform medically indicated sonography examinations, procedures, and associated tasks ordered by a licensed physician or their designated healthcare professional per the supervising physician, facility policies and protocols, or other requirements of the jurisdiction where performed.

F. Protect patients and study subjects by adhering to oversight and approval of investigational procedures, including documented informed consent.

G. Maintain professional accountability and standards by committing to self-regulation through adherence to professional conduct, self-assessment, and peer review, ensuring the highest patient care and safety standards.

H. Acknowledge personal and legal limits, practice within the defined scope of practice, and assume responsibility for actions.

I. Be accountable and participate in regular assessments of sonography protocols, equipment, examinations, procedures, and results. Note: This may be accomplished through facility accreditation.

Principle III:

To promote professional integrity and public trust, the diagnostic medical sonographer shall:

A. Be truthful and promote appropriate communications with patients, colleagues, healthcare professionals, and students.

B. Respect the rights of patients, colleagues, students and yourself.

C. Avoid conflicts of interest and situations that exploit others or misrepresent information.

D. Accurately represent experience, education and credentialing.

E. Promote equitable access to care for the patient.

F. Communicate and collaborate with fellow sonographers and healthcare professionals to create an environment that promotes communication, respect, and ethical practice.

G. Understand and adhere to ethical billing and coding practices, if applicable.

H. Conduct all activities and agreements legally and transparently in compliance with federal and state laws and rules/regulations, as well as facility policies and protocols.

I. Report deviations from the Code of Ethics per facility policies and protocols, and if necessary, to the appropriate credentialing organization for compliance evaluation and possible disciplinary action.

Credentialing Examinations and Certifications

The Diagnostic Medical Sonography program's curriculum is designed to prepare students to sit for, and successfully pass, the applicable required or recommended credentialing examination. Students who have successfully completed their program's entire course of study, fulfilled all of the graduation requirements and met all of their financial obligations will be eligible to sit for the following certification examinations, provided that they meet all other applicable prerequisites:

Examination	**Administered By:**
Sonography Principles and Instrumentation Examination *(Required in conjunction with all Specialty Credentialing Examinations)*	American Registry for Diagnostic Medical Sonography
Abdomen Specialty Examination	American Registry for Diagnostic Medical Sonography
Obstetrics and Gynecology Specialty Examination	American Registry for Diagnostic Medical Sonography
Vascular Technology Specialty Examination	American Registry for Diagnostic Medical Sonography
Adult Echocardiography Specialty Examination	American Registry for Diagnostic Medical Sonography

Registration in any specialty is contingent on passing the SPI Examination.

Abdomen Extended and OB/GYN Concentration

For students enrolled in the Abdomen Extended and OB/GYN concentrations track, eligibility to apply for the Vascular Technology and/or Adult Echocardiography Specialty Examinations is contingent on:

1. The student completing an ARDMS Clinical Verification Form in the specialty.
2. Possessing either:
   a. an Abdomen Extended and/or OB/GYN credential; or
   b. a bachelor's degree in any major.

Cardiac and Vascular Concentrations

For students enrolled in the Cardiac and Vascular concentrations, eligibility to apply for the Abdomen Extended and/or OB/GYN Examinations is contingent on:

1. The student completing an ARDMS Clinical Verification Form in the specialty.
2. possessing either:
   a. an Echocardiography and/or Vascular credential; or
   b. a bachelor's degree in any major.

Academic Policy

Program Delivery

The program's delivery method is blended/hybrid; coursework offered within the program is on campus (residential) or via CAHE's learning management system (distance education).

Registry Review Exemption
Students who successfully pass an ARDMS specialty examination will be exempt from attending Registry Review and considered to have successfully passed the program's final summative examination. Exempt students will receive a course grade of "A" in Registry Review and are not required to attend or participate in the course. Eligible students must complete the application process within the timeframe communicated by the program director and be approved to be exempt from the Registry Review course including the final summative exam.

To be eligible to register for an ARDMS examination early, the student must have met the minimum course grades and all other eligibility requirements 60 days prior to graduation. Students applying for an ARDMS specialty exam may only register to take an exam in their primary or secondary discipline as specified in their enrollment agreement when they meet all eligibility requirements. To qualify, students must meet the course requirements outlined in the table below.

Examination	***Course Requirements***
ARDMS Abdomen	*Minimum grade of 90% earned in Abdominal Sonography I* ***and*** *Abdominal Sonography II*
ARDMS OB/GYN	*Minimum grade of 90% earned in Obstetric and Gynecologic Sonography I* ***and*** *Obstetric and Gynecologic Sonography II*
ARDMS Adult Echocardiography	*Minimum grade of 90% earned in Echocardiography I* ***and*** *Echocardiography II*
ARDMS Vascular Technology	*Minimum grade of 90% earned in Vascular Ultrasound I* ***and*** *Vascular Ultrasound II*

Program Schedule

The Diagnostic Medical Sonography program is a 74-week course of study and 1485 clock hours divided into seven, 10-week quarters plus four weeks of Registry Review.

All students must complete general education requisite courses as part of their program.

- Students who have earned a grade of "C" or higher in approved college-level English and/or college-level Mathematics may transfer those credits to CAHE to meet the English and Mathematics requirements.
  - Students who do not have transferable English coursework must complete an approved English course at CAHE's educational affiliate.
  - Students who do not have transferable Mathematics coursework must take the Mathematics course offered at CAHE.
- Students who have completed approved college-level coursework in Anatomy and Physiology and/or Physics will be required to audit CAHE's corresponding courses in these subjects.

Students who enroll in the program without an associate degree or higher will have the opportunity and are strongly encouraged to continue their education at CAHE's educational affiliate. Proof of application and acceptance to the educational affiliate is required before enrollment in CAHE's Diagnostic Medical Sonography program. Upon completion of the program, students will be awarded a certificate of completion from the Center for Allied Health Education. Students who complete the necessary coursework towards an associate degree, will be granted an associate degree from CAHE's affiliated college as well.

Requisite courses taken at CAHE's educational affiliate must be successfully completed by the timeframe specified below:

Course	Timeframe
English	Conclusion of Quarter 4 at CAHE

Students who choose to focus on the Abdomen extended and OBGYN sonography specialty concentration will take elective courses *DMS 1440– Sonography of Superficial Structures* and *DMS 1440L – Sonography of Superficial Structures Lab*. Students who choose to focus on the Cardiac and Vascular sonography specialty concentrations* will take elective courses *DMS 1470 – Echocardiography III* and *DMS 1470L – Cardiovascular Lab*.

Classes and clinical rotations may be scheduled Monday through Friday between 8:00 a.m. and 5:00 p.m. For the evening/weekend schedule, classes and clinical rotations may be scheduled Monday through Thursday between 4:00 p.m.to 9:30 p.m. and Sundays between the hours of 9:00 a.m. and 5:00 p.m. Class schedules are subject to change. Clinical rotation schedules are based on the shifts of each affiliated clinical educational setting and are subject to change.

*Cardiac and Vascular concentrations track are only available at the Brooklyn Campus.

Program Courses

Course Number	Course Title	Hours
BIO 1170	Anatomy and Physiology	60
ENG 1001	English	40
MAT 1320	Algebraic Structures and Functions	40
PHY 1130	General Physics	40
AHS 1110	Foundational Skills and Terminology for Healthcare Providers I	15
BIO 1210	Cross-sectional Anatomy	30
DMS 1211	Abdominal Sonography I	20
DMS 1210L	Abdominal Sonography I Lab	20
DMS 1221	Obstetric and Gynecologic Sonography I	20
DMS 1220L	Obstetric and Gynecologic Sonography I Lab	20
DMS 1230	Sonographic Physics and Instrumentation I	65
AHS 1210	Foundational Skills for Healthcare Providers II	10
DMS 1310	Abdominal Sonography II	30
DMS 1310L	Abdominal Sonography II Lab	20
DMS 1330	Sonographic Physics and Instrumentation II	65
ETH 1351	Ethics and Law in the Health Professions	5
DMS 1390	Clinical Education I	140
DMS 1421	Obstetric and Gynecologic Sonography II	30
DMS 1420L	Obstetric and Gynecologic Sonography II Lab	20
DMS 1490	Clinical Education II	210
DMS 1440	Sonography of Superficial Structures (Elective)	20
DMS 1470	Echocardiography III (Elective)	20
DMS 1440L	Sonography of Superficial Structures Lab (Elective)	20
DMS 1470L	Cardiovascular Lab (Elective)	20
DMS 1551	Quality Management and Operational Issues	5
DMS 1590	Clinical Education III	210
DMS 1570	Echocardiography I	20
DMS 1570L	Echocardiography I Lab	20
DMS 1580	Vascular Ultrasound I	20
DMS 1580L	Vascular Ultrasound I Lab	20
DMS 1751	Case Study Critiques	5
DMS 1690	Clinical Education IV	140
DMS 1770	Echocardiography II	30
DMS 1770L	Echocardiography II Lab	20

DMS 1780	Vascular Ultrasound II	30
DMS 1780L	Vascular Ultrasound II Lab	20
DMS 1801	Registry Review	5

Course Descriptions

General Education Requirement

BIO 1170 – Anatomy and Physiology
This course is designed to analyze the normal structure of the human body and how it functions. Focus will be on the skeletal, muscular, integumentary, nervous, endocrine, circulatory, respiratory, digestive, urinary, and reproductive systems and their interrelationships.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/ Vascular**
Progression Course:	Yes	
Prerequisite Course(s) for this course:	None	

ENG 1001 – English
This course is designed to focus on the development and improvement of critical thinking, reading, and writing skills. This course will introduce the student to the systematic processes and core strategies that characterize writing at the college level.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/ Vascular**
Progression Course:	Yes (Should be completed prior to Quarter 5)	
Prerequisite Course(s) for this course:	None	

MAT 1320 – Algebraic Structures and Functions

This course is designed to provide students with mastery of fundamental algebraic concepts and the necessary skills needed to solve and formulate algebraic problems. Students will develop logical thinking and problem-solving skills with the opportunity to apply prior knowledge and to make connections of algebraic concepts to real life applications. Students will communicate mathematical ideas using symbolic and written forms. Topics in this course include equations; inequalities; graphs; functions; polynomial and relational functions; inverse, exponential and logarithmic functions; systems; matrices, analytic geometry; sequences and series; binomial theorem; probability; and a review of basic mathematical concepts.

Progression/Prerequisite	**Abdominal Sonography-Extended& OB/GYN**	**Cardiac/ Vascular**
Progression Course:	Yes	
Prerequisite Course(s) for this course:	None	

PHY 1130 – General Physics

This course introduces the student to modern physics' laws, fundamental principles, and problem-solving methods. Key topics include the concepts surrounding us in the physical world, including forces, friction, motion, fluids, thermodynamics, kinetic energy, atomic structure, mechanics, electromagnetism, thermodynamics, waves, sound, and light.

Progression/Prerequisite	Abdominal Sonography-Extended & OB/GYN	Cardiac/ Vascular
Progression Course:	Yes	
Prerequisite Course(s) for this course:	None	

Professional Coursework

AHS 1110 Foundational Skills and Terminology for Healthcare Providers I

This course is designed to introduce the student to the skills and terminology required to participate in various healthcare professions. Students will develop a practical working vocabulary to communicate with other healthcare providers. The student will learn their role and expectations in the healthcare environment and the clinical technology and policies of the institution. Additional topics include personal protective equipment (PPE), blood-borne pathogens, infection control, CPR, basic radiation safety, MRI safety and screening, and pharmacology.

Progression/Prerequisite	Abdominal Sonography-Extended & OB/GYN	Cardiac/Vascular
Progression Course:	No	
Prerequisite Course(s) for this course:	None	

BIO 1210 – Cross-sectional Anatomy

This course is designed to enable the student to identify anatomical structures using transverse (axial), sagittal, coronal, and oblique tomographic planes. Emphasis is placed on the anatomic relationships of organs to each other, vascular structures, body planes, and quadrants.

Progression/Prerequisite	Abdominal Sonography-Extended & OB/GYN	Cardiac/Vascular
Progression Course:	No	
Prerequisite Course(s) for this course:	None	

DMS 1211 – Abdominal Sonography I
This introductory course will demonstrate concepts of sonographic imaging of the abdomen with a focus on relational anatomy of the abdominal organs. Emphasis is placed on normal sonographic appearance of the abdominal organs and vasculature, and clinical and laboratory findings specific to each organ system. Anatomy, anatomic variants, and sonographic appearance and assessment of the hepatobiliary system, pancreas, spleen, aorta, inferior vena cava and kidneys will be explored. Didactic lectures may be complemented by instructor directed "hands-on" scanning in the scan lab.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	Yes	No
Prerequisite Course(s) for this course:	BIO 1170	None
	PHY 1130	
	MAT 1320	
	BIO 1210	

DMS 1210L – Abdominal Sonography I Lab
This introductory hands-on scan laboratory course provides the student with the opportunity to learn basic principles and protocols of scanning techniques. The course will address patient preparation, knobology, scanning technique and protocol for imaging the abdominal organs and vasculature. Emphasis is placed on normal sonographic appearance of the abdominal organs and vasculature. Students will learn to image the hepatobiliary system, kidneys, pancreas, spleen, aorta, and inferior vena cava. Image critique will be provided throughout the course.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	No
Prerequisite Course(s) for this course:	BIO 1170	None
	PHY 1130	
	MAT 1320	
	BIO 1210	

DMS 1221 – Obstetric and Gynecologic Sonography I
This course introduces the student to gynecologic and obstetric sonography. Identification of anatomy, anatomic variants, and physiology of the female pelvis will be discussed, as well as scanning techniques and protocols for performing gynecologic and obstetric exams. Advantages and disadvantages of transabdominal and transvaginal scanning techniques will be addressed. Sonographic appearance of the female reproductive system throughout the life cycle will be reviewed. The effects of the menstrual cycle on the endometrium will be identified. This course will introduce the learner to normal and abnormal embryonic and fetal anatomic structures seen during the first, second, and third trimesters of pregnancy. Sonographic appearance of fetal anatomy and dating techniques with biometry will be introduced. The fetal anatomy scan will be addressed.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	Yes	No
Prerequisite Course(s) for this course:	BIO 1170	None
	PHY 1130	
	MAT 1320	
	BIO 1210	

DMS 1220L – Obstetric and Gynecologic Sonography I Lab
This course is designed to complement the DMS 1220 Obstetric and Gynecologic Sonography I course. The student will be introduced to imaging techniques of the female reproductive system in the scan laboratory. In this course the student will learn patient preparation, scanning technique, and protocols for performing gynecologic and obstetric exams. Appropriate use of transabdominal and transvaginal transducers will be addressed. Deliberate practice will include scanning female reproductive organs, as well as identification of anatomic relationships to other structures in the pelvis. Normal and abnormal findings will be discussed in correlation with relevant images. Congenital anomalies of the uterus, fallopian tubes and ovaries will be reviewed. Sonographic evaluation of normal first, second and third trimester pregnancies will be introduced.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	No
Prerequisite Course(s) for this course:	BIO 1170	None
	PHY 1130	
	MAT 1320	
	BIO 1210	

DMS 1230 – Sonographic Physics and Instrumentation I
This course provides an overview of the basic concepts and principles of ultrasound physics including the theory of soundwaves, acoustic energy, impedance, how sound travels through various media, and image production. The student will learn about principles of piezoelectricity, ultrasound transducer construction, operation, and knobology. They will learn how to master instrumentation of the ultrasound equipment and how to identify and reduce incidence of image artifacts. Concepts of Doppler principles, color, spectral analysis and its application to hemodynamics and perfusion will be introduced.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	Yes	
Prerequisite Course(s) for this course:	BIO 1170	
	PHY 1130	
	BIO 1210	
	MAT 1320	

AHS 1210 – Foundational Skills for Healthcare Providers II
This course is designed to guide the learner to develop patient care skills as applicable to clinical setting. Proper communication skills and safety techniques in the workplace will be addressed, and emphasis will be placed on addressing cultural competency and communication barriers when working with people of different backgrounds. Instruction about the cycle of grief, infection control prevention, and challenges the provider may experience in the clinical setting will be addressed. Students will learn patient care skills including patient transfer, navigating tubing including IVs, and other medical equipment, vital signs, and managing medical emergencies within their scope of practice.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	
Prerequisite Course(s) for this course:	BIO 1170	
	PHY 1130	
	BIO 1210	
	MAT 1320	

DMS 1310 – Abdominal Sonography II
Abdominal Sonography II addresses physiology, pathophysiology, and sonographic features identified in diseased states. Ultrasound studies of the abdominal structures will be reviewed in the context of disease. Pediatric sonography will be introduced, and cases specific to that population will be discussed. Students will review sonographic imaging of various disease states and critically evaluate them using sonographic criteria of "SSALT" – size, shape, acoustic characteristics, location and transonicity.

Progression/Prerequisite	Abdominal Sonography-Extended & OB/GYN	Cardiac/Vascular
Progression Course:	No	
Prerequisite for this course:	DMS 1211	

DMS 1310L – Abdominal Sonography II Lab
This "hands-on" laboratory course is designed to emphasize recognizing pathologic changes identified on ultrasound scans of the abdominal organs including the liver, kidneys, pancreas, spleen, and vasculature. Students will review concepts of various disease states and critically evaluate them using the sonographic criteria of "SSALT" – size, shape, acoustic characteristics, location and transonicity. Image critique will be provided throughout the course.

Progression/Prerequisite	Abdominal Sonography-Extended & OB/GYN	Cardiac/Vascular
Progression Course:	No	
Prerequisite for this course:	DMS 1210L	

DMS 1330 – Sonographic Physics and Instrumentation II
This course is the second in a series of Sonographic Physics and Instrumentation. This course reinforces concepts of image production and optimization on an ultrasound system. Advanced application of ultrasound theory and instrumentation as pertains to vascular hemodynamic assessment is expounded upon including optimization of color-flow r, pw, cw, power doppler settings, PRF, velocity scale and wall filters. Applications of harmonics and expansion of discussion of acoustic artifacts is reviewed. Emerging technologies in imaging are discussed. Students should gain a comprehensive knowledge of how this imaging modality affects clinical operation, including bioeffects, quality assurance, and PAC systems for storing and archiving images. Emphasis will be placed on preparing students to pass the Sonography Principles and Instrumentation (SPI) Examination of the ARDMS. Review of examination content outline and mock examinations are provided.

Progression/Prerequisite	Abdominal Sonography-Extended & OB/GYN	Cardiac/Vascular
Progression Course:	No	
Prerequisite for this course:	DMS 1230	

ETH 1351 – Ethics and Law in the Health Professions
Content provides a foundation in ethics and law as it relates to the practice of medical imaging. An introduction to terminology, concepts and principles will be presented. Students will examine a variety of ethical and legal challenges found in clinical practice.

Progression/Prerequisite	Abdominal Sonography-Extended & OB/GYN	Cardiac/Vascular
Progression Course:	No	
Prerequisite for this course:	None	

DMS 1390 – Clinical Education I
This course is designed to provide the student with a foundation for scanning Abdominal, Obstetric and Gynecologic, Echocardiography, or Vascular ultrasound in the clinical setting. The clinical site may be a laboratory in a hospital, outpatient imaging center, or a private office setting. Students will receive guidance regarding professionalism and conduct expected at a clinical site (including attendance and dress code). They will receive training on how to log cases, track competencies, and complete evaluation forms in the clinical tracking system (Trajecsys). During this introductory clinical internship, the student will learn to operate equipment safely, identify normal structures in the body and perform basic sonographic examinations with supervision. The goal of this course is to prepare introductory-level sonographers, echocardiographers, or vascular technologists in the cognitive, psychomotor, and affective learning domains.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	
Prerequisite for this course:	None	

DMS 1421 – Obstetric and Gynecologic Sonography II
This course is the second in the series of the obstetrics & gynecology curriculum. Pathologies of the uterus and adnexa and sonographic appearance are addressed. Sonographic technique and evaluation of reproductive techniques, interventional and advanced ob-gyn procedures are introduced. Standard guidelines for the obstetric examination will be reviewed in context of screening for congenital anomalies that may be detected by sonography. The effects of maternal disease on pregnancy are discussed. Anomalies and fetal syndromes that affect the head, neck, spine, heart, abdomen, pelvis, and extremities are explored. Complications of pregnancy including IUGR, genetic syndromes, fetal disorders, multiple gestations, and placental abnormalities are reviewed.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	
Prerequisite for this course:	DMS 1221	DMS 1221
	DMS 1330	

DMS 1420L – Obstetric and Gynecologic Sonography II Lab
This hands-on laboratory scanning course is designed to complement the DMS 1421 Obstetric and Gynecologic Sonography II course. The student will focus on acquiring advanced level scanning techniques. The student will identify abnormal sonographic patterns of the uterus and adnexa and correlate findings with patient history and lab values. Normal and abnormal second and third trimester sonography will be addressed including fetal number, fetal position, placental grade, and location. Students will refine image acquisition skills and practice performing a complete anatomy scan. Accurate assessment of gestational age using fetal biometry techniques will be reviewed. Complications of pregnancy will also be discussed.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	
Prerequisite for this course:	DMS 1330	None

DMS 1490 – Clinical Education II
This course is designed to provide the student with a foundation for scanning skills in Abdominal, Obstetric and Gynecologic, Echocardiography or Vascular ultrasound, in the clinical setting. The clinical site may be a laboratory in a hospital, outpatient imaging center, or a private office setting. Students will receive guidance regarding professionalism and conduct expected at a clinical site. This course may serve as a first or second exposure to a specialty in a clinical setting. The student will learn to perform basic and/or more advanced sonographic examination protocols, as relevant to their level of experience. The student will identify and scan anatomic structures in the body, hone their scanning skills, and complete clinical competencies as applicable. The goal of this course is to prepare introductory-level sonographers, echocardiographers, or vascular technologists in the cognitive, psychomotor, and affective learning domains.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	
Prerequisite for this course:	DMS 1330	

DMS 1440 – Sonography of Superficial Structures
This course is designed to provide the student with a foundation for ultrasound scanning of the thyroid, breast, prostate and scrotum. Ultrasound of the neonatal head, and pediatric hip as well as topics in musculoskeletal ultrasound including rotator cuff of the shoulder and the carpal tunnel will be introduced. Normal anatomy and sonographic appearance of these structures will be reviewed, as well as common pathologies identified in these structures. Lecture time may be complemented with instructor directed hands-on scanning in the student scan laboratory.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	N/A
Prerequisite for this course:	ENG 1001	

DMS 1440L – Sonography of Superficial Structures Lab
This hands-on laboratory course is designed to complement the DMS 1440 Sonography of Superficial Structures course material. This course provides the opportunity for ultrasound scanning of the thyroid, breast, prostate and scrotum. The lab experience will also include scanning a neonate head phantom, and some musculoskeletal structures including evaluation of the Achilles tendon and the carpal tunnel. Normal sonographic appearance of these structures and common pathologies found in these structures will be addressed.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	N/A
Prerequisite for this course:	ENG 1001	

DMS 1470 – Echocardiography III
This course is designed to address advanced topics in adult echocardiography. The learner will be introduced to cardiac pharmacology, advanced imaging techniques, and transesophageal echocardiography as well as ultrasound guided cardiac procedures. Emergency ultrasound will be addressed. Congenital heart disease will be explored, and a review of pathology as seen in the adult on echocardiogram will be discussed. Lecture time may be complemented with instructor directed "hands-on" scanning in the scanning laboratory.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	N/A	No
Prerequisite for this course:		DMS 1770
		ENG 1001

DMS 1470L – Cardiovascular Lab
This hands-on laboratory course is designed to provide the students with additional opportunity to refine scanning skills of the adult heart, and other vascular structures. Elements of a normal echocardiogram, including standard echocardiographic views of the heart chambers, valves, muscles and the surrounding great vessels will be reinforced. Students will practice adult echocardiographic protocols, and review how pathology appears on an echocardiogram. Students will review various modes of cardiac scanning, including M-Mode, color flow, pulsed and continuous wave Doppler. This course will provide the student with the opportunity to practice scanning the extra-cranial circulation of the brain. Students will also be expected to scan the arterial and venous vasculature of the upper and lower extremities, as well as the abdominal vessels. Normal and abnormal conditions will be reviewed, correlated with clinical findings. Image critique will be provided throughout the course.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	N/A	No
Prerequisite for this course:		ENG 1001

DMS 1551 – Quality Management and Operational Issues
This course is designed to focus on the components of quality assurance, continued quality improvement, leadership, and operational issues found in the Ultrasound clinical environment. The role of the various ultrasound and health care team members in continuous quality improvement, quality control, process improvement, operational and leadership issues, will be discussed, as well as the legal and regulatory implications for maintaining compliance with required agencies.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	
Prerequisite for this course:	ENG 1001	

DMS 1590 – Clinical Education III
This course is the third clinical experience course in the curriculum, designed to provide the student with opportunity to refine their scanning skills in Abdomen, Obstetric and Gynecologic, Echocardiography or Vascular ultrasound. Students will focus on completing clinical objectives, case logs, and competencies building on their experience achieved in prior clinical courses. The clinical site may be a laboratory in a hospital, outpatient imaging center, or a private office setting. Students are expected to act with professionalism and follow the SDMS code of conduct. The student will be able to identify anatomic and relational structures, differentiate between normal and abnormal disease processes, learn how to optimize knobology to produce diagnostic quality images, and work on completing full protocols in a timely fashion. Students should be able to operate ultrasound equipment with relative ease, interact professionally as a member of the health care team, and perform basic scans with minimal supervision. The goal of this course is to prepare minimum entry-level sonographers, echocardiographers, or vascular technologists in the cognitive, psychomotor, and affective learning domains.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	
Prerequisite for this course:	ENG 1001	

DMS 1570 – Echocardiography I
Echocardiography is an imaging technique that uses ultrasound technology to image the heart, its chambers, walls, and valves. An echocardiogram can demonstrate the anatomy and function of the heart and is used to aid in diagnosis of cardiovascular disease. This course is designed to provide the student with a foundation for understanding clinical echocardiography of the adult heart. Normal cardiac anatomy and physiology will be reviewed. The student will learn to identify the elements of a normal echocardiogram, including scanning technique, instrumentation, standard echocardiographic views of the heart, m-mode, color, cw, pw, and tissue. Doppler Systolic and diastolic function will be addressed, and valvular disease introduced. Students will learn how cardiac function is evaluated and demonstrated via echocardiography. Lecture time may be complemented with instructor directed "hands-on" scanning in the student scan laboratory.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	Yes
Prerequisite for this course:	None	BIO 1170
		PHY 1130
		MAT 1320
		BIO 1210

DMS 1570L – Echocardiography Lab I
This hands-on laboratory course provides the student with the opportunity to learn how to perform an echocardiogram on the adult patient. Normal cardiac anatomy and physiology will be reviewed. The student will learn patient positioning, cardiac windows and how to acquire the standard echocardiographic images and clips needed to perform an echocardiogram. Sonographic evaluation will include assessment of the heart chambers, valves, walls and great vessels. The adult echocardiogram protocol will be reviewed. Applications used on an echocardiogram, including M-Mode, color flow, pulsed wave, continuous wave and Tissue Doppler will be demonstrated during lab sessions. Normal cardiac function and relevant measurements will be discussed in correlation with relevant images. Image critique will be provided throughout the course.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	No
Prerequisite for this course:	None	BIO 1170
		PHY 1130
		MAT 1320
		BIO 1210

DMS 1580 – Vascular Ultrasound I
This course focuses on the study of cerebrovascular, peripheral arterial, and peripheral venous sonography. Anatomy and pathology of the carotid system and Circle of Willis will be reviewed. Spectral tracings for normal and abnormal findings will be reviewed. Concepts of vascular hemodynamics will be addressed. Mechanisms of vascular disease, pathophysiology, and patient indications will be introduced. Normal and abnormal conditions will be discussed in correlation with appropriate screening techniques. Physiologic vascular testing techniques of the arterial system will be introduced. Didactic lectures may be complemented by instructor directed "hands-on" scanning in the scan laboratory.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	Yes
Prerequisite for this course:	None	BIO 1170
		PHY 1130
		MAT 1320
		BIO 1210

DMS 1580L – Vascular Ultrasound I Lab
This hands-on laboratory course provides the student with the opportunity to learn about Duplex Ultrasound, and how to sonographically interrogate the extra-cranial circulation of the brain, including the carotid arteries. This course will also address scanning arterial and venous circulation of the lower extremities. Normal and abnormal findings will be discussed in correlation with relevant images. The student will be introduced to physiologic vascular testing principles and techniques. Image critique will be provided throughout the course.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	No
Prerequisite for this course:	None	BIO 1170
		PHY 1130
		MAT 1320
		BIO 1210

DMS 1690 – Clinical Education IV
This course is the fourth and final clinical experience course in the curriculum designed to provide the student with the opportunity to perfect their scanning skills in Abdominal, Obstetric and Gynecologic, Echocardiography or Vascular ultrasound, in the clinical setting. The clinical site may be a laboratory in a hospital, outpatient imaging center and /or private office setting. Students will focus on completing all outstanding competencies and should be able to perform complete sonographic examinations independently by the end of the course. Students are expected to act with professionalism and follow the SDMS code of conduct. The student will be able to identify anatomic and relational structures, differentiate between normal and abnormal disease processes, produce diagnostic quality images, and work on completing full protocols in a timely fashion. Students will be able to operate ultrasound equipment with ease, interact professionally as a member of the health care team, and perform basic scans with minimal supervision. The goal of this course is to prepare competent introductory-level sonographers, echocardiographers, or vascular technologists in the cognitive, psychomotor, and affective learning domains.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	
Prerequisite for this course:	None	

DMS 1770 – Echocardiography II
This course focuses on echocardiography of the adult heart. The student will review the elements of a normal echocardiogram, as it applies to imaging patients with heart disease. Diseases of the Aorta, cardiomyopathies, cardiac masses, and tumors will be addressed. Application of qualitative and quantitative analysis in the context of imaging the diseased heart will be reviewed. Scanning protocol modification in context of pathologies will be identified. Advanced level image acquisition will be introduced. Lecture time may be complemented with instructor directed "hands-on" scanning in the scan laboratory.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	No
Prerequisite for this course:	DMS 1570	

DMS 1770L – Echocardiography II Lab
This hands-on laboratory course is designed to complement the DMS 1770 Echocardiography II course. It provides additional instructional opportunity to apply physical principles for advanced level scanning of the adult heart. A review of normal anatomy and physiology of the heart will be provided. The student will demonstrate all elements of an echocardiogram, including standard echocardiographic views of the heart chambers, valves, muscles and the surrounding great vessels. The adult echocardiogram protocol will be performed, and discussion about, protocol modification in the presence of cardiac pathology will be addressed. All modes of cardiac scanning, including M-Mode, color flow Doppler, power Doppler and continuous wave Doppler will be applied. Image critique will be provided throughout the course.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	
Prerequisite for this course:	DMS 1570L	

DMS 1780 – Vascular Ultrasound II
This course focuses on the anatomy and physiology of the abdomino-pelvic vasculature and use of ultrasound to interrogate the vessels. Abdominopelvic and lower extremity vascular pathology will be addressed. Arterial and venous peripheral circulation will be reviewed. Sonographic assessment of the arterial and venous duplex examinations will be discussed. Normal and abnormal conditions will be explored in correlation with sonographic and physical findings. Didactic lectures may be complemented by instructor directed "hands-on" scanning in the scan laboratory.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	
Prerequisite for this course:	DMS 1580	
	N/A	DMS 1330

DMS 1780L – Vascular Ultrasound II Lab
This "hands-on" scan laboratory course provides the student with the opportunity to learn to apply principles of duplex ultrasound to sonographically evaluate the upper extremities and abdominal vasculature. The course will address scanning protocols of the arterial and venous circulation of the upper and lower extremities, as well as abdominal vasculature. Normal and abnormal findings will be discussed in correlation with relevant images. Image critique will be provided throughout the course.

Progression/Prerequisite	**Abdominal Sonography-Extended & OB/GYN**	**Cardiac/Vascular**
Progression Course:	No	
Prerequisite for this course:	None	DMS 1330

DMS 1751 – Case Studies Critiques
This course is designed to educate the student about the components of a case study in ultrasound. The goal of a case study is to accurately describe and present the patient history, signs, symptoms, any relevant lab findings and prior imaging, in correlation with the patient's ultrasound examination findings. Students will learn to critically analyze anatomic variants, normal, and abnormal sonographic findings. Components of a case study will include but not be limited to patient history, patient chart information, relevant lab tests, imaging exams, and any surgical history. Incidence, etiology and pathogenesis of disease, including sonographic appearance and prognosis will be highlighted. Case studies that the student presents will enable the student to connect didactic knowledge with clinical presentation.

Progression/Prerequisite	Abdominal Sonography-Extended & OB/GYN	Cardiac/Vascular
Progression Course:	No	
Prerequisite for this course:	None	

DMS 1801 – Registry Review
This course prepares the student to take the American Registry for Diagnostic Medical Sonography (ARDMS) examination in the Abdomen, OB/GYN, Echocardiography, or Vascular specialties. Practice mock exams will be provided. The role of professional organizations, medical journals, continuing education, interviewing skills and ergonomics at the workplace are also discussed in preparation for entering the profession of sonography.

Progression/Prerequisite	Abdominal Sonography-Extended & OB/GYN	Cardiac/Vascular
Progression Course:	No	
Prerequisite for this course:	DMS 1211	DMS 1570
	DMS 1221	DMS 1580
	DMS 1310	DMS 1770
	DMS 1421	DMS 1780
	DMS 1440	DMS 1470

Career Development Workshop Series

The Career Development Workshop series is designed to provide students with instruction and assistance with building their resumes, cover letters, and thank you letters; as well as creating a LinkedIn profile, obtaining professional references, and creating a job search portfolio. Students will learn about the interview process and develop interviewing skills and strategies. Students may be provided with the opportunity to attend a mock interview or job fair. The Career Development Workshop series is a co-curricular graduation requirement for students enrolled in the Diagnostic Medical Sonography program.

Students must successfully complete the career development workshops offered during their program. Completion of the workshops will be documented in the student's academic records and noted as Pass/Fail grade. Students who fail to successfully complete these workshops will fail to meet their program's graduation requirements and will not be approved for graduation until the requirement is met.

Clinical/Laboratory Guidelines

Please refer to the program's *Clinical/Laboratory Guidelines, Rules and Regulations Handbook* for the complete rules and regulations pertaining to the program's clinical experience component.

Graduation Requirements

To graduate from the program, students must have:

- Met all academic requirements
- Successfully completed Career Development Workshop series.
- Met all clinical requirements and attained all required competencies

- Met all financial obligations
- Completed an exit interview
- Returned their swipe card, ID card, etc.

Graduation Time Frame

Students who have not fulfilled their graduation requirements by their scheduled graduation date, have 20 weeks in which to complete all missing graduation requirements**.**

EMT-Basic Program

Campus: Brooklyn

State Licensure

Center for Allied Health Education is licensed by the New York State Education Department Bureau of Proprietary School Supervision to operate an Emergency Medical Technician – Basic Program.

New York State Education Department Bureau of Proprietary School Supervision

89 Washington Avenue
Room 560
Albany, NY 12234

State Approval

Center for Allied Health Education is approved by the New York State Department of Health to operate a training school for Emergency Medical Technician – Basic. Students may bring course complaints to New York State DOH EMS Bureau:

New York State Department of Health Bureau of Emergency Medical Services

547 River St. Rm 530
Troy, New York 12180-2216 518-402-0996

Important Addresses

The EMT-Basic Program prepares students to sit for the examination administered by National Registry of Emergency Medical Technicians.

National Registry of Emergency Medical Technicians
Rocco V. Morando Building 6610 Busch Blvd.
P.O. Box 29233
Columbus, Ohio 43229
614- 888-4484
https://www.health.ny.gov/professionals/ems/

Program Outcomes

The following outcomes reflect program performance for the reporting period as required by ABHES:

Period	Outcome	Rate
7/1/2024 – 6/30/2025	Retention Rate	100%
	Job Placement	100%
	Credentialing Examination Pass Rate	93%

Mission Statement

CAHE's EMT-Basic Program has made a firm commitment to the education of students in the field of pre-hospital care. Our mission is the training of EMS Providers who are skilled individuals, qualified by technical education, to provide emergency medical services using the latest diagnostic and treatment modalities.

Goals

The EMT-Basic Program offers a program of emergency medical services training at the certificate level. The program's goal is to prepare competent entry-level Emergency Medical Technicians-Basic in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. To graduate, students must have:

- Completed all didactic objectives, including passing all courses by achieving a minimum passing grade
- Completed all clinical objectives, including clinical performance and competency, problem solving skills, critical thinking skills, communication skills, professional development and growth.
- The program identifies benchmarks to provide a standard by which the effectiveness of the program in achieving its goals can be evaluated. An assessment plan is in place and can be obtained from the program

director.

Program Objectives

Upon graduation, students will receive a certificate of completion and are prepared to meet the requirements to sit for the certification exams administered by the New York State Department of Health Bureau of EMS and National Registry of EMTs. Specifically, our objectives are to have our graduates perform effectively by:

- Applying knowledge learned to provide pre-hospital and emergency medical care
- Effectively communicating with patients and other healthcare providers
- Providing EMS care at the level of an entry-level emergency medical technician
- Demonstrating high standards of pre-hospital and emergency medical practice in skill performance and patient advocacy
- Providing competent and safe care in a variety of settings to a group of patients with diverse needs across the lifespan by demonstrating knowledgeable decision making and judgment based on critical thinking, clinical competence, accountability and collaboration with the patient and healthcare team
- Understanding the benefits of professional growth, life learning, advanced degrees and professional societies.

Program Staff

Medical Director

Josef Schenker, MD, MBA, NRP, FACEP, FAEMS
Loyola University Chicago

Sponsor's Administrator

Sarah Bokow, BA
Touro College (BA)

Program Director

Halyna Maslyuk, NRP, CIC
Center for Allied Health Education

Clinical Coordinator
Benjamin Ahdut, M.S. NRP, CLI
Center for Allied Health Education

For a listing of program faculty, please refer to the *Program Faculty* insert.

Technical Standards

Students must meet the following technical standards throughout the duration of the program.

Students must be able to:

- Communicate effectively via telephone and radio equipment
- Lift, carry and balance up to 125 pounds (250 pounds with assistance)
- Interpret oral, written and diagnostic form instructions
- Use good judgment and remain calm in high stress situations
- Be unaffected by loud noises and flashing lights
- Function efficiently without interruption throughout an entire work shift
- Calculate weight and volume ratios
- Read English language manuals and road maps

- Accurately discern street signs and addresses
- Interview patients, patient family members and bystanders
- Document, in writing, all relevant information in prescribed format, in light of legal ramifications of such
- Converse, in English, with coworkers and hospital staff with regard to the status of the patient
- Perform all tasks related to the highest quality patient care
- Bend, stoop and crawl on uneven terrain
- Withstand varied environmental conditions such as extreme heat, cold and moisture
- Work in low light situations and confined spaces
- Work with other providers to make appropriate patient care decisions

Criminal Conviction Policy

A student who has been involved in a criminal proceeding or who has been charged with or convicted of a crime should be aware that a conviction may not be an automatic bar to certification. Students who have been convicted of a misdemeanor or felony should contact the New York State Department of Health at 518-402-0996 for further instruction and National Registry at 614-888-4484.

Students with a criminal conviction should be aware that even though they may graduate from the program, they may not be eligible to sit for the NYS DOH EMS Certification Examination which is required in New York State to be allowed to work as an EMT-Basic. A criminal conviction may also make the student ineligible to sit for the National Registry Exam for Paramedics.

Code of Ethics for EMS Practitioners

- To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.
- To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.
- To not use professional knowledge and skills in any enterprise detrimental to the public wellbeing.
- To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.
- To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other healthcare practitioners, patients, individuals or the community at large.
- As a citizen, to understand and uphold the law and perform the duties of citizenship; as a professional, to work with concerned citizens and other healthcare professionals in promoting a high standard of emergency medical care to all people.
- To maintain professional competence, striving always for clinical excellence in the delivery of patient care.
- To assume responsibility in upholding standards of professional practice and education.
- To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.
- To be aware of and participate in matters of legislation and regulation affecting EMS.
- To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.
- To refuse participation in unethical procedures and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Credentialing Examinations and Certifications

The EMT-Basic Program's curriculum is designed to prepare students to sit for, and successfully pass, the applicable

required or recommended credentialing examination. Students who have successfully completed their program's entire course of study, fulfilled all of the graduation requirements and met all of their financial obligations will be eligible to sit for the following certification examinations, provided that they meet all other applicable prerequisites:

Examination	Administered By:
NREMT Cognitive Examination	National Registry of Emergency Medical Technicians
EMS Written Certification Examination	New York State Department of Health
EMS Practical Skills Examination	

National certification is required to function as an EMT- Basic in states that do not require any additional certification. New York State certification is required to function as an EMT-Basic throughout the entire New York State.

Functional Position Description of the EMT-Basic

(New York State Department of Health Bureau of Emergency Medical Services Policy Statement No. 00-10)

Purpose:

Provide a guide for those who are interested in understanding what qualifications, competencies and tasks are expected of the EMT-B and/or the AEMT.

Qualifications:

- Complete the Application for Emergency Medical Services Certification (DOH-65), including affirmation regarding criminal convictions
- Successfully complete an approved New York State EMT-B or AEMT course
- Achieve a passing score on the practical and written certification examinations
- Must be at least 18 years of age prior to the last day of the month in which they are scheduled to take the written certification examination
- Knowledge and Skills required show need for high school or equivalent education
- Ability to communicate effectively via telephone and radio equipment
- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance)
- Ability to interpret oral, written and diagnostic form instructions
- Ability to use good judgement and remain calm in high stress situations
- Ability to be unaffected by loud noises and flashing lights
- Ability to function efficiently without interruption throughout an entire work shift
- Ability to calculate weight and volume ratios
- Ability to read English language, manuals and road maps
- Ability to accurately discern street signs and addresses
- Ability to interview patients, patient family members and bystanders
- Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such
- Ability to converse, in English, with coworkers and hospital staff with regard to the status of the patient
- Possesses good manual dexterity with ability to perform all tasks related to the highest quality patient care
- Ability to bend, stoop and crawl on uneven terrain
- Ability to withstand varied environmental conditions such as extreme heat, cold and moisture
- Ability to work in low light situations and confined spaces

- Ability to work with other providers to make appropriate patient care decisions

Competency Areas:

The EMT-Basic:

Must demonstrate competency in assessment of a patient, handling emergencies using Basic Life Support equipment and techniques. Must be able to perform CPR, control bleeding, provide non-invasive treatment of hypoperfusion, stabilize/immobilize injured bones and the spine, manage environmental emergencies and emergency childbirth. Must be able to use a semi-automatic defibrillator. Must be able to assist patients with self-administration or administer emergency medications as described in state and local protocol.

Description of Tasks:

- Responds to calls when dispatched. Reads maps, may drive ambulance to emergency site using most expeditious route permitted by weather and road conditions. Observes all traffic ordinances and regulations.
- Uses appropriate body substance isolation procedures. Assesses the safety of the scene, gains access to the patient, assesses extent of injury or illness. Extricates patient from entrapment. Communicates with dispatcher requesting additional assistance or services as necessary. Determines nature of illness or injury. Visually inspects for medical identification emblems to aid in care (medical bracelet, charm, etc.) Uses prescribed techniques and equipment to provide patient care. Provides additional emergency care following established protocols. Assesses and monitors vital signs and general appearance of patient for change. Makes determination regarding patient status and priority for emergency care using established criteria. Reassures patient, family members and bystanders.
- Assists with lifting, carrying and properly loading patient into the ambulance. Avoids mishandling patient and undue haste. Determines appropriate medical facility to which patient will be transported. Transports patient to medical facility providing ongoing medical care as necessary enroute. Reports nature of injury or illness to receiving facility. Asks for medical direction from medical control physician and carries 3 out medical control orders as appropriate. Assists in moving patient from ambulance into medical facility. Reports verbally and in writing observations of the patient's emergency and care provided (including written report(s) and care provided by Certified First Responders prior to EMT-B/AEMT arrival on scene) to emergency department staff and assists staff as required.
- Complies with regulations in handling deceased, notifies authorities and arranges for protection of property and evidence at scene.
- Replaces supplies, properly disposes of medical waste. Properly cleans contaminated equipment according to established guidelines. Checks all equipment for future readiness. Maintains ambulance in operable condition. Ensures cleanliness and organization of ambulance, its equipment and supplies. Determines vehicle readiness by checking operator maintainable fluid, fuel and air pressure levels. Maintains familiarity with all specialized equipment.

Academic Policy

Program Delivery

The program is delivered residentially; all coursework within the program is delivered at CAHE's campus location only.

Program Schedule

The EMT-Basic Program consists of 12 weeks (day)/21 weeks (evening) and 472 clock hours over the course of one term. Day classes are scheduled to be conducted Tuesday and Thursday from 9:00 a.m. to 5:00 p.m. (Fall Enrollment), and Monday and Wednesday from 9:00 a.m. to 5:00 p.m. (Spring Enrollment) for a total of 14 instructional hours per week. Evening classes are scheduled to be conducted on Monday, Tuesday and Thursday from 6:30 p.m. to 10:00 p.m., for a total of 10.5 instructional hours per week. To complete the clinical phase of the program a student is required to complete an additional estimated 24 hours a week of clinical rotations for the daytime program and 16 hours for the evening program. Clinical rotations are self- scheduled by each student based on their individual schedule and rotation availability.

Program Courses

Course Number	Course Title	Hours
EMTB 1010	Emergency Medical Technician	118
EMTB 2010	Emergency Medical Technician Lab	98
EMTB 3010*	Clinical Education	256
OR		
EMTB 3011	Clinical Education	24

**Enrolling in the option to complete 256 hours of rotations which will allow me automatic acceptance into CAHE's Paramedic Program if I meet the additional criteria published in the Institutional Catalog.*

Course Descriptions

EMTB 1010 – Emergency Medical Technician (EMT-B)
The course will cover a multitude of subjects including Emergency Medical Systems; Workforce Safety and Wellness; Medical, Legal and Ethical Issues; Communications and Documentations; the Human Body; and Lifespan Development. Additional topics that are covered include the applications of fundamental knowledge of the medications that the EMT may assist/administer to a patient during an emergency (Pharmacology); Patient Assessment; Airway Management; and Shock and Resuscitation. As the course progresses, emergencies being covered include the assessment and treatment of the following medical emergencies such as Respiratory Emergencies; Cardiovascular Emergencies; Neurologic Emergencies; Gastrointestinal and Urologic Emergencies; Endocrine and Hematologic Emergencies; Immunologic Emergencies; Toxicology; Psychiatric Emergencies; Gynecologic Emergencies; and Environmental Emergencies in the pre-hospital setting. Assessment and treatment in emergencies caused by trauma will also be covered such as Bleeding; Soft Tissue Injuries; Face and Neck Injuries; Head and Spine Injuries; Chest Injuries; Abdominal and Genitourinary Injuries; and Orthopedic Injuries. The course will proceed into Special Considerations in regard to Infants; Pediatrics; Geriatric Patients; and how diseases affect them differently as compared to the adult patient as well as patients who will present to the pre-hospital care provider special challenges both logistically and in treatment of these patients. This course also covers the operational aspects of being a pre-hospital care provider at the basic level. These subjects include Lifting and Moving Patients; Transport Operations; Vehicle Extrication and Special Rescue; Incident Management, Terrorism Response and Disaster Management and Providing Assistance to the ALS provider.
Progression Course: N/A
Prerequisite Course(s): N/A

EMTB 2010 – EMT Laboratory
The course will consist of practice and evaluations in the following areas: Basic Airway Skills, Oxygen Therapy, Patient Lifting and Moving Techniques, and Medication Administration. Other requirements for this course will include AHA BCLS healthcare provider course, Management of Trauma and Medical Patients with age- specific pathologies, Patient Assessment, and Management of the following types of injuries; Soft Tissue; Bleeding Control; Face and Neck; Head and Spine; Chest; Abdominal and Genitourinary; and Orthopedic.
Progression Course: N/A
Prerequisite Course(s): N/A

EMTB 3010 – Clinical Education
The clinical course will allow the student to observe and participate in all aspects of basic level support that can be provided in the pre-hospital setting for different age groups and different disease pathologies such as cardiac, respiratory, injuries caused by trauma and others. This will give the student the opportunity to practice the skills learned in the didactic and laboratory settings and apply their knowledge in real time situations.
Progression Course: N/A
Prerequisite Course(s): N/A

EMTB 3011 – Clinical Education
The clinical course will allow the student to observe and participate in all aspects of basic level support that can be provided in the pre-hospital setting for different age groups and different disease pathologies such as cardiac, respiratory, injuries caused by trauma and others. This will give the student the opportunity to practice the skills learned in the didactic and laboratory settings and apply their knowledge in real time situations.
Progression Course: N/A
Prerequisite Course(s): N/A

Independent Study Certification

As part of a student's graduation requirements, students are required to complete the current version of the following FEMA Courses:

- IS-100
- IS-200
- IS-700
- IS-800
- IS-5 (NYS Requirement) or a HAZWOPER First Responder Awareness Level (National Registry Requirement)

These courses must be taken on a student's own time by going to FEMA's Independent Study Program's website at https://training.fema.gov/is/.Upon completion of the above course's, students must submit to the program office their certificate of completion as proof that they have completed the course.

In addition, if a student would like to qualify for the National Registry Exam produced by the NREMT they will be required to provide proof of completion of a HAZWOPER course. The HAZWOPER course may be found online. The HAZWOPER course is not a graduation requirement but is only a requirement for students who wish to qualify for the National Registry Exam.

Clinical/Laboratory Guidelines

Please refer to the program's *Clinical/Laboratory Guidelines, Rules and Regulations Handbook* for the complete rules and regulations pertaining to the program's clinical experience component.

Graduation Requirements

To graduate from the program, Students must have:

- Met all academic requirements.
- Met all clinical requirements and attained all required competencies.
- Met all financial obligations.
- Returned their swipe card, ID card, etc.
- Received certification in AHA BCLS
- Successfully completed the current version of the following FEMA Courses:
  - IS-100
  - IS-200
  - IS-700
  - IS-800
  - IS-5 (NYS Requirement) or a HAZWOPER First Responder Awareness Level (National Registry Requirement)

Graduation Time Frame

Students who have not fulfilled their graduation requirements by their scheduled graduation date, have the following number of weeks in which to complete all missing graduation requirements:

Day Program: 6 weeks

Evening Program: 10.5 weeks

Eligibility to Apply for the Paramedic Program

Graduates of CAHE's EMT- Basic Program who successfully meet the following conditions are automatically eligible for admission into CAHE's Paramedic Program:

- Receive at minimum grade of 80% on the New York State Written Examination
- Have never been placed on probation.
- Receive a favorable recommendation from a committee consisting of CAHE's Administration, Admissions Department and program staff.

If a student does not meet the above conditions, they may apply to the Paramedic Program and will be evaluated as a new applicant.

Medical Dosimetry Program

Campus: Brooklyn

Accrediting Agency

The Medical Dosimetry program is programmatically accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The program is required to comply with the JRCERT's Standards for an Accredited Educational Program in Medical Dosimetry. If any violations occur, the program's policy is to investigate and correct the violation and ensure compliance with the standards in a timely fashion. The students should familiarize themselves with the JRCERT Standards and the program's effectiveness data are available on the JRCERT website at www.jrcert.org. If a student feels that the program is not in compliance with the standards, they can contact JRCERT at:

Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Dr., Suite 2850
Chicago, Illinois 60606-3182
312-704-5300
mail@jrcert.org

State Licensure

Center for Allied Health Education is licensed by the New York State Education Department Bureau of Proprietary School Supervision to operate a Medical Dosimetry program.

New York State Education Department
Bureau of Proprietary School Supervision
89 Washington Avenue, Room 560
Albany, NY 12234

Important Addresses

The Medical Dosimetry program prepares students to sit for the examination administered by the Medical Dosimetrist Certification Board.

Medical Dosimetrist Certification Board
1120 Route 73, Suite 200
Mt. Laurel, NJ 08054
info@mdcb.org
Toll Free: 866-813-MDCB (6322)
Phone: 856-439-1631
Fax: 856-439-0525

Program Outcomes

The following outcomes reflect program performance for the reporting period as required by ABHES:

Period	Outcome	Rate
7/1/2024 – 6/30/2025	Retention Rate	86%
	Job Placement	100%
	Credentialing Examination Pass Rate	N/A

Mission Statement

CAHE's Medical Dosimetry program's mission is to prepare individuals with the knowledge, skills, and abilities necessary to serve as medical dosimetrists within the radiation therapy profession. We do this by providing the academic and clinical education preparation necessary to create a qualified and competent workforce able to provide optimal treatment plans for radiation oncology patients and meet the healthcare needs of the communities we serve.

Goals

The Medical Dosimetry program is a certificate-level program designed to prepare individuals to seek board certification and serve the healthcare needs of our community. Upon completion of the program, graduates will:

- Be clinically competent
- Communicate effectively
- Use critical thinking and problem-solving skills
- Grow and develop professionally

The program identifies benchmarks to provide a standard by which the effectiveness of the program in achieving its goals are continually monitored and evaluated. An assessment plan is in place and can be obtained from the program director.

Program Objectives

Upon graduation, students are prepared to meet the requirements to sit for the written examination of the Medical Dosimetrist Certification Board (MDCB) and to function as entry level medical dosimetrist. Specifically, our objectives are to have our graduates perform effectively by:

- Applying knowledge of radiation protection for patients, self, and others
- Applying knowledge of anatomy and contouring to accurately demonstrate anatomical structures on a digital image
- Applying knowledge of anatomical structures and contouring to be able to reproduce the correct set up of patients
- Examining digital images for the purpose of treatment planning and other pertinent technical information
- Exercising discretion and judgment in the performance of radiation treatments
- Providing patient care essential to radiation therapy procedures
- Recognizing emergency patient conditions and initiating lifesaving treatment, if necessary, within their scope of practice

Student Learning Outcomes

- Produce quality treatment plans.
- Demonstrate comprehension of anatomical concepts for treatment planning.
- Demonstrate high quality of written skill.
- Demonstrate a high quality of oral skills.
- Respond and react accordingly to the individual challenges of dosimetry.
- Demonstrate ability to successfully carry out multiple tasks within a time constraint.
- Demonstrate professional conduct.
- Demonstrate ethical reasoning skills.
- Demonstrate/develop skills for lifelong learning.

Program Staff

Program Director

Laura J. Borghardt, MS, MBA, CMD
Stony Brook University (MS & MBA)

Clinical Coordinator

Jennifer Holmes, BS, CMD
Stony Brook University

For a listing of program faculty, please refer to the *Program Faculty* insert.

Advanced Standing Policy

Applicants with prior education and experience in radiation therapy may qualify for advanced standing if they are actively registered, currently employed as a licensed Radiation Therapist (RTT), and have completed a JRCERT-accredited radiation therapy program with a minimum GPA of 3.0. They must also hold active national certification through ARRT.

To apply, candidates must submit official transcripts showing a conferred bachelor's degree, documentation of program completion, and verified copies of licenses and certifications. Students who meet these requirements will receive a block transfer of credit and enter the program in Term 3.

Those admitted under Advanced Standing (Pathway A) must complete BLS/CPR certification during their first term (Program Quarter 3).

Advanced standing decisions are final and cannot be appealed.

Technical Standards

Students must meet the following technical standards throughout the duration of the program.

Students must be able to:

- Demonstrate professional demeanor and behavior and must perform in an ethical manner both in and outside of the clinic.
- Adhere to the codes of confidentiality.
- Conform to appropriate standards of dress, appearance, language, and public behavior.
- Hear instructions and communication from a distance.
- Hear patient and/or co-workers in the darkened treatment room.
- Respond to emergencies in a timely fashion.
- Observe, recognize, and report on non-verbal reactions from a patient.
- Stand or walk to perform job functions throughout the day.
- Communicate clearly to staff and patients, read, write, and comprehend the English language, both verbally and in written format, and apply appropriate verbal and written instructions.
- Write legibly with proper spelling of medical terms.
- Possess eyesight of 20/40, either naturally or corrected, and must be able to distinguish between various colors.
- Be physically free from the use of non-prescription drugs, illegal drugs, and alcohol.

Criminal Conviction Policy

A student who has been involved in a criminal proceeding or who has been charged with or convicted of a crime should be aware that a conviction may not be an automatic bar to certification. Students who have been convicted of a misdemeanor or felony should contact MDCB at info@mdcb.org.

The American Association of Medical Dosimetry Code of Ethics

The purpose of the American Association of Medical Dosimetrists (AAMD) Code of Ethics is to establish an ideal of professional conduct to which members of the Medical Dosimetry profession should aspire. The Code of Ethics expresses the moral values of the AAMD. While, by itself, the AAMD cannot create or reform moral character, it may at least inform a conscience. Such a code also signals the organization's moral commitment to those who depend upon its members for services. In any profession, the test of moral seriousness depends upon personal compliance with ethical standards.

As Medical Dosimetrists, our primary objective is to use our training, experience, skills, and talents for the benefit of society. To this end, we recognize our professional relationships with and obligations to the:

1. *Patient.*
   Although never directly responsible for prescribing medical procedures, the health and welfare (even life) of many patients may directly depend upon the skill and dedication with which Medical Dosimetrists carry out their work.

2. *Employer or Client.*
   As professionals, Medical Dosimetrists have the obligation to act as faithful agents for their employers or clients and to devote their skills and talents to further the legitimate aims of their employers. In turn, they have the right to expect rue professional consideration from their employers or clients.

3. *Fellow Medical Dosimetrists.*
   Medical Dosimetrists should contribute to the advancement of their profession and should avoid all practices which detract from the stature of Medical Dosimetry. In furtherance of the principles stated in this preamble, the AAMD has adopted this Code of Ethics.

Principles of Ethics

The following principles represent goals to which all Medical Dosimetrists should aspire:

1. Medical Dosimetrists are obliged to uphold the honor and dignity of their profession by exhibiting sound moral character and the highest degree of competence in their work.

2. Medical Dosimetrists must be honest and forthright at all times in their dealings with employers, clients, and patients. Remuneration expected should be consistent with the type and quality of service provided.

3. Patient privacy must be respected and confidentiality of patient information must be maintained.

4. Medical Dosimetrists should strive continually to improve their knowledge and skills and participate in programs that lead to the improvement of the Medical Dosimetry profession and the health of the community.

5. Collegiality, openness, and mutual respect shall characterize the relationships among Medical Dosimetrists.

6. Medical Dosimetrists should conduct their affairs in a manner consistent with standards of excellence.

Academic Policy

Program Delivery

The program's delivery method is blended/hybrid; coursework offered within the program is on campus (residential) or via CAHE's learning management system (distance).

Program Schedule

The Medical Dosimetry program consists of 74 weeks and 1888 clock hours divided into seven 10-week quarters followed by four weeks of Board Exam Review. Classes and clinical rotations may be scheduled Monday through Friday between 8:00 a.m. and 5:00 p.m. Class schedules are subject to change. Clinical rotation schedules are based on the shifts of each affiliated educational setting and are subject to change.

Program Courses

Course Number	Course Title	Hours
BIO 1210	Cross-sectional Anatomy	30
BIO 2120	Pathophysiology	40
ETH 1210	Ethics & Law in the Health Professions	30
HUM 1120	Medical Terminology	10
RAD 1140	Patient Care I	20
RAD 1230	Radiation Physics I	30
RAD 1370	Radiation Protection	20
RAD 1380	Medical Imaging & Processing	10
RAD 2360	Quality Management & Operational Issues	20
COM 1120	Communication	40
MDS 1110	Foundations of Medical Dosimetry	30
MDS 1210L	Contouring Skills Lab	40
MDS 1220	Introduction to Treatment Planning	30
MDS 1230L	Treatment Planning Skills Lab	40
RAD 1470	Radiation Biology	30
RAD 1330	Radiation Physics II	30
MDS 1310	Clinical Application of Electron Beams	30
MDS 1320	Brachytherapy	30
MDS 1330	Complex Planning I SRT/SRS	15
MDS 1390	Clinical Education I	260
MDS 1480	Healthcare Informatics	15
MDS 2480	Professional Capstone I Competencies	10
MDS 2410	Quality Assurance of Equipment	15
MDS 1490	Clinical Education II	320
MDS 2420	Complex Planning II SBRT/SBRS	15
MDS 2580	Professional Capstone II (Advanced Competencies)	10
MDS 2590	Clinical Education III	320
MDS 2690	Clinical Education IV	350
MDS 2795	Board Review	48

Course Descriptions

HUM 1120 – Medical Terminology

This course teaches the student how to properly incorporate medical terminology into the vocabulary. Students will learn the etymology of medical terminology; word-building processes; abbreviations; and practical applications within the healthcare field, including how to interpret requisitions and medical reports. Included in the course are correct pronunciation, spelling, and application of terms. This course is offered via blended/Hybrid delivery only.
Progression Course: No
Prerequisite Course(s): None

RAD 1140 – Patient Care I

This course is the first in a two-part series that equips students with the knowledge to care for patients in the healthcare setting. Students will learn how to safely and effectively deliver care to a diverse patient population.
Progression Course: No
Prerequisite Course(s): None

ETH 1210 – Ethics and Law in the Health Professions

This course is designed to present to the student the legal and ethical implications of working in medical facilities. The student should learn basic legal principles and doctrines such as torts, professional liability insurance, and informed consent. Ethical issues that health educators, students, and clinicians are faced with in daily practice will be covered. Liability related to the healthcare professions will be emphasized. This course is offered via blended/Hybrid delivery only.
Progression Course: No
Prerequisite Course(s): None

RAD 1230 – Radiation Physics I

This course is designed to expound on the student's knowledge of atomic structure and terminology. Also presented are the fundamentals of electromagnetic radiation, the characteristics of radiation, its interactions with matter and the units of measurement of ionizing radiation.
Progression Course: Yes
Prerequisite Course(s):
RAD 1130 Introduction to Physics

RAD 1330 – Radiation Physics II

This course is designed to expound on student understanding of basic physics and radiation physics. Students will learn deeper aspects of radiation physics used for diagnostic purposes and the ancillary equipment necessary to function in a digital environment. Students will be introduced to radiation physics used for therapeutic purposes.
Progression Course: Yes
Prerequisite Course(s):
RTT 1230 – Radiation Physics I

RAD 1380 – Medical Imaging and Processing

This course is designed to establish a knowledge base in factors that govern and influence the production and recording of digital and/or radiographic images for patient simulation, treatment planning and treatment verification in radiation oncology. Radiation oncology imaging equipment and related devices will be included.
Progression Course: No
Prerequisite Course(s): None

RAD 1370 – Radiation Protection

This course is designed to present principles of radiation protection and safety for the patient, public and radiation therapist**.** Radiation health and safety requirements of federal and state regulatory agencies, accreditation agencies and healthcare organizations are incorporated. Specific responsibilities of the radiation therapist are discussed, examined and evaluated.
Progression Course: No
Prerequisite Course(s): None

RTT 1470 – Radiation Biology
This course is designed to present basic concepts and principles of radiation biology. The interactions of radiation with cells, tissues and the body as a whole, and resultant biophysical events will be presented. Discussion of the theories and principles of tolerance dose, time-dose relationships, fractionation schemes and the relationship to the clinical practice of radiation therapy will be discussed, examined and evaluated.
Progression Course: No
Prerequisite Course(s): None

BIO 1210 – Cross-Sectional Anatomy
This course is designed to introduce the student to medical imaging methods in use in radiation therapy today. The student will identify anatomical structures through several imaging formats. Anatomic relationships will be compared using topographical and cross-sectional anatomy.
Progression Course: No
Prerequisite Course(s): None

BIO 2120 – Pathophysiology
This course is designed to expand on the student's concept of diseases. Emphasis will be placed on different types of growths, and causative factors. Etiology and clinical manifestations of disease in all systems will also be described.
Progression Course: No
Prerequisite Course(s): None

RAD 2360 – Quality Management & Operational Issues
This course is designed to focus on the components of quality improvement (QI) programs in radiation oncology. The role of the various radiation therapy team members in continuous quality improvement will be discussed as well as the legal and regulatory implications for maintaining appropriate quality care. Human resource concepts and regulations impacting the radiation therapist will be examined. Billing and reimbursement issues pertinent to the radiation therapy department will be presented.
Progression Course: No
Prerequisite Course(s): None

MDS 1320 -Brachytherapy
This course provides an introduction to brachytherapy for oral, interstitial and intracavitary delivery methods. The course provides a theoretical overview of radioactive sources, handling and transfer of the sources, assaying techniques, wipe tests and ALARA guidelines. Half-life, average-life and prescription for sources used in brachytherapy will be included.
Progression Course: No
Prerequisite Course(s): None

MDS 2480 Professional Capstone I Competencies
This course is designed to showcase the initial clinical planning competencies from the various anatomical sites that the students have been working on. The students will work autonomously on these plans where they will be presented to the instructor and peers for review, evaluation and discussing prior to grading.
Progression Course: No
Prerequisite Course(s):
MDS 1390-Clinical Education I
MDS 1330-Radiation Physics II

MDS 2580 Capstone II Advanced Competencies
This course is designed to highlight the initial clinical competencies associated with craniospinal, SRS (Stereotactic Radiosurgery) and SRT (Stereotactic Radiotherapy), SBRS (Stereotactic Body Radiosurgery) and SBRT (Stereotactic Radiotherapy) planning. The students will design and develop the treatment plans independently and present the plans to the instructor and peers for review, evaluation, and discussion prior to grading.
Progression Course: No
Prerequisite Course(s):
MDS 1330- Radiation Physics II
MDS 2480-Complex Planning I-SRT/SRS
MDS 1490-Clinical Education II
MDS 2420-Complex Planning II-SBRT/SBRS

MDS 1310 – Clinical Application of Electron Beams
This course provides students with foundational understanding of the use of Electron beam treatments in the field of radiation therapy. Students will calculate Monitor Units (MU) through manual calculations and then within the Treatment Planning System (TPS). Manual Block Correction Factor (BCF) and Inverse Correction Factor (ICF), different energies, compensators, shielding, oblique incidence and the variation of internal density will be discussed and demonstrated. An introduction to field matching reviewing electron/electron and electron/photon plans will be provided.
Progression Course: No
Prerequisite Course(s): None

MDS 1210L – Contouring Skills Lab
This course is designed to be the practical application of the Foundations of Medical Dosimetry coursework beginning with the basics of contouring. By using a variety of imaging technologies: Computerized Tomography (CT), Positron Emission Tomography (PET) and Magnetic Resonance Imaging (MRI) modalities, the student will learn the fundamentals of medical dosimetry as a profession while demonstrating the required clinical competencies Content emphasized in this course covers the most prominent disease sites that are treated in the field of Radiation Oncology. Students will be introduced to contouring, tolerance doses, patient setup, immobilization devices and their effect on planning, e-beam modifiers and their purpose, as well as the different types of plan complexities and Radiation Therapy Oncology Group (RTOG) protocols.
Progression Course: Yes
Prerequisite Course(s): None

MDS 1110 – Foundations of Medical Dosimetry
This course covers the most prominent disease sites treated in the field of Radiation Oncology. By using a variety of imaging technologies: Computerized Tomography (CT), Positron Emission Tomography (PET) and Magnetic Resonance Imaging (MRI) modalities, the student will learn the fundamentals of medical dosimetry as a profession. Students will be introduced to the clinical competencies including contouring, tolerance doses, patient setup, immobilization devices and their effect on planning, beam modifiers and their purpose as well as the different types of plan complexities and Radiation Therapy Oncology Group (RTOG) protocols.
Progression Course: Yes
Prerequisite Course(s): None

COM 1120 – Communication
This course will review the fundamentals of successful communication in regards to written, verbal and non-verbal interpersonal exchanges and the importance of interpreting feedback in a professional healthcare setting. Theory and practical applications of individual and group communication will be discussed and practice.
Progression Course: No
Prerequisite Course(s): None

MDS 1480 – Healthcare Informatics
This course introduces students to the fundamentals of computers, networks, databases and database management systems, and their use in healthcare settings. Uses, benefits, and risks of Electronic Healthcare Records will be discussed along with the use of computer applications in the field of Medical Dosimetry. This course emphasizes strategies for maintaining security of patient data in alignment with HIPAA and other federal and state regulatory statutes.
Progression Course: No
Prerequisite Course(s): None

MDS 1220 – Introduction to Treatment Planning
This course provides an overview of treatment planning, various algorithms used in the field, computation of dose, execution and evaluation of their plans and Quality Assurance at the plan's completion. The variety of treatment planning systems (TPS), machines, and calculation check systems are also discussed.
Progression Course: Yes
Prerequisite Course(s): None

MDS 2410 – Quality Assurance of Equipment
This course provides students with an opportunity to learn about quality assurance from the perspective of machine acceptance testing. Annual, monthly and daily QA, machine tolerance and QA procedures are included along with the initial commissioning of the machine and ongoing maintenance. Equipment reviewed will be the linear acceleratory, simulators, Treatment Planning Systems (TPS), and survey meters. Students will learn about the role and function of ion chambers, diodes and film dosimetry in the QA process.
Progression Course: No
Prerequisite Course(s): None

MDS 1390 – Clinical Education I
This course is intended to provide an introduction to the hands-on practice of medical dosimetry. Initially through observation, and eventually by demonstrating stated objectives, the student will apply principles learned in Foundations of Medical Dosimetry, Contouring, Intro to Treatment Planning, Radiation Physics I, Radiation Physics II, and Patient Care, to the clinical setting.
Progression Course: No
Prerequisite Course(s): None

MDS 1490 – Clinical Education II
This course is intended to provide an introduction to the hands-on practice of medical dosimetry. Initially through observation, and eventually by demonstrating stated objectives, the student will apply principles learned in Clinical Education I, Foundations of Medical Dosimetry, Contouring, Intro to Treatment Planning, Radiation Physics I, Radiation Physics II, and Patient Care, to the clinical setting.
Progression Course: No
Prerequisite Course(s): Yes, MDS 1390

MDS 2590 – Clinical Education III
This course is intended to provide an introduction to the hands-on practice of medical dosimetry. Initially through observation, and eventually by demonstrating stated objectives, the student will apply principles learned in Clinical Education I, Foundations of Medical Dosimetry, Contouring, Intro to Treatment Planning, Radiation Physics I, Radiation Physics II, and Patient Care, to the clinical setting.
Progression Course: No
Prerequisite Course(s): Yes, MDS 1490

MDS 2690 – Clinical Education IV
This course is intended to provide an introduction to the hands-on practice of medical dosimetry. Initially through observation, and eventually by demonstrating stated objectives, the student will apply principles learned in Clinical Education I, Foundations of Medical Dosimetry, Contouring, Intro to Treatment Planning, Radiation Physics I, Radiation Physics II, and Patient Care, to the clinical setting.
Progression Course: No
Prerequisite Course(s): Yes, MDS 2590

MDS 2795 – Board Review
This course is designed as a comprehensive review of the medical dosimetry curriculum. It is designed to be both a review and detailed guide, with questions and answers, for students preparing to successfully pass the Medical Dosimetry Certification Board exam. All subject areas will be reviewed and learning strategies discussed.
Progression Course: No
Prerequisite Course(s): None

MDS 1330 – Complex Planning I SBRT/SBRS
This course introduces more complicated and complex planning modalities in both beam arrangement and algorithms for extracranial tumors including single and hypo fractionated treatments. Types of machines and technology used for both benign and malignant body tumors, fractionation and integral doses will be reviewed and discussed. Varying types of immobilizations, QA, setup and issues/concerns associated with each of these will be reviewed. The course will prepare students in creating, designing and completing a stereotactic treatment plan for your competencies and in assisting physicists to do the same for future SBRT/SBRS plans for patients.
Progression Course: No
Prerequisite Course(s): None

MDS 2420 – Complex Planning II SRT/SRS
This course introduces more complicated and complex planning modalities in beam arrangement and algorithms for intracranial tumors. Included are single and hypo fractionated treatments. Clinical protocols, site variation, biological effects, fractionation and integral doses will be reviewed and discussed. Varying types of immobilizations for each site, QA, setup and issues/concerns associated with each of these will be reviewed.
Progression Course: No
Prerequisite Course(s): Yes
MDS 1330- Complex Planning SBRT/SBRS

MDS 1230L – Treatment Planning Skills Lab
This course is laboratory-based and designed to provide students with the opportunity to translate theory into practical application of treatment planning Treatment planning, various algorithms used in the field, computation of dose, execution and evaluation of their plans and Quality Assurance at the plan's completion will be reviewed. The variety of treatment planning systems (TPS), machines and calculation check systems will be discussed and utilized.
Progression Course: Yes
Prerequisite Course(s): No

Career Development Workshop Series

The Career Development Workshop series is designed to provide students with instruction and assistance with building their resumes, cover letters, and thank you letters; as well as creating a LinkedIn profile, obtaining professional references, and creating a job search portfolio. Students will learn about the interview process and develop interviewing skills and strategies. Students may be provided with the opportunity to attend a mock interview or job fair. The Career Development Workshop series is a co-curricular graduation requirement for students enrolled in the Paramedic program.

Students must successfully complete the career development workshops offered during their program. Completion of the workshops will be documented in the student's academic records and noted as Pass/Fail grade. Students who fail to successfully complete these workshops will fail to meet their program's graduation requirements and will not be approved for graduation until the requirement is met.

Clinical/Laboratory Guidelines

Please refer to the program's *Clinical/Laboratory Guidelines, Rules and Regulations Handbook* for the complete rules and regulations pertaining to the program's clinical experience component.

Graduation Requirements

To graduate from the program, Students must have:

- Met all academic requirements.
- Met all clinical requirements and attained all required competencies.
- Successfully completed Career Development Workshop series.
- Met all financial obligations.
- Completed an exit interview.
- Returned their swipe card, ID card, etc.
- Periodically reviewed their radiation monitoring reports.
- Returned their radiation dosimeter and badge holder.

Graduation Time Frame

Students who have not fulfilled their graduation requirements by their scheduled graduation date, have 20 weeks in which to complete all missing graduation requirements.

Paramedic Program

Campus: Brooklyn and Staten Island

Accrediting Agency

The Paramedic Program is programmatically accredited by the Commission on Accreditation for Allied Health Education Programs (CAAHEP). The school is required to comply with their standards, Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions. If any violations occur, the school's policy is to investigate and correct the violation and ensure compliance with the standards in a timely fashion. To view a copy of the standards please visit the CAAHEP website at www.caahep.org. If a student feels that the school is not in compliance with the standards they can contact CAAHEP at the address and phone number below:

Committee on Accreditation of Allied Health Education Programs
25400 U.S. Highway 19 North, Suite 158
Clearwater, FL 33763
Phone: 727-210-2350
www.caahep.org

Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions
8301 Lakeview Parkway, Suite 111-312
Rowlett, TX 75088
Phone: 214-703-8445
http://coaemsp.org

State Licensure

Center for Allied Health Education is licensed by the New York State Education Department Bureau of Proprietary School Supervision to operate a Paramedic Program.

New York State Education Department Bureau of Proprietary School Supervision
89 Washington Avenue
Room 560
Albany, NY 12234

State Approval

Center for Allied Health Education is approved by the New York State Department of Health to operate a training school for Paramedics. Students may bring course complaints to New York State DOH EMS Bureau:

New York State Department of Health Bureau of Emergency Medical Services
547 River St. Rm 530
Troy, New York 12180-2216 518-402-0996
https://www.health.ny.gov/professionals/ems/

Important Addresses

The Paramedic Program prepares students to sit for the examination administered by National Registry of Emergency Medical Technicians.

National Registry of Emergency Medical Technicians
Rocco V. Morando Building 6610 Busch Blvd.
P.O. Box 29233
Columbus, Ohio 43229
614- 888-4484
https://www.nremt.org/

Program Outcomes

The following outcomes reflect program performance for the reporting period as required by ABHES:

Period	Outcome	Rate
7/1/2024 – 6/30/2025	Retention Rate	81%
	Job Placement	94%
	Credentialing Examination Pass Rate	97%

Mission Statement

CAHE's Paramedic Program has made a firm commitment to the education of students in the field of pre-hospital care. Our mission is the training of EMS Providers who are skilled individuals, qualified by technical education, to provide emergency medical services using the latest diagnostic and treatment modalities.

Goals

The Paramedic Program offers a program of emergency medical services training at the certificate level. The program's goal is to prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession. To graduate, students must:

- Complete all didactic objectives, including passing all courses by achieving a minimum passing grade.
- Complete all clinical objectives, including clinical performance and competency, problem solving skills, critical thinking skills, communication skills, professional development and growth.
- Participate as a team leader working with different team members to effectively diagnose and treat patients with varying medical illnesses and traumatic injuries.

The program identifies benchmarks to provide a standard by which the effectiveness of the program in achieving its goals can be evaluated. An assessment plan is in place and can be obtained from the program director.

Program Objectives

Upon graduation, students will receive a certificate of completion and are prepared to meet the requirements to sit for the certification exams administered by the National Registry of Emergency Medical Technicians and/or New York State Department of Health Bureau of EMS. Specifically, our objectives are to have our graduates perform effectively by:

- Applying knowledge learned to provide pre-hospital and emergency medical care
- Effectively communicating with patients and other healthcare providers
- Providing EMS care at the level of an entry-level paramedic
- Demonstrating high standards of pre-hospital and emergency medical practice in skill performance and patient advocacy
- Providing competent and safe care in a variety of settings to a group of patients with diverse needs across the lifespan by demonstrating knowledgeable decision making and judgment based on critical thinking, clinical competence, accountability and collaboration with the patient and healthcare team
- Understanding the benefits of professional growth, life learning, advanced degrees and professional societies

Program Staff

Medical Director
Josef Schenker, MD, MBA, NRP, FACEP, FAEMS
Loyola University Chicago

Sponsor's Administrator
Sarah Bokow, BA
Touro College (BA)

Program Director
Halyna Maslyuk, NRP, CIC
Center for Allied Health Education

Clinical Coordinator
Benjamin Ahdut, M.S. NRP, CLI
Center for Allied Health Education

For a listing of program faculty, please refer to the *Program Faculty* insert.

EMT-B Certification Requirement

All students must have NYS EMT-Basic or higher certification that is valid for the duration of the entire length of the Paramedic Program.

In the event that the student's certification is due to expire prior to the completion of the Paramedic Program, it shall be the responsibility of the student to enroll in an approved NYS DOH EMT Refresher Course. Proof of enrollment in a refresher (CME based or standard) course must be provided to the administrative office. EMT refreshers must be taken at the student's own expense and cannot interfere with the Paramedic class. If the student fails the refresher program and/or the EMT Certification Exam and subsequently their NYS EMT certification expires, they will be considered no longer certified and will be dropped from the Paramedic Program. Upon receiving renewed EMT certification, the student must supply a copy of the new certification card to the program director.

Technical Standards

Students must meet the following technical standards throughout the duration of the program.

Students must be able to:

- Communicate effectively via telephone and radio equipment
- Lift, carry and balance up to 125 pounds (250 pounds with assistance)
- Interpret oral, written and diagnostic form instructions
- Use good judgment and remain calm in high stress situations
- Be unaffected by loud noises and flashing lights
- Function efficiently without interruption throughout an entire work shift
- Calculate weight and volume ratios
- Read English language manuals and road maps
- Accurately discern street signs and addresses
- Interview patients, patient family members and bystanders
- Document, in writing, all relevant information in prescribed format, in light of legal ramifications of such
- Converse, in English, with coworkers and hospital staff with regard to the status of the patient
- Perform all tasks related to the highest quality patient care
- Bend, stoop and crawl on uneven terrain
- Withstand varied environmental conditions such as extreme heat, cold and moisture
- Work in low light situations and confined spaces
- Work with other providers to make appropriate patient care decisions

Criminal Conviction Policy

A student who has been involved in a criminal proceeding or who has been charged with or convicted of a crime should be aware that a conviction may not be an automatic bar to

certification.

Students who have been convicted of a misdemeanor or felony should contact the New York State Department of Health at 518-402-0996 for further instruction and National Registry at 614-888-4484.

Students with a criminal conviction should be aware that even though they may graduate from the program, they may not be eligible to sit for the NYS DOH EMS Certification Examination which is required in New York State to be allowed to work as a Paramedic. A criminal conviction may also make the student ineligible to sit for the National Registry Exam for Paramedics.

Advanced Standing Policy

Candidates with prior advanced training (MD, PA, RN, etc.) who wish to enroll in the class for the entire course or who will seek advanced standing will be evaluated on an equal basis with all other candidates. An Advanced Standing Application and corresponding fee is required to be submitted at least 35 days prior to the start of the program.

The Advanced Standing Application can be obtained by the Admissions Department.

The program recognizes that some individuals will possess previous education, training, certification and/or experience that may allow them to be granted advanced standing in a paramedic original course. Such persons may be exempted from certain portions of both the didactic and clinical phases of the program. All decisions regarding advanced standing will follow the latest New York State DOH guidelines (see policy #17-01, dated February 8, 2017). Any student granted advanced standing will be required to sign a learning contract with the details of the required coursework needed to successfully complete the program, tuition and fee costs and their schedule.

To provide a mechanism for students seeking advanced standing to demonstrate proficiency in didactic knowledge, that would allow them to be exempt from certain didactic sections of the paramedic course, the following testing policy is in place:

- Each advanced standing candidate must take the following exams prior to the date on which the corresponding material will be covered in class:
    - Math and EKG Exams
    - Protocol Assignments and Exams
    - All Final Course Exams
    - All Required Skill Evaluations
- To be exempt from any classes the student must obtain a score of at least 80% on the examination (as outlined above), which covers those classes.
- There will be no re-testing of these examinations. Failure to obtain a score of at least 80% requires the student to attend all classes in the respective course.
- If a student obtains a score of 80% or above on the examination, they will then be excused from all didactic sessions and quizzes covered by that examination. The student will be required to attend practical sessions as indicated below and/or as per the discretion of the program director and program's Medical Director.
- Students who have previously attended CAHE's Paramedic Program may also be exempted from certain didactic and clinical components. This will be based on their previous performance including; but not limited to, past attendance, test scores, practical evaluations and exams and clinical performance.
- All students granted advanced standing will be required to attend and pass any sub-courses offered in conjunction with the paramedic program (i.e. ACLS, PALS, BLS, PHTLS), unless written documentation of said certification is provided.
- To provide a mechanism for students seeking advanced standing to demonstrate proficiency in practical skills that would allow them to be exempted from certain practical sessions, all advanced standing candidates will have to complete an ALS Skill Evaluation/Proficiency Examination prior to the class said skill is scheduled to be covered.

- All advanced standing paramedic students will have to successfully complete all final course testing procedures (Including oral exams, megacode exams, etc.) as outlined later in the Paramedic Program's section in Part 2 of the Institutional Catalog.
- A student may be granted advanced standing in the clinical phase of the program. To qualify for such advanced standing, the student must provide written documentation attesting to the completion of equivalent clinical training. After evaluation by the program director and medical director a final decision regarding clinical rotation exemption will be made.

Because there are many factors that affect the granting of advanced standing, including but not limited to: class size limitations, available administrative time, available testing resources and available clinical resources; ultimate determination of eligibility for and granting of advanced standing will be made by the program director and must be approved by the medical director. **There is no appeal process to this decision.**

Code of Ethics for EMS Practitioners

- To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.
- To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.
- To not use professional knowledge and skills in any enterprise detrimental to the public wellbeing.
- To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.
- To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other healthcare practitioners, patients, individuals or the community at large.
- As a citizen, to understand and uphold the law and perform the duties of citizenship; as a professional, to work with concerned citizens and other healthcare professionals in promoting a high standard of emergency medical care to all people.
- To maintain professional competence, striving always for clinical excellence in the delivery of patient care.
- To assume responsibility in upholding standards of professional practice and education.
- To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.
- To be aware of and participate in matters of legislation and regulation affecting EMS.
- To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.
- To refuse participation in unethical procedures and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Credentialing Examinations and Certifications

The Paramedic Program's curriculum is designed to prepare students to sit for, and successfully pass, the applicable required or recommended credentialing examination. Students who have successfully completed their program's entire course of study, fulfilled all of the graduation requirements and met all of their financial obligations will be eligible to sit for the following certification examinations, provided that they meet all other applicable prerequisites:

Examination	Administered By
NREMT Cognitive Examination	National Registry of Emergency Medical Technicians
EMS Written Certification Examination	New York State Department of Health
NYC REMAC Examination	Regional Emergency Medical Services Council of New York

National certification is required to function as a paramedic in states that do not require any additional certification. New York State certification is required to function as a paramedic in New York State, excluding New York City. New York City certification is required to function as a paramedic in New York City.

Functional Position Description of the Paramedic

(New York State Department of Health Bureau of Emergency Medical Services Policy Statement No. 00-10)

Purpose:

Provide a guide for those who are interested in understanding what qualifications, competencies and tasks are expected of the Paramedic.

Qualifications:

- Complete the Application for Emergency Medical Services Certification (DOH-65), including affirmation regarding criminal convictions
- Successfully complete an approved New York State EMT-B or AEMT course
- Receive a passing score on the practical and written certification examinations
- Must be at least 18 years of age prior to the last day of the month in which they are scheduled to take the written certification examination
- Knowledge and Skills required show need for high school or equivalent education
- Ability to communicate effectively via telephone and radio equipment
- Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance)
- Ability to interpret oral, written and diagnostic form instructions
- Ability to use good judgement and remain calm in high stress situations
- Ability to be unaffected by loud noises and flashing lights
- Ability to function efficiently without interruption throughout an entire work shift
- Ability to calculate weight and volume ratios
- Ability to read English language, manuals and road maps
- Ability to accurately discern street signs and addresses
- Ability to interview patients, patient family members and bystanders
- Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such
- Ability to converse, in English, with coworkers and hospital staff with regard to the status of the patient
- Possesses good manual dexterity with ability to perform all tasks related to the highest quality patient care
- Ability to bend, stoop and crawl on uneven terrain

- Ability to withstand varied environmental conditions such as extreme heat, cold and moisture
- Ability to work in low light situations and confined spaces
- Ability to work with other providers to make appropriate patient care decisions

Competency Areas:

The Paramedic:

- Must be capable of utilizing all EMT-B and AEMT- intermediate skills and equipment.
- Must be able to perform under Advanced Cardiac Life Support (ACLS) and Basic Trauma Life Support (BTLS) standards.
- Must be knowledgeable and competent in the use of a cardiac monitor/defibrillator and intravenous drugs and fluids.
- Has reached the highest level of pre-hospital care certification.

Description of Tasks:

- Responds to calls when dispatched. Reads maps, may drive ambulance to emergency site using most expeditious route permitted by weather and road conditions. Observes all traffic ordinances and regulations.
- Uses appropriate body substance isolation procedures. Assesses the safety of the scene, gains access to the patient, assesses extent of injury or illness. Extricates patient from entrapment. Communicates with dispatcher requesting additional assistance or services as necessary. Determines nature of illness or injury. Visually inspects for medical identification emblems to aid in care (medical bracelet, charm, etc.) Uses prescribed techniques and equipment to provide patient care. Provides additional emergency care following established protocols. Assesses and monitors vital signs and general appearance of patient for change. Makes determination regarding patient status and priority for emergency care using established criteria. Reassures patient, family members and bystanders.
- Assists with lifting, carrying and properly loading patient into the ambulance.
- Avoids mishandling patient and undue haste. Determines appropriate medical facility to which patient will be transported. Transports patient to medical facility providing ongoing medical care as necessary en route. Reports nature of injury or illness to receiving facility. Asks for medical direction from medical control physician and carries out medical control orders as appropriate. Assists in moving patient from ambulance into medical facility. Reports verbally and in writing observations of the patient's emergency and care provided (including written report(s) and care provided by Certified First Responders prior to EMT-B/AEMT arrival on scene) to emergency department staff and assists staff as required.
- Complies with regulations in handling deceased, notifies authorities and arranges for protection of property and evidence at scene.
- Replaces supplies, properly disposes of medical waste. Properly cleans contaminated equipment according to established guidelines. Checks all equipment for future readiness. Maintains ambulance in operable condition. Ensures cleanliness and organization of ambulance, its equipment and supplies. Determines vehicle readiness by checking operator maintainable fluid, fuel and air pressure levels. Maintains familiarity with all specialized equipment.

Academic Policy

Program Delivery

The program is delivered blended/hybrid; coursework within the program is delivered online and at CAHE's campus location.

Program Schedule

The Paramedic Program consists of 42 weeks and 1028 clock hours divided into three 10-week quarters and one 12-week quarter. Classes are scheduled to be conducted two days per week from 9:00 a.m. to 5:00 p.m., for a maximum of 15 instructional hours per week; and classes for the evenings are scheduled to be from 6:30 p.m. until 10:00 p.m., and may include Sundays between 9:00 a.m. and 5:00 p.m., for a maximum of 18 instructional hours per week. To complete the clinical phase of the program a student is required to complete an additional estimated 24 hours a week of clinical rotations. Clinical rotations are self- scheduled by each student based on their individual schedule and rotation availability.

Program Courses

Course Number	Course Title	Hours
EMTP 1112	Pharmacology I	25
EMTP 1122	Anatomy and Physiology	30
EMTP 1133	EMS Operations	10
EMTP 1151L	Paramedic Laboratory I	42
EMTP 1190	Clinical Education I	96
EMTP 1212	Pharmacology II	25
EMTP 1241	Advanced Airway Management	30
EMTP 1251L	Paramedic Laboratory II	42
EMTP 1290	Clinical Education II	160
EMTP 1313	Cardiology	30
EMTP 1323	Medical Emergencies	30
EMTP 1351L	Paramedic Laboratory III	49
EMTP 1390	Clinical Education III	144
EMTP 1413	Trauma	25
EMTP 1423	Women's Health and Pediatrics	25
EMTP 1451L	Paramedic Laboratory IV	49
EMTP 1490	Clinical Education IV	216

Course Descriptions

EMTP 1112 Pharmacology I
The course will cover basic Pharmacology principles including historical perspectives on drug administration, drug names and classifications, pharmacodynamics, pharmacokinetics, legal considerations to drug administration, and medication math. Students will be taught all aspects of medication administration.
Progression Course: No
Prerequisite Course(s): None
Co-requisite Course(s): EMTP 1133, EMTP 1112, EMTP 151L, EMTP 1190

EMTP 1122 Anatomy and Physiology
This course is the study of human anatomy and physiology and provides an overview of cells, tissues and organs, chemistry, nutrition, metabolism, and all of the major bodily systems.
Progression Course: Yes
Prerequisite Course(s): None
Co-requisite Course(s): EMTP 1133, EMTP 1112, EMTP 1151L, EMTP 1190

EMTP 1133 EMS Operations
This course will cover EMS Systems, Workforce Safety and Wellness, Public Health, Medical-Legal and Ethical Issues, Communications, Documentation, Transport Operations, Incident Management, Vehicle Extrication and Special Rescue, Hazardous Materials, Terrorism Response, Disaster Response, and Crime Scene Awareness.
Progression Course: No
Prerequisite Course(s): None
Co-requisite Course(s): EMTP 1112, EMTP 1122, EMTP 1251L, EMTP 1190

EMTP 1151L Paramedic Laboratory I
Clinical Education I is a hands-on course that focuses on exposing students to ALS care as well as the Adult ED setting. Students are expected to demonstrate competency in BLS skills and care. Once cleared in Intravenous access, students may have the opportunity to perform these skills under preceptor guidance.
Progression Course: No
Prerequisite Course(s): None
Co-requisite Course(s): EMTP 1133, EMTP 1112, EMTP 1122, EMTP 1190

EMTP 1190 Clinical Education I
Clinical Education I is a hands-on course that focuses on exposing students to ALS care as well as the Adult ED setting. Students are expected to demonstrate competency in BLS skills and care. Once cleared in Intravenous access, students may have the opportunity to perform these skills under preceptor guidance.
Progression Course: No
Prerequisite Course(s): EMTP 1121, EMTP 1190
Co-requisite Course(s): EMTP 1133, EMTP 1112, EMTP 1122, EMTP 1151L

EMTP 1212 Pharmacology II
The course will cover advanced Pharmacology principles including patient assessment for appropriate medication usage, commonly seen chronic maintenance medications, formulas and calculations required for accurate medication administration, and a review of the medications used in paramedic practice.
Progression Course: No
Prerequisite Course(s): EMTP 1112, EMTP 1122
Co-requisite Course(s): EMTP 1241, EMTP 1251L, EMTP1290

EMTP 1241 Advanced Airway Management
The Advanced Airway Management course is a comprehensive course focused on advanced techniques and strategies essential for effective airway management. Students will receive instruction in oxygenation, ventilation endotracheal intubation, and the use of supraglottic airways, equipping them with the knowledge and experience needed to confidently handle complex airway scenarios. Additionally, students learn the foundations and utilization of waveform capnography which enhances students' ability to assess the ventilation status. Through a combination of theoretical instruction, practical exercises, class discussions, and simulated patient scenarios, paramedic students will develop the critical skills necessary for advanced airway management in the field.
Progression Course: No
Prerequisite Course(s): EMTP 1122
Co-requisite Course(s): EMTP 1212, EMTP 1251L, EMTP 1290

EMTP 1251L Paramedic Laboratory II
The course will consist of practice and evaluations of Basic and Advanced Airway skills, including Endotracheal Intubation, Alternative Airways, Assessment of the Patient who has medical or traumatic etiology using Basic and Advanced diagnostic tools.
Progression Course: No
Prerequisite Course(s): EMTP 1122, EMTP 1151L
Co-requisite Course(s): EMTP 1212, EMTP 1241, EMTP 1290

EMTP 1290 Clinical Education II
Clinical Education II is a comprehensive hands-on course that focuses on exposing students to various clinical settings. In addition to Field Rotations, students will gain exposure to specialties such as the Adult Emergency Department, Respiratory Therapy, and Anesthesia. Rotating within these departments allows the student to perform and assist in intravenous access, medication administration, advanced airway skills, patient assessments with different medical and trauma morphologies. Students will have the opportunity to perform skills under preceptor guidance, once cleared in lab.
Progression Course: No
Prerequisite Course(s): No
Co-requisite Course(s): EMTP 1212, EMTP 1241, EMTP 1251L

EMTP 1313 Cardiology
This course will cover cardiac physiology, cardiovascular emergencies, 3-leads, 12-leads, managing a field code, and critical decision making.
Progression Course: No
Prerequisite Course(s): None
Co-requisite Course(s): EMTP 1323, EMTP 1351L, EMTP 1390

EMTP 1323 Medical Emergencies
This course covers medical emergencies that may be encountered in the prehospital setting including respiratory, neurologic, abdominal, gastrointestinal, genitourinary, renal, endocrine, hematologic, immunologic, and psychiatric emergencies. Also covered are diseases of the eyes, ears, nose, and throat, infectious diseases, and toxicology.
Progression Course: No
Prerequisite Course(s): None
Co-requisite Course(s): EMTP 1313, EMTP 1351L, EMTP 1390

EMTP 1351L Paramedic Laboratory III
The course will consist of practice and evaluations in the following areas: Skills practice and evaluations in the following disciplines EKG Interpretation, 12 Lead EKG Interpretation, Defibrillation, Cardioversion, Transcutaneous Pacing and Scenarios.
Progression Course: No
Prerequisite Course(s): EMTP 1251L
Co-requisite Course(s): EMTP 1313, EMTP 1323, EMTP 1390

EMTP 1390 Clinical Education III
Clinical Education III is a comprehensive, hands-on course that focuses on exposing students to various clinical settings. In addition to Field Rotations, students will gain exposure to specialties such as Online Medical Control, Critical Care Transport, and additional sites. Rotating within these departments allows the student to perform and assist in intravenous access, medication administration, advanced airway skills, cardiac monitoring, rhythm interpretations, 12 lead placement and interpretations, defibrillation, cardioversion, transcutaneous pacing, patient assessments with different medical and trauma morphologies. Students will have the opportunity to perform skills under preceptor guidance, once cleared in lab.
Progression Course: No
Prerequisite Course(s):
Co-requisite Course(s): EMTP 1313, EMTP 1323, EMTP 13561L

EMTP 1413 Trauma
This course will cover trauma-related emergencies including blunt and penetrating trauma, soft tissue injuries, burns, musculoskeletal injuries, head and facial trauma, spinal trauma, thoracic and abdominal trauma. Students will also study trauma systems, shock, environmental emergencies, and geriatric emergencies.

Progression Course: No
Prerequisite Course(s): None
Co-requisite Course(s): EMTP 1423, EMTP 1451L, EMTP 1490

EMTP 1423 Women's Health and Pediatrics
This course focuses on gynecological emergencies, obstetrics, complications associated with pregnancy, labor, and postpartum, neonatal care and resuscitation, and pediatrics. Life-span development is also discussed.
Progression Course: No
Prerequisite Course(s): None
Co-requisite Course(s): EMTP 1413, EMTP 1451L, EMTP 1490

EMTP 1451L Paramedic Laboratory IV
The course will consist of practice and evaluations in the following areas: hands-on scenario skills and Megacode in patients of different ages with different medical and trauma disorders as well as be evaluated in skills that have not been performed in the field or clinical setting.
Progression Course: No
Prerequisite Course(s): EMTP 1351L
Co-requisite Course(s): EMTP 1413, EMTP 1423, EMTP 1490

EMTP 1490 Clinical Education IV
Clinical Education IV is a comprehensive, hands-on course that focuses on exposing students to various clinical settings. In addition to Field Rotations, students will gain exposure to specialties such as Labor and Delivery, Pediatric ED, and the Cardiac Catheterization Lab. Rotating within these departments allows the student to perform and assist in intravenous access, medication administration, advanced airway skills, cardiac monitoring, rhythm interpretations, 12 lead placement and interpretations, defibrillation, cardioversion, transcutaneous pacing, patient assessments with different medical and trauma morphologies. Towards the end of the course, students will complete a Capstone Field internship.
Progression Course: No
Prerequisite Course(s): None
Co-requisite Course(s): EMTP 1413, EMTP 1423, EMTP 1451L

Independent Study Certification

As part of a student's graduation requirements, students are required to complete the current version of the following FEMA Courses:

- IS-100
- IS-200
- IS-700
- IS-800
- IS-5 (NYS Requirement) or a HAZWOPER First Responder Awareness Level (National Registry Requirement)

The Independent Study courses must be taken on a student's own time by going to FEMA's Independent Study Program's website at http://training.fema.gov/is .

There are multiple sites available to the student to fulfill the HAZWOPER First Responder Awareness Level requirement. We do not recommend any particular website, but it must fulfill the OSHA requirement 29 CFR 1910.120 (q)(6)(i)(a-f).

Upon completion of the above courses, students must submit to the program office their certificate of completion as proof that they have completed the course.

In addition, if a student would like to qualify for the National Registry Exam produced by the NREMT they will be required to provide proof of completion of a HAZWOPER course. The HAZWOPER course may be found online. The HAZWOPER course is not a graduation requirement but is only a requirement for students who wish to qualify for the National Registry Exam.

Career Development Workshop Series

The Career Development Workshop series is designed to provide students with instruction and assistance with building their resumes, cover letters, and thank you letters; as well as creating a LinkedIn profile, obtaining professional references, and creating a job search portfolio. Students will learn about the interview process and develop interviewing skills and strategies. Students may be provided with the opportunity to attend a mock interview or job fair. The Career Development Workshop series is a co-curricular graduation requirement for students enrolled in the Paramedic program.

Students must successfully complete the career development workshops held during their program. Completion of the workshops will be documented in the student's academic records and noted as Pass/Fail grade. Students who fail to successfully complete these workshops will fail to meet their program's graduation requirements and will not be approved for graduation until the requirement is met.

Clinical/Laboratory Guidelines

Please refer to the program's *Clinical/Laboratory Guidelines, Rules and Regulations Handbook* for the complete rules and regulations pertaining to the program's clinical experience component

Graduation Requirements

To graduate from the program, Students must have:

- Met all academic requirements.
- Met all clinical requirements and attained all required competencies.
- Successfully completed Career Development Workshop series.
- Met all financial obligations.
- Completed an exit interview.
- Returned their swipe card, ID card, etc.
- Received certification in AHA BLS, ACLS, PALS and NAEMT PHTLS*
- Successfully completed the current version of the following FEMA Courses:
  - IS-100
  - IS-200
  - IS-700
  - IS-800
  - IS-5 (NYS Requirement) or a HAZWOPER First Responder Awareness Level (National Registry Requirement)

*A student who does not obtain certification upon completing the AHA or NRP course provided during the program may complete the requirement as follows:

- Pass and obtain certification by attending a course provided by CAHE with another cohort or at another location.
- Pass and obtain certification by attending a course provided by an outside agency. Any course taken by an outside agency for certification must be pre-approved by the program director.

Graduation Time Frame

Students who have not fulfilled their graduation requirements by their scheduled graduation date, have 21 weeks in which to complete all graduation requirements.

Radiation Therapy Program

Campus: Brooklyn

Accrediting Agency

The Radiation Therapy Program is programmatically accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The program is required to comply with the JRCERT's Standards for an Accredited Educational Program in Radiation Therapy. If any violations occur, the program's policy is to investigate and correct the violation and ensure compliance with the standards in a timely fashion. The students should familiarize themselves with the JRCERT Standards and the program's effectiveness data are available on the JRCERT website at www.jrcert.org. If a student feels that the program is not in compliance with the standards they can contact JRCERT at:

Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Dr., Suite 2850
Chicago, Illinois 60606-3182
312-704-5300
mail@jrcert.org

State Licensure

Center for Allied Health Education is licensed by the New York State Education Department Bureau of Proprietary School Supervision to operate a Radiation Therapy Program.

New York State Education Department Bureau of Proprietary School Supervision

89 Washington Avenue, Room 560
Albany, NY 12234

State Approval

Center for Allied Health Education is approved by the New York State Department of Health to operate a training school for radiation therapists.

New York State Department of Health Bureau of Environmental Radiation Protection
Corning Tower – Empire State Plaza
Albany, New York 12237

Important Addresses

The Radiation Therapy Program prepares students to sit for the examination administered by The American Registry of Radiologic Technologists.

The American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN 55120-1155

Program Outcomes

The following outcomes reflect program performance for the reporting period as required by ABHES:

Period	Outcome	Rate
7/1/2024 – 6/30/2025	Retention Rate	92%
	Job Placement	92%
	Credentialing Examination Pass Rate	90%

Mission Statement

CAHE's Radiation Therapy Program has made a firm commitment to the education of students in the field of Radiation Therapy. Our mission is the training of radiation therapists who are skilled individuals, qualified by technical education, to provide treatment to radiation oncology patients.

Goals

The Radiation Therapy Program offers a program of radiation therapy education at the certificate level. The goals of the program are to have students who will:

- Be clinically competent
- Communicate effectively
- Use critical thinking and problem-solving skills
- Grow and develop professionally

The program identifies benchmarks to provide a standard by which the effectiveness of the program in achieving its goals are continually monitored and evaluated. An assessment plan is in place and can be obtained from the program director.

Program Objectives

Upon graduation, students are prepared to meet the requirements to sit for the written examination of the American Registry of Radiologic Technologists (ARRT) and to function as entry level radiation therapists. Specifically, our objectives are to have our graduates perform effectively by:

- Applying knowledge of radiation protection for patients, self, and others
- Applying knowledge of anatomy and positioning to accurately demonstrate anatomical structures on a digital image
- Applying knowledge of anatomical structures and positioning to be able to reproduce the correct set up of patients
- Examining digital images for the purpose ofpositioning and other pertinent technical information
- Exercising discretion and judgment in the performance of radiation treatments
- Providing patient care essential to radiation therapy procedures
- Recognizing emergency patient conditions and initiating lifesaving treatment, if necessary, within their scope of practice

Student Learning Outcomes

- Students will be able to follow written directives
- Students will be able to position patients as directed in a treatment plan
- Students will be able to operate equipment to deliver prescribed therapeutic dose
- Students will be able to operate simulators
- Students will utilize radiation safety
- Students will use effective oral communication skills
- Students will demonstrate written communication skills
- Students will demonstrate effective presentation skills
- Students can recognize equipment malfunction and take appropriate action
- Students will be able to interpret a treatment plan
- Students will demonstrate professional behavior
- Students will understand professional decision making
- Students will understand the importance of obtaining membership in professional organizations
- Students will complete the program
- Students will pass the National Certification on the first attempt

- Graduates will be satisfied with their education and training
- Graduates will be gainfully employed within one year
- Employers will be satisfied with graduates' training

Program Staff

Program Director
Lauren Diamond, MBA, R.T.(T)
University of South Carolina (MBA)

Clinical Coordinator
Jordyn Schlussel, B.S., R.T.(T)
University of Wisconsin

For a listing of program faculty, please refer to the *Program Faculty* insert.

Technical Standards

Students must meet the following technical standards throughout the duration of the program.

Students must be able to:

- Visually monitor patient from outside of the treatment room.
- Read digital readout devices on machine controls and gantry.
- Review images for evaluation purposes.
- Visually observe the patient's clinical status.
- Orally communicate clearly with patients and co-workers.
- Hear patient communications from a distance of ten feet away.
- Hear patient and/or co-workers in a darkened treatment room.
- Lift electron cones weighing up to 20 pounds and insert them into the machine.
- Assist patients onto treatment couch from wheelchair or stretcher.
- Respond to emergencies in a timely fashion.
- Observe, recognize and report on non-verbal reactions from a patient.
- Stand or walk to perform the job functions throughout the day.

Criminal Conviction Policy

A student who has been involved in a criminal proceeding or who has been charged with or convicted of a crime should be aware that a conviction may not be an automatic bar to certification. Students who have been convicted of a misdemeanor or felony should do the following:

- Contact the New York State Department of Health at 518-402-7580
- File a request for pre-application review with the ARRT to obtain a ruling on the impact of the situation on their eligibility for certification and registration. The application can be found at www.arrt.com/ethics/pre-application process

Students with a conviction should be aware that even though they may graduate from the program, they may not be able to sit for the ARRT Certification Examination, which is required for licensure in New York State, and without such certification they will not be allowed to work as a radiation therapist.

The Code of Ethics

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services

to humanity with full respect for the dignity of mankind.

3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socio-economic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent.
7. Information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
8. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
9. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
10. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
11. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

Credentialing Examinations and Certifications

The Radiation Therapy Program's curriculum is designed to prepare students to sit for, and successfully pass, the applicable required or recommended credentialing examination. Students who have successfully completed their program's entire course of study, fulfilled all of the graduation requirements and met all of their financial obligations will be eligible to sit for the following certification examinations, provided that they meet all other applicable prerequisites:

Examination	Administered By
Radiation Therapy Examination	The American Registry of Radiologic Technologists
Radiologic Technology Application	New York State Department of Health

Pursuant to New York State Public Health Law, only licensed Radiologic Technologists may practice radiologic technology in New York State. Students attending approved programs of Radiologic Technology may use ionizing radiation under supervision, only during the required program hours. A temporary permit to practice radiologic technology pending an examination is issued at the time of graduation. Graduates should schedule themselves to take the licensing examination as soon as possible after graduating, since the temporary permit expires after 180 days. If a graduate fails to pass the ARRT examination, the temporary permit will expire 10 days after the ARRT notifies the New York State Department of Health of the failure, and the graduate may not practice radiologic technology until he/she passes the ARRT registry examination.

Academic Policy

Program Delivery

The program's delivery method is blended/hybrid; coursework offered within the program is on campus (residential) or via CAHE's learning management system (distance).

Program Schedule

The Radiation Therapy Program consists of 74 weeks and 1740 clock hours divided into seven 10-week quarters followed by four weeks of Registry Review. Classes and clinical rotations may be scheduled Monday through Friday between 8:00 a.m. and 5:00 p.m. and Sundays when make-up sessions are scheduled. Class schedules are subject to change. Clinical rotation schedules are based on the shifts of each affiliated educational setting and are subject to change.

Program Courses

Course Number	Course Title	Hours
AHS 1110	Foundational Skills and Terminology for Healthcare Providers I	15
AHS 1210	Foundational Skills for Healthcare Providers II	10
AHS 1610	Medical Imaging Modalities	10
BIO 1120	Anatomy and Physiology I	30
BIO 1130	Anatomy and Physiology II	30
BIO 1210	Cross-sectional Anatomy	30
BIO 2120	Pathophysiology	40
ETH 1210	Ethics and Law in the Healthcare Professions	30
MDS 2410	Quality Assurance of Equipment	15
PHY 1130	General Physics	40
PSY 1220	Research Methods and Information Literacy	40
RAD 1130	Radiation Physics I	30
RAD 1231	Radiation Physics II	30
RAD 1370	Radiation Protection	20
RAD 1470	Radiation Biology	30
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RTT 1151	Simulation Procedures	30
RTT 1152L	Simulation Procedures Lab	40
RTT 1200	Introduction to Radiation Therapy II	30
RTT 1251	Treatment Procedures I	30
RTT 1252L	Treatment Procedures I Lab	40
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RTT 1431	Radiation Therapy Physics	40
RTT 1491	Clinical Education I	210
RTT 1530	Treatment Planning I	30
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AHS 1110 Foundational Skills and Terminology for Healthcare Providers I
This course is designed to introduce the student to the skills and terminology required to participate in various healthcare professions. Students will develop a practical working vocabulary to communicate with other healthcare providers. The student will learn their role and expectations in the healthcare environment and the clinical technology and policies of the institution. Additional topics include personal protective equipment (PPE), blood-borne pathogens, infection control, CPR, basic radiation safety, MRI safety and screening, and pharmacology.
Pre-requisites: None
Co-requisites: None
Progression Course: No

AHS 1210 Foundational Skills for Healthcare Providers II
This course ensures that students develop patient care skills applicable to clinical professions. Students will learn to use appropriate communication techniques in the workplace and with patients or their caregivers. Special emphasis will be placed on patients of different backgrounds and grieving patients or their families. Students will learn skills including patient transfer, moving and positioning patients with IVs or other medical equipment, obtaining vital signs, and managing medical emergencies within their scope of practice.
Pre-requisites: None
Co-requisites: None
Progression Course: No

AHS 1610 Medical Imaging Modalities
This course introduces the student to medical imaging equipment and techniques used across the imaging department and the careers associated with operating each modality. Topics will include radiologic imaging and radiation therapy treatment, molecular and nuclear medicine imaging, diagnostic medical sonography, and magnetic resonance imaging. The course will describe the mechanisms for image formation and display, uses in medicine, benefits and drawbacks, and the licensing and certification requirements to enter careers in each field.
Pre-requisites: None
Co-requisites: None
Progression Course: No

BIO 1120 Anatomy and Physiology I
This course aids students in analyzing the normal structure of the human body and how it functions. The focus will be on the skeletal, muscular, integumentary, and nervous systems and their interrelationships. Additional topics include the structure, function, and pathology of cells and tissues, disease mechanisms, and the physiological and chemical functions to maintain homeostasis.
Pre-requisites: None
Co-requisites: None
Progression Course: No

BIO 1130 Anatomy and Physiology II
This course aids students in analyzing the normal structure of the human body and how it functions. The focus will be on the endocrine, circulatory, respiratory, digestive, renal, reproductive, lymphatic and immune systems and their interrelationships. Additional topics include the structure, function and pathology of cells and tissues, disease mechanisms, and the physiological and chemical functions to maintain homeostasis.
Pre-requisites: None
Co-requisites: None
Progression Course: No

BIO 1210 Cross-sectional Anatomy
This course is designed to enable the student to identify anatomical structures using transverse (axial), sagittal, coronal, and oblique sections. Key topics include the relationships of organs, vascular structures, body planes, and quadrants.
Pre-requisites: None
Co-requisites: None
Progression Course: No

BIO 2120 Pathophysiology
This course is designed to expand on the student's concept of diseases. Emphasis will be placed on different types of growths, and causative factors. Etiology and clinical manifestations of disease in all systems will also be described.
Pre-requisites: BIO 1120, BIO 1130
Co-requisites: None
Progression Course: No

ETH 1210 Ethics and Law in the Health Professions
This course introduces the legal and ethical implications of working in medical professions. Topics explored include, but are not limited to, basic legal principles and doctrines such as torts, professional liability insurance, informed consent, privacy laws, and HIPAA. Ethical issues that health educators, students, and clinicians are faced with in daily practice will be explored.
Pre-requisites: None
Co-requisites: None
Progression Course: No

MDS 2410 Quality Assurance of Equipment
This course provides students with an opportunity to learn about quality assurance from the perspective of machine acceptance testing. Annual, monthly and daily QA, machine tolerance and QA procedures are included along with the initial commissioning of the machine and ongoing maintenance. Equipment reviewed will be the linear acceleratory, simulators, Treatment Planning Systems (TPS), and survey meters. Students will learn about the role and function of ion chambers, diodes and film dosimetry in the QA process.
Pre-requisites: None
Co-requisites: None
Progression Course: No

PHY 1130 General Physics
This course introduces the student to modern physics' laws, fundamental principles, and problem-solving methods. Key topics include the concepts surrounding us in the physical world, including forces, friction, motion, fluids, thermodynamics, kinetic energy, atomic structure, mechanics, electromagnetism, thermodynamics, waves, sound, and light.
Pre-requisites: None
Co-requisites: None
Progression Course: No

PSY 1220 Research Methods and Information Literacy
This course is designed to give the student the background and opportunity to research topics related to their field of professional study. Students will be introduced to the concept of evidence- based practice, and will learn to determine the credibility of source material when evaluating literature. The course content emphasizes intellectual inquiry, information literacy, and the use of scholarly research methods in support of evidence-based practice. Students will prepare a project which will include a properly formatted and cited literature review, case study or poster presentation. The finished product must be appropriate for publication or conference presentation.
Pre-requisites: None
Co-requisites: None
Progression Course: No

RAD 1130 Radiation Physics I
This course is designed to introduce the student to physics concepts in the radiologic sciences. Students will learn the parts of the x-ray imaging system, including circuits and generators and the x-ray tube. Additional topics include x-ray image production, intensity, energy, interactions with matter, absorption, and attenuation.
Pre-requisites: PHY 1130 General Physics
Co-requisites: None
Progression Course: No

RAD 1231 Radiation Physics II
This course is designed to introduce the student to physics concepts in the radiologic sciences. Students will learn the parts of the x-ray imaging system, including circuits and generators and the x-ray tube. Additional topics include x-ray image production, intensity, energy, interactions with matter, absorption, and attenuation.
Pre-requisites: None
Co-requisites: None
Progression Course: No

RAD 1370 Radiation Protection
This course is designed to present principles of radiation protection and safety for the patient, public and radiation therapist. Radiation health and safety requirements of federal and state regulatory agencies, accreditation agencies and healthcare organizations are incorporated. Specific responsibilities of the radiation therapist are discussed, examined and evaluated.
Pre-requisites: None
Co-requisites: None
Progression Course: No

RAD 1470 Radiation Biology
This course is designed to present basic concepts and principles of radiation biology. The interactions of radiation with cells, tissues and the body as a whole, and resultant biophysical events will be presented. Discussion of the theories and principles of tolerance dose, time-dose relationships, fractionation schemes and the relationship to the clinical practice of radiation therapy will be discussed, examined and evaluated.
Pre-requisites: BIO 1120, BIO 1130
Co-requisites: None
Progression Course: No

RAD 2360 Quality Management and Operational Issues
This course is designed to focus on the components of quality improvement (QI) programs in radiation oncology. The role of the various radiation therapy team members in continuous quality improvement will be discussed as well as the legal and regulatory implications for maintaining appropriate quality care. Human resource concepts and regulations impacting the radiation therapist will be examined. Billing and reimbursement issues pertinent to the radiation therapy department will be presented.
Pre-requisites: None
Co-requisites: None
Progression Course: No

RTT 1101 Introduction to Radiation Therapy I
This course is the first of a two-part series designed to provide an overview of cancer and the specialty of radiation therapy. The current aspects of cancer treatment will be covered. The roles and responsibilities of the radiation therapist will be discussed. In addition, treatment prescription, techniques, and delivery will be covered.
Pre-requisites: None
Co-requisites: None
Progression Course: No

RTT 1151 Simulation Procedures
The clinical practice content is designed to provide sequential development of procedural information specific to radiation therapy. Through introductory procedures courses and their concurrent labs, radiation therapy students will be adequately prepared to begin instruction in clinical facilities. Students will be introduced to the concepts of departmental policies and procedures, team practice, and patient-centered care. The student will understand the rationale involved in simulation procedures in order to complete competencies in a laboratory setting. At the end of the course, students will be prepared to enter into a simulation rotation and complete the required ARRT simulation competencies under the direct supervision of a radiation therapist.
Pre-requisites: None
Co-requisites: RTT 1152 Simulation Procedures Lab
Progression Course: No

RTT 1152L Simulation Procedures Lab
The clinical practice content is designed to provide sequential development of procedural information specific to radiation therapy. Through introductory procedures courses and their concurrent labs, radiation therapy students will be adequately prepared to begin instruction in clinical facilities. Students will be introduced to the concepts of departmental policies and procedures, team practice, and patient-centered care. The student will complete competency procedures in a laboratory setting. At the end of the course, students will be prepared to enter into a simulation rotation and complete the required ARRT simulation competencies under the direct supervision of a radiation therapist.
Pre-requisites: None
Co-requisites: RTT 1151 Simulation Procedures
Progression Course: Yes

RTT 1200 Introduction to Radiation Therapy II
This course is designed to provide an overview of cancer and the specialty of radiation therapy. The historic and current aspects of cancer treatment will be covered. The roles and responsibilities of the radiation therapist will be discussed. In addition, treatment prescription, techniques and delivery will be covered.
Pre-requisites: None
Co-requisites: None
Progression Course: No

RTT 1251 Treatment Procedures I
The clinical practice content is designed to provide sequential development of procedural information specific to radiation therapy. Through introductory procedures courses and their concurrent labs, radiation therapy students will be adequately prepared to begin instruction in clinical facilities. Students will be introduced to the concepts of departmental policies and procedures, team practice, and patient-centered care. The student will understand the rationale involved in radiation therapy treatment procedures to complete competencies in a laboratory setting. At the end of the course, students will be prepared to enter into a treatment rotation and complete the required ARRT treatment competencies under the direct supervision of a radiation therapist.
Pre-requisites: None
Co-requisites: RTT 1252L Treatment Procedures I Lab
Progression Course: No

RTT 1252L Treatment Procedures I Lab
The clinical practice content is designed to provide sequential development of procedural information specific to radiation therapy. Through introductory procedures courses and their concurrent labs, radiation therapy students will be adequately prepared to begin instruction in clinical facilities. Students will be introduced to the concepts of departmental policies and procedures, team practice, and patient-centered care. The student will complete competency procedures in a laboratory setting for cancers arising in the brain, head and neck, pelvis and thorax. At the end of the course, students will be prepared to enter into a treatment rotation and complete the required ARRT treatment competencies under the direct supervision of a radiation therapist.
Pre-requisites: None
Co-requisites: RTT 1251 Treatment Procedures I
Progression Course: Yes

RTT 1351 Treatment Procedures II
The clinical practice content is designed to provide sequential development of procedural information specific to radiation therapy. Through introductory procedures courses and their concurrent labs, radiation therapy students will be adequately prepared to begin instruction in clinical facilities. Students will be introduced to the concepts of departmental policies and procedures, team practice, and patient-centered care. The student will understand the rationale involved in radiation therapy treatment procedures in order to complete competencies in a laboratory setting. At the end of the course, students will be prepared to enter into a treatment rotation and complete the required ARRT treatment competencies under the direct supervision of a radiation therapist.
Pre-requisites: None
Co-requisites: RTT 1352L Treatment Procedures II Lab
Progression Course: No

RTT 1352L Treatment Procedures II Lab
The clinical practice content is designed to provide sequential development of procedural information specific to radiation therapy. Through introductory procedures courses and their concurrent labs, radiation therapy students will be adequately prepared to begin instruction in clinical facilities. Students will be introduced to the concepts of departmental policies and

procedures, team practice, and patient-centered care. The student will complete competency procedures in a laboratory setting for cancers arising in the abdomen, spine, breast extremities, and electron fields. Students will set up for a variety of special procedures in a lab setting including craniospinal irradiation and total body irradiation. At the end of the course, students will be prepared to enter into a treatment rotation and complete the required ARRT treatment competencies under the direct supervision of a radiation therapist.
Pre-requisites: None
Co-requisites: RTT 1351 Treatment Procedures II
Progression Course: Yes

RTT 1392 Introduction to Clinical Education
This course is designed to introduce the hands-on practice of radiation therapy and patient care. This will be accomplished by 9 weeks of intensive on-campus clinical preparation which will include professional behaviors, patient care and communications, an introduction to clinical education, safety, and the role of a student.
Pre-requisites: None
Co-requisites: None
Progression Course: No

RTT 1431 Radiation Therapy Physics
This course is designed to review and expand concepts and theories in the radiation physics courses. Detailed analysis of the properties of radiation, nuclear transformations, and interactions of ionizing radiation are emphasized. Also presented are treatment units used in external radiation therapy, measurement and quality of ionizing radiation produced, absorbed dose measurement, dose distribution and scatter analysis.
Pre-requisites: PHY 1130, RAD 1130, RAD 1231
Co-requisites: None
Progression Course: Yes

RTT 1491 Clinical Education I
This course is intended to provide an introduction to the hands-on practice of radiation therapy. Initially through observation, and eventually by demonstrating stated objectives, the student will apply principles learned in Simulation Procedures Lab, Treatment Procedures Lab I & II, and Patient Care, to the clinical setting.
Pre-requisites: AHS 1110, AHS 1210, RTT 1152L, RTT 1252L, RTT 1352L
Co-requisites: None
Progression Course: No

RTT 1530 Treatment Planning I
Content is designed to establish factors that influence and govern clinical planning of patient treatment. This encompasses isodose descriptions, patient contouring, radiobiologic considerations, dosimetric calculations, and tissue compensation. Optimal treatment planning is emphasized along with particle beams. Stereotactic and emerging technologies are presented.
Pre-requisites: PHY 1130, RAD 1130, RAD 1231, RTT 1431
Co-requisites: None
Progression Course: No

RTT 1551 Radiation Therapy Techniques I
This course is designed to examine and evaluate the management of neoplastic disease using knowledge of arts and sciences while promoting critical thinking and ethical clinical decision-making. The radiation therapist's responsibility in the management of neoplastic disease will be examined and linked to the skills required to analyze complex issues and make informed decisions while appreciating the character of the profession.
Pre-requisites: None
Co-requisites: None
Progression Course: No

RTT 1591 Clinical Education II
The clinical practice content is designed to provide sequential development of patient care and procedural information specific to radiation therapy. Through structured sequential assignments in clinical facilities, radiation therapy students are developing competence in team practice, patient-centered clinical practice and professional development. Students will be evaluated for proficiency by rotation evaluations and competency progression.
Pre-requisites: AHS 1110, AHS 1210, RTT 1152L, RTT 1252L, RTT 1352L
Co-requisites: None
Progression Course: No

RTT 1630 Treatment Planning II
Content is designed to reinforce factors influencing clinical planning of patient treatment per anatomical area being treated. Students will be required to synthesize concepts related to treatment planning learned in RTT 1530 Treatment Planning I and apply those theories to the study of various anatomical sites. Evaluation of comprehension will be demonstrated by a group project detailing the treatment planning process from image acquisition during simulation through the onset of radiation therapy treatment.
Pre-requisites: RTT 1530
Co-requisites: None
Progression Course: No

RTT 1651 Radiation Therapy Techniques II
This course is designed to examine and evaluate the management of neoplastic disease using knowledge in arts and sciences while promoting critical thinking and the basis of ethical clinical decision-making. Oncologic emergencies and the management of such will be discussed. The radiation therapist's responsibility in the management of neoplastic disease will be examined and linked to the skills required to analyze complex issues and make informed decisions while appreciating the character of the profession.
Pre-requisites: None
Co-requisites: None
Progression Course: No

RTT 1652 Clinical Case Studies
This course is designed to provide the students with an opportunity to relate an individual patient in the clinical setting to the theoretical background of the patient's course of treatment in the context of radiation oncology and cancer care. The student, in an assigned group, will present a case study to their classmates based on the content researched and their patient. The student will demonstrate effective writing skills and knowledge of APA format in their written paper individually regarding their chosen patient.
Pre-requisites: None
Co-requisites: None
Progression Course: No

RTT 1691 Clinical Education III
The clinical practice content is designed to provide sequential development of patient care and procedural information specific to radiation therapy. Through structured sequential assignments in clinical facilities, radiation therapy students are developing competence in team practice, patient-centered clinical practice and professional development. Students will be evaluated for proficiency by rotation evaluations and competency progression.
Pre-requisites: AHS 1110, AHS 1210, RTT 1152L, RTT 1252L, RTT 1352L
Co-requisites: None
Progression Course: No

RTT 1751 Radiation Therapy Techniques III
This course is designed to examine and evaluate the management of neoplastic disease using knowledge in arts and sciences while promoting critical thinking and the basis of ethical clinical decision-making. Oncologic emergencies and the management of such will be discussed. The radiation therapist's responsibility in the management of neoplastic disease will be examined and linked to the skills required to analyze complex issues and make informed decisions while appreciating the character of the profession.
Pre-requisites: None
Co-requisites: None

Progression Course: No

RTT 1792 Clinical Education IV
The clinical practice content is designed to provide sequential development of patient care and procedural information specific to radiation therapy. Through structured sequential assignments in clinical facilities, radiation therapy students are developing competence in team practice, patient-centered clinical practice and professional development. Students will be evaluated for proficiency by rotation evaluations and competency progression.
Pre-requisites: AHS 1110, AHS 1210, RTT 1152L, RTT 1252L, RTT 1352L
Co-requisites: None
Progression Course: No

RTT 1800 Registry Review
This course is designed as a comprehensive review of the radiation therapy curriculum. It is designed to be both a review and detailed guide, with questions and answers, for students preparing to successfully pass the Registry examination administered by the ARRT. All subject areas will be reviewed and learning strategies discussed.
Pre-requisites: RTT 1551, RTT 1651, RTT 1751, RTT 2750L
Co-requisites: None
Progression Course: No

RTT 2750L Procedure Lab Terminals
This lab course hones advanced simulation and treatment skills for radiation therapy across all body sites. Through hands-on exercises and simulated scenarios, students master simulation techniques for diverse anatomical regions and practice setting up and delivering treatments. Emphasis is on safety, patient comfort, and professional ethics, preparing students for clinical practice in radiation therapy.
Pre-requisites: RTT 1491, RTT 1591, RTT1691
Co-requisites: None
Progression Course: Yes

RTT 2780 Radiation Therapy Capstone
This advanced course offers hands-on workshops to prepare students for clinical practice. Through simulated case studies, image contouring, VERT exercises, and software training, students refine critical thinking, contouring skills, virtual treatment delivery, and software proficiency. Emphasis is on interdisciplinary collaboration and ethical practice, ensuring readiness for real-world challenges in radiation therapy.
Pre-requisites: None
Co-requisites: None
Progression Course: No

Career Development Workshop Series

The Career Development Workshop series is designed to provide students with instruction and assistance with building their resumes, cover letters, and thank you letters; as well as creating a LinkedIn profile, obtaining professional references, and creating a job search portfolio. Students will learn about the interview process and develop interviewing skills and strategies. Students may be provided with the opportunity to attend a mock interview or job fair. The Career Development Workshop series is a co-curricular graduation requirement for students enrolled in the Paramedic program.

Students must successfully complete the career development workshops held during their program. Completion of the workshops will be documented in the student's academic records and noted as Pass/Fail grade. Students who fail to successfully complete these workshops will fail to meet their program's graduation requirements and will not be approved for graduation until the requirement is met.

Clinical/Laboratory Guidelines

Please refer to the program's *Clinical/Laboratory Guidelines, Rules and Regulations Handbook* for the complete rules and regulations pertaining to the program's clinical experience component.

Graduation Requirements

To graduate from the program, Students must have:

- Met all academic requirements.
- Met all clinical requirements and attained all required competencies.
- Successfully completed Career Development Workshop series.
- Met all financial requirements.
- Returned their swipe card, ID card, etc.
- Periodically reviewed their radiation monitoring reports.
- Returned their radiation dosimeter and badge holder.

Graduation Time Frame

Students who have not fulfilled their graduation requirements by their scheduled graduation date, have 20 weeks in which to complete all missing graduation requirements.

Radiography Program

Campus: Brooklyn and Staten Island Location

Accrediting Agency

The Radiography program is programmatically accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The program is required to comply with the JRCERT's Standards for an Accredited Educational Program in Radiography. If any violations occur, the program's policy is to investigate and correct the violation and ensure compliance with the standards in a timely fashion. The students should familiarize themselves with the JRCERT Standards and the program's effectiveness data which are available on the JRCERT website at www.jrcert.org If a student feels that the program is not in compliance with the standards, they can contact JRCERT at:

Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Dr., Suite 2850
Chicago, Illinois 60606-3182
312-704-5300
mail@jrcert.org

State Licensure

Center for Allied Health Education is licensed by the New York State Education Department Bureau of Proprietary School Supervision to operate a Radiography program.

New York State Education Department Bureau of Proprietary School Supervision
89 Washington Avenue
Room 560
Albany, NY 12234

State Approval

Center for Allied Health Education is approved by the New York State Department of Health to operate a training school for radiologic technologists.

New York State Department of Health Bureau of Environmental Radiation Protection
Corning Tower – Empire State Plaza
Albany, New York 12237

Important Addresses

The Radiography program prepares students to sit for the examination administered by The American Registry of Radiologic Technologists.

The American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul MN 55120-1155

Program Outcomes

The following outcomes reflect program performance for the reporting period as required by ABHES:

Period	Outcome	Rate
7/1/2024 – 6/30/2025	Retention Rate	82%
	Job Placement	92%
	Credentialing Examination Pass Rate	90%

Mission Statement

CAHE's Radiography program has made a firm commitment to the education of students in the field of Radiography. Our mission is the training of Radiographers who are skilled individuals, qualified by technical education, to provide services using various imaging modalities.

Goals

The Radiography Program offers a program of radiologic technology education at the certificate level. The goals of the program are to have students that will:

- be clinically competent.
- communicate effectively.
- use critical thinking and problem-solving skills.
- grow and develop professionally.

The program identifies benchmarks to provide a standard by which the effectiveness of the program in achieving its goals can be evaluated. An assessment plan is in place and can be obtained from the program director.

Program Objectives

Upon graduation, students will receive a certificate of completion and are prepared to meet the requirements to sit for the written examination of the American Registry of Radiologic Technologists (ARRT) and to function as entry level Radiologic Technologists. Specifically, the program's objectives are to have our graduates perform effectively by:

- Applying knowledge of radiation protection for patients, self, and others.
- Applying knowledge of anatomy, positioning and radiographic technique to accurately demonstrate anatomical structures on a radiograph.
- Determining exposure factors to achieve optimum radiographic technique with a minimum of radiation exposure to patients.
- Examining radiographs for the purpose of evaluating technique, positioning and other pertinent technical qualities.
- Exercising discretion and judgment in the performance of medical imaging procedures.
- Providing patient care essential to radiographic procedures.
- Recognizing emergency patient conditions and initiating life-saving treatment within their scope of practice.

Student Learning Outcomes

- Students will apply positioning skills.
- Students will demonstrate appropriate use of equipment.
- Students will practice radiation protection.
- Students will employ proper techniques.
- Students will use effective oral communication skills with healthcare professionals and patients.
- Students will demonstrate effective presentation skills and written communication skills.
- Students will adjust all necessary elements to perform non-routine exams.
- Students will appropriately evaluate images.
- Students will demonstrate professional behavior.
- Students will understand ethical decision making.
- Students will understand the importance of obtaining membership in professional organizations and obtaining certifications for advanced modalities.
- Students will complete the program.
- Students will pass the ARRT National Certification on the first attempt.
- Graduates will be satisfied with their education and training.
- Graduates will be gainfully employed within 6 months.
- Employers will be satisfied with graduates' training.

Program Staff

Program Director
Ron Copper, M.Ed., ARRT(R)(CT)(MR)
The Pennsylvania State University, ARRT(R)

Clinical Coordinator
Yana Strochkova, MHS, ARRT(R)
Long Island College Hospital School of Radiologic Technology ARRT(R)

For a listing of program faculty, please refer to the *Program Faculty* insert.

Technical Standards

Students must meet the following technical standards throughout the duration of the program.

- Students must be able to:
- Push a portable x-ray machine through the hospital, accessing elevators and narrow areas in patient rooms.
- Assist a patient of 150 pounds on and off an x-ray table.
- Carry heavy x-ray image receptors (25 lbs.) and accessories as required.
- Visually examine and select x-ray techniques on the x- ray console.
- Orally communicate clearly to the patient being x-rayed and visually observe the patient's clinical status at all times.
- Clearly hear a patient calling for assistance from a minimum of 10 feet away.
- Stretch from a standing position to align an x-ray tube over the patient and x-ray table. (Approximately 6' from the floor to the x-ray tube)

Criminal Conviction Policy

A student who has been involved in a criminal proceeding or who has been charged with or convicted of a crime should be aware that a conviction may not be an automatic bar to certification. Students who have been convicted of a misdemeanor or felony should do the following:

- Contact the New York State Department of Health at 518-402-7580

- File a request for pre-application review with the ARRT to obtain a ruling on the impact of the situation on their eligibility for certification and registration. The application is at available at https://www.arrt.org/pages/earn-arrt-credentials/initial-requirements/ethics/if-you-have-a-potential-ethics-violation Students with a conviction should be aware that even though they may graduate from the program, they may not be able to sit for the ARRT Certification Examination, which is required for licensure in New York State, and without such certification they will not be allowed to work as a radiographer.

Associate or More Advanced Degree Requirement

The American Registry for Radiologic Technology (ARRT) requires that graduates possess an associate or more advanced degree to be eligible to sit for the national radiography certification examination.to graduate from CAHE's Radiography program and be eligible to sit for the ARRT's Radiography Examination, students must possess an associate or more advanced degree from a regionally-accredited institution, or from an institution accredited by an agency recognized by USDE or CHEA. To be eligible for New York State licensure as a Radiologic Technologist, graduates are required to successfully pass the ARRT's Radiography Examination.

Students who do not possess an associate degree upon enrolling in the Radiography program will be required to complete an additional 24-32 credits of associate degree coursework at the program's educational affiliate, Empire State University and, upon graduation, will be awarded a certificate of completion from CAHE and granted an associate degree in Math, Science and Technology from Empire State University. Students are required to apply to and meet the admission requirements of Empire State University.

The ARRT Code of Ethics

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socio-economic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
11. The Registered Technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

Credentialing Examinations and Certifications

The Radiography program's curriculum is designed to prepare students to sit for, and successfully pass, the applicable required or recommended credentialing examination. Students who have successfully completed their program's entire course of study, fulfilled all of the graduation requirements and met all of their financial obligations will be eligible to sit for the following certification examinations, provided that they meet all other applicable prerequisites:

Examination/ Application	Administered By:
Radiography Examination	The American Registry of Radiologic Technologists
Radiologic Technology Application	New York State Department of Health

Pursuant to New York State Public Health Law, only licensed Radiologic Technologists may practice radiologic technology in New York State. Students attending approved programs of Radiologic Technology may use ionizing radiation under supervision, only during the required program hours. A temporary permit to practice radiologic technology pending an examination is issued at the time of graduation. Graduates should schedule themselves to take the licensing examination as soon as possible after graduating, since the temporary permit expires after 180 days. If a graduate fails to pass the ARRT examination, the temporary permit will expire 10 days after the ARRT notifies the New York State Department of Health of the failure, and the graduate may not practice radiologic technology until he/she passes the ARRT registry examination.

Academic Policy

Program Delivery

The program's delivery method is blended/hybrid; coursework offered within the program is on campus (residential) or via CAHE's learning management system (distance).

Program Schedule

The Radiography Program consists of 74 weeks, and 1725 clock hours divided into seven 10-week quarters plus 4 weeks of registry review. Students who enroll in the Radiography Program without an associate or more advanced degree will complete coursework, inclusive of the required general education courses taken at the program's affiliated college. Upon graduation, those students will be awarded a certificate of completion from CAHE and granted an associate degree from the affiliated college.

Students who enroll in the Radiography program with an associate or more advanced degree will complete 1725 hours of coursework. Classes and clinical rotations may be scheduled Monday through Friday between 8:00 a.m. and 5:00 p.m.

For the Evening/weekend schedule, classes and clinical rotations may be scheduled Monday through Thursday between 4:00 p.m.to 9:30 p.m. and Sundays between the hours of 9:00 a.m. and 5:00 p.m. Class schedules are subject to change. Clinical rotation schedules are based on the shifts of each affiliated clinical educational setting and are subject to change.

Program Courses

Course Number	Course Title	Hours
AHS 1110	Foundational Skills and Terminology for Healthcare Providers I	15
AHS 1120	Foundational Skills for Healthcare Providers II	10
AHS 1380	Operational, Legal and Ethical Issues in Healthcare	10
AHS 1610	Medical Imaging Modalities	10
BIO 1120	Anatomy and Physiology I	30
BIO 1130	Anatomy and Physiology II	30
BIO 1210	Cross-sectional Anatomy	30
PHY 1130	General Physics	40
RAD 1130	Radiation Physics I	30
RAD 1231	Radiation Physics II	30
RAD 1270	Radiation Biology	20
RAD 2130	Radiation Physics III	30
RAD 2270	Radiation Protection and Health Physics	20
RTR 1151	Radiographic Technique I	30
RTR 1151L	Radiographic Technique I Lab	20
RTR 1191	Clinical Education I	140
RTR 1251	Radiographic Technique II	30
RTR 1251L	Radiographic Technique II Lab	20
RTR 1291	Clinical Education II	140
RTR 1351	Radiographic Technique III	30
RTR 1351L	Radiographic Technique III Lab	20
RTR 1391	Clinical Education III	210
RTR 1461	Radiographic Pathology	30
RTR 1712	Computed Tomography	10
RTR 2451	Radiographic Technique IV	30
RTR 2451L	Radiographic Technique IV Lab	20
RTR 2491	Clinical Education IV	210
RTR 2551	Radiographic Technique V	30
RTR 2551L	Radiographic Technique V Lab	20
RTR 2591	Clinical Education V	210
RTR 2651	Radiographic Technique VI	30
RTR 2651L	Radiographic Technique VI Lab	20
RTR 2691	Clinical Education VI	140
RTR 2800	Registry Review	30

Course Descriptions

AHS 1110 Foundational Skills and Terminology for Healthcare Providers I
This course is designed to introduce the student to the skills and terminology required to participate in various healthcare professions. Students will develop a practical working vocabulary to communicate with other healthcare providers. The student will learn their role and expectations in the healthcare environment and the clinical technology and policies of the institution. Additional topics include personal protective equipment (PPE), blood-borne pathogens, infection control, CPR, basic radiation safety, MRI safety and screening, and pharmacology.
Progression course: No
Pre-requisite Course(s): None

AHS 1210 Foundational Skills for Healthcare Providers II
This course ensures that students develop patient care skills applicable to clinical professions. Students will learn to use appropriate communication techniques in the workplace and with patients or their caregivers. Special emphasis will be placed on patients of different backgrounds and grieving patients or their families. Students will learn skills including patient transfer, moving and positioning patients with IVs or other medical equipment, obtaining vital signs, and managing medical emergencies within their scope of practice.
Progression course: No
Pre-requisite Course(s): None

AHS 1380 Operational, Legal, and Ethical Issues in Healthcare
This course introduces the student to the operational, legal, and ethical implications of working in medical facilities. The student will learn basic legal principles and doctrines such as torts, professional liability insurance, and informed consent. Additional topics include healthcare quality, leadership, continuous quality improvement, quality control, process improvement, medical billing, and electronic health records. Legal and regulatory implications for maintaining compliance will be emphasized.
Progression course: No
Pre-requisite Course(s): None

AHS 1610 Medical Imaging Modalities
This course introduces the student to medical imaging equipment and techniques used across the imaging department and the careers associated with operating each modality. Topics will include radiologic imaging and radiation therapy treatment, molecular and nuclear medicine imaging, diagnostic medical sonography, and magnetic resonance imaging. The course will describe the mechanisms for image formation and display, uses in medicine, benefits and drawbacks, and the licensing and certification requirements to enter careers in each field.
Progression course: No
Pre-requisite Course(s): None

BIO 1210 Cross-sectional Anatomy
This course is designed to enable the student to identify anatomical structures using transverse (axial), sagittal, coronal, and oblique sections. Key topics include the relationships of organs, vascular structures, body planes, and quadrants.
Progression course: No
Pre-requisite Course(s): BIO 1120, BIO 1130

BIO 1120 Anatomy & Physiology I
This course aids students in analyzing the normal structure of the human body and how it functions. The focus will be on the skeletal, muscular, integumentary, and nervous systems and their interrelationships. Additional topics include the structure, function, and pathology of cells and tissues, disease mechanisms, and the physiological and chemical functions to maintain homeostasis.
Progression course: No
Pre-requisite Course(s): None

BIO 1130 Anatomy & Physiology II
This course aids students in analyzing the normal structure of the human body and how it functions. The focus will be on the endocrine, circulatory, respiratory, digestive, renal, reproductive, lymphatic and immune systems and their interrelationships. Additional topics include the structure, function and pathology of cells and tissues, disease mechanisms, and the physiological and chemical functions to maintain homeostasis.
Progression course: No
Pre-requisite Course(s): None

PHY 1130 General Physics
This course introduces the student to modern physics' laws, fundamental principles, and problem-solving methods. Key topics include the concepts surrounding us in the physical world, including forces, friction, motion, fluids, thermodynamics, kinetic energy, atomic structure, mechanics, electromagnetism, thermodynamics, waves, sound, and light.
Progression course: No
Pre-requisite Course(s): None

RAD 1130 Radiation Physics I
This course is designed to introduce the student to physics concepts in the radiologic sciences. Students will learn the parts of the x-ray imaging system, including circuits and generators and the x-ray tube. Additional topics include x-ray image production, intensity, energy, interactions with matter, absorption, and attenuation.
Progression course: No
Pre-requisite Course(s): PHY 1130

RAD 1231 Radiation Physics II
This course is designed to introduce the student to physics concepts in the radiologic sciences. Students will learn the parts of the x-ray imaging system, including circuits and generators and the x-ray tube. Additional topics include x-ray image production, intensity, energy, interactions with matter, absorption, and attenuation.
Progression course: No
Pre-requisite Course(s): RAD 1130

RAD 1270 Radiation Biology
Radiation biology content presents basic concepts and principles, including interactions of radiation with cells, tissues, and the body, and resultant health effects. This content discusses the theories and principles of tolerance dose, time-dose relationships, fractionation schemes, and the relationship of these principles to the clinical practice of radiation therapy.
Progression course: No
Pre-requisite Course(s): None

RAD 2130 Radiation Physics III
This course is designed to cover advanced topics in radiographic imaging. Students will learn considerations related to viewing the radiographic image and concepts related to advanced imaging procedures, including fluoroscopy and interventional radiology. Topics will include quality control of digital image displays, causes of poor image quality, and techniques for image quality improvement. Students will learn methods for controlling scattered radiation and its relationship to image quality and patient dose. Recognizing problems and troubleshooting solutions will be emphasized.
Progression course: No
Pre-requisite Course(s): RAD 1130

RAD 2270 Radiation Protection and Health Physics
Radiation protection content presents the basic principles of radiation protection and safety for the radiologic technologist. Radiation health and safety requirements of federal and state regulatory agencies, accreditation agencies, and health care organizations are included, as well as the specific responsibilities of radiologic technologists.
Progression course: No
Pre-requisite Course(s): None

RTR 1151 Radiographic Technique I
This course is the first of six that reviews anatomy, patient positioning, and projections of essential radiography procedures. Students are concurrently enrolled in Laboratory courses that correspond with the Technique course.
Progression course: Yes
Pre-requisite Course(s): None

RTR 1151L Radiographic Technique I Lab
Utilizing the non-energized laboratories, students are instructed on how to perform essential procedures. Student practice and subsequent procedure testing are included in this course.
Progression course: No
Pre-requisite Course(s): None

RTR 1191 Clinical Education I
Content and clinical educational experiences are designed to sequentially develop, apply, critically analyze, integrate, synthesize and evaluate concepts and theories in the performance of radiologic procedures. Students will utilize didactic concepts in the clinical setting. Through structured, sequential, competency-based clinical assignments, concepts of team practice; patient care and assessment; professional development; and competent performance of radiologic imaging and total quality management are discussed, examined, and evaluated.
Progression course: No
Pre-requisite Course(s): None

RTR 1251 Radiographic Technique II
This course is the second of six that reviews anatomy, patient positioning, and projections of essential radiography procedures. Students are concurrently enrolled in the Laboratory course that corresponds with the Technique course.
Progression course: Yes
Pre-requisite Course(s): None

RTR 1251L Radiographic Technique II Lab
Utilizing the non-energized laboratories, students are provided the instruction to perform essential procedures. Student practice and subsequent procedure testing are included in this course.
Progression course: No
Pre-requisite Course(s): None

RTR 1291 Clinical Education II
Content and clinical educational experiences are designed to sequentially develop, apply, critically analyze, integrate, synthesize, and evaluate concepts and theories in the performance of radiologic procedures. Students will utilize didactic concepts in the clinical setting. Through structured, sequential, competency-based clinical assignments, concepts of team practice; patient care and assessment; professional development; and competent performance of radiologic imaging and total quality management are discussed, examined, and evaluated.
Progression course: No
Pre-requisite Course(s): None

RTR 1351 Radiographic Technique III
This course is the third of six that reviews anatomy, patient positioning, and projections of essential radiography procedures. This is a course of radiographic positions building on the basic procedures learned in RTR 1151 and RTR 1251.
Progression course: Yes
Pre-requisite Course(s): None

RTR 1351L Radiographic Technique III Lab
Utilizing the non-energized laboratories, students are provided the instruction to perform essential procedures. Student practice and subsequent procedure testing are included in this course.
Progression course: No
Pre-requisite Course(s): None

RTR 1391 Clinical Education III
Content and clinical educational experiences are designed to sequentially develop, apply, critically analyze, integrate, synthesize, and evaluate concepts and theories in the performance of radiologic procedures. Through structured, sequential, competency-based clinical assignments concepts of team practice, patient care and assessment, professional development, and competent performance of radiologic imaging and total quality management are discussed, examined, and evaluated.
Progression course: No
Pre-requisite Course(s): None

RTR 1461 Radiographic Pathology
The course is designed to introduce concepts related to disease and etiological consideration with emphasis on radiologic appearance of disease and impact on exposure factor selection. It also presents basic information on the pathologic process; signs and symptoms; and diagnosis and prognosis of various diseases.
Progression course: No
Pre-requisite Course(s): None

RTR 1712 Computed Tomography
Content provides entry-level radiography students with the principles related to computed tomography imaging.
Progression course: No
Pre-requisite Course(s): None

RTR 2451 Radiographic Technique IV
This course is the fourth of six that reviews anatomy, patient positioning, and projections of essential radiography procedures. This course will cover advanced procedures associated with the radiographic procedures covered in the previous three courses. Students are concurrently enrolled in the Laboratory course that corresponds with the Technique course.
Progression course: Yes
Pre-requisite Course(s): None

RTR 2451L Radiographic Technique IV Lab
Utilizing the non-energized laboratories, students are provided the instruction to perform advanced imaging procedures. Student practice and subsequent procedure testing are included in this course.
Progression course: No
Pre-requisite Course(s): None

RTR 2491 Clinical Education IV
Content and clinical educational experiences are designed to sequentially develop, apply, critically analyze, integrate, synthesize, and evaluate concepts and theories in the performance of radiologic procedures. Through structured, sequential, competency-based clinical assignments, concepts of team practice, patient care and assessment, professional development, and competent performance of radiologic imaging and total quality management are discussed, examined, and evaluated.
Progression course: No
Pre-requisite Course(s): None

RTR 2551 Radiographic Technique V
This course is the fifth of six that reviews anatomy, patient positioning, and projections of essential radiography procedures. Students are concurrently enrolled in the Laboratory courses that corresponds with the Technique course.
Progression course: Yes
Pre-requisite Course(s): None

RTR 2551L Radiographic Technique V Lab
Utilizing the non-energized laboratories, students are instructed on how to perform essential procedures. Student practice and subsequent procedure testing are included in this course.
Progression course: No
Pre-requisite Course(s): None

RTR 2591 Clinical Education V
Content and clinical educational experiences are designed to sequentially develop, apply, critically analyze, integrate, synthesize, and evaluate concepts and theories in the performance of radiologic procedures. Through structured, sequential, competency-based clinical assignments, concepts of team practice, patient care and assessment, professional development, and competent performance of radiologic imaging and total quality management are discussed, examined, and evaluated.
Progression course: No
Pre-requisite Course(s): None

RTR 2651 Radiographic Technique VI
This course is the seventh of seven that reviews anatomy, patient positioning, and projections of essential radiography procedures. Students are concurrently enrolled in Image Analysis and Laboratory courses that correspond with the Procedures course.
Progression course: Yes
Pre-requisite Course(s): None

RTR 2651L Radiographic Technique VI Lab
Utilizing the non-energized laboratories, students are instructed on how to perform essential procedures. Student practice and subsequent procedure testing are included in this course.
Progression course: No
Pre-requisite Course(s): None

RTR 2691 Clinical Education VI
Content and clinical educational experiences are designed to sequentially develop, apply, critically analyze, integrate, synthesize, and evaluate concepts and theories in the performance of radiologic procedures. Through structured, sequential, competency-based clinical assignments, concepts of team practice, patient care and assessment, professional development, and competent performance of radiologic imaging and total quality management are discussed, examined, and evaluated.
Progression course: No
Pre-requisite Course(s): None

RTR 2800 Registry Review
This course is a comprehensive review of radiography. It is designed to be both a review and detailed guide, with questions and answers, for students preparing to successfully pass the Registry examination administered by the ARRT. All subject areas will be reviewed and test-taking strategies discussed.
Progression course: No
Pre-requisite Course(s): None

Career Development Workshop Series

The Career Development Workshop series is designed to provide students with instruction and assistance with building their resumes, cover letters, and thank you letters; as well as creating a LinkedIn profile, obtaining professional references, and creating a job search portfolio. Students will learn about the interview process and develop interviewing skills and strategies. Students may be provided with the opportunity to attend a mock interview or job fair. The Career Development Workshop series is a co-curricular graduation requirement for students enrolled in the Radiography program.

Students must successfully complete the career development workshops held during their program. Completion of the workshops will be documented in the student's academic records and noted as Pass/Fail grade. Students who fail to successfully complete these workshops will fail to meet their program's graduation requirements and will not be approved for graduation until the requirement is met.

Clinical/Laboratory Guidelines

Please refer to the program's *Clinical/Laboratory Guidelines, Rules and Regulations Handbook* for the complete rules and regulations pertaining to the program's clinical experience component.

Graduation Requirements

To graduate from the program, Students must have:

- Met all academic requirements
- Successfully completed Career Development Workshop series.
- Met all clinical requirements and attained all required competencies
- Met all financial requirements
- Returned their swipe card, ID card, etc.
- Periodically reviewed their radiation monitoring reports
- Returned their radiation dosimeter and badge holder

Graduation Time Frame

Students who have not fulfilled their graduation requirements by their scheduled graduation date, have 20 weeks in which to complete all missing graduation requirements.

Surgical Technology Program

Campus: Brooklyn

Accrediting Agency

The Surgical Technology Program is programmatically accredited by the Accrediting Bureau of Health Education Schools (ABHES). The program is required to comply with their standards and guidelines. If any violations occur, the program's policy is to investigate and correct the violation and ensure compliance with the standards in a timely fashion. To view a copy of the standards and the program's effectiveness data please visit ABHES website at www.abhes.org. If a student feels that the program is not in compliance with the standards they can contact ABHES at the address and phone number below:

Accrediting Bureau of Health Education Schools
6116 Executive Boulevard
North Bethesda, MD 20852 703-917-5903
www.abhes.org

State Licensure

Center for Allied Health Education is licensed by the New York State Education Department Bureau of Proprietary School Supervision to operate a program in Surgical Technology.

New York State Education Department Bureau of Proprietary School Supervision
89 Washington Avenue
Room 560
Albany, NY 12234

Important Addresses

The Surgical Technology Program prepares students to sit for the examination administered by the National Board of Surgical Technology and Surgical Assisting.

National Board of Surgical Technology and Surgical Assisting
6 West Dry Creek Circle, Suite 100
Littleton, Colorado 80120
800-707-0057
www.nbstsa.org

Program Outcomes

The following outcomes reflect program performance for the reporting period as required by ABHES:

Period	Outcome	Rate
7/1/2024 – 6/30/2025	Retention Rate	72%
	Job Placement	67%
	Credentialing Examination Pass Rate	67%

Mission Statement

CAHE's Surgical Technology Program has made a firm commitment to the education of students in the field of Surgical Technology. Our mission is the training of Surgical Technologists who are skilled individuals, qualified by technical education, to provide surgical services.

Goals

CAHE offers a Surgical Technology Program at the certificate level. To graduate, students must have:

- Completed all didactic objectives including passing all courses by achieving a minimum passing grade
- Completed all clinical objectives including clinical performance and competency, problem solving skills, critical thinking skills, communication skills, professional development and growth.

The program identifies benchmarks to provide a standard by which the effectiveness of the program in achieving its goals can be evaluated. An effectiveness plan is in place and can be obtained from the program director.

Program Objectives

Upon graduation, students will receive a certificate of completion and are prepared to meet the requirements to sit for the written examination administered by the National Board of Surgical Technology and Surgical Assisting and to function as entry level Surgical Technologists. Specifically, our objectives are to have our graduates perform effectively by:

- Applying knowledge of safety for patients, self, and others
- Applying knowledge of anatomy and surgical techniques to accurately demonstrate anatomical structures
- Applying knowledge of surgical equipment and procedures to accurately assist during a procedure
- Exercising discretion and judgment in the performance of surgical procedures
- Working collaboratively as a team member
- Recognizing emergency patient conditions and initiating lifesaving treatment within their scope of practice

Program Staff

Program Director
Nicole Clementi, MBA, CST
Central Florida Institute (CST)

Clinical Coordinator
Juan Pilarte, CST, BSW
Long Island University (CST)

For a listing of program faculty, please refer to the *Program Faculty* insert.

Technical Standards

Students must meet the following technical standards throughout the duration of the program.

Students must be able to:

- Maintain vision, hearing, and the appropriate ability to articulate the words necessary to observe and communicate effectively in surgery
- Maintain the physical functions needed to respond appropriately to a patient's needs including: standing for long periods of time, holding retractors for long periods of time, twisting and bending at the waist, carrying and lifting heavy trays of instruments, pushing surgical carts and equipment, lifting heavy items, transferring patients to and from surgery, using fine motor skills and manual dexterity needed to operate surgical supplies, instruments, and equipment
- Exhibit meticulous attention to aseptic and sterile technique
- Demonstrate a technological intelligence to prepare surgical instruments, equipment, and supplies
- Present the anticipatory ability necessary to understand the surgeon's timely needs
- Demonstrate and apply the intellectual and emotional functions needed to exercise independent judgment and discretion in the performance of assigned responsibilities

Criminal Conviction Policy

A student who has been involved in a criminal proceeding or who has been charged with or convicted of a crime should be aware that a conviction may not be an automatic bar to certification. Students who have been convicted of a misdemeanor or felony should do the following:

- Contact the Association of Surgical Technologist at 800- 637-7433
- Contact the National Board of Surgical Technology and Surgical Assisting at (303) 325-2536

Students with a conviction should be aware that even though they may graduate from the program, they may not be able to sit for the NBSTSA Certification Examination.

Association of Surgical Technologists Code of Ethics

- To maintain the highest standards of professional conduct and patient care
- To hold in confidence, with respect to the patient's beliefs, all personal matters

- To respect and protect the patient's legal and moral rights to quality patient care
- To not knowingly cause injury or any injustice to those entrusted to our care
- To work with fellow technologists and other professional health groups to promote harmony and unity for better patient care
- To always follow the principles of asepsis
- To maintain a high degree of efficiency through continuing education
- To maintain and practice surgical technology willingly, with pride and dignity
- To report any unethical conduct or practice to the proper authority
- Adhere to this Code of Ethics at all times in relationship to all members of the healthcare team

Credentialing Examinations and Certifications

The Surgical Technology Program's curriculum is designed to prepare students to sit for, and successfully pass, the applicable required or recommended credentialing examination. Students who have successfully completed their program's entire course of study, fulfilled all of the graduation requirements and met all of their financial obligations will be eligible to sit for the following certification examination, provided that they meet all other applicable prerequisites:

Examination	Administered By:
NBSTSA Examination	National Board of Surgical Technology and Surgical Assisting

Academic Policy

Program Delivery

The program's delivery method is blended/Hybrid; coursework offered within the program is on campus (residential) or via CAHE's learning management system (distance).

Program Schedule

The Surgical Technology Program consists of 40 weeks and 1101 clock hours divided into four 10-week quarters.. Classes are scheduled to be conducted Monday through Friday between the hours of 9:00 a.m. to 5:00 p.m. and Sundays when make-up sessions are scheduled. Class schedules are subject to change. Clinical rotation schedules are based on the shifts of each affiliated educational setting and are subject to change.

Program Courses

Course Number	Course Title	Hours
AHS 1110	Foundational Skills and Terminology for Healthcare Providers I	15
BIO 1120	Anatomy and Physiology I	30
CST 1130	Care of the Surgical Patient	20
CST 1141	Principles and Practice of Surgical Technology I	20
CST 1141L	Surgical Technology Lab I	70
CST 1150	Biomedicine	30
BIO 1130	Anatomy and Physiology II	30
CST 1240	Principles and Practice of Surgical Technology II	40
CST 1241L	Surgical Technology Lab II	40
CST 1261	Fundamentals of Operative Procedures I	40
CST 1281	Clinical Internship I	126
CST 1330	Pharmacology and Anesthesia	30
CST 1361	Fundamentals of Operative Procedures II	50
CST 1371	Microbiology	40
CST 1381	Clinical Internship II	190
CST 1461	Fundamentals of Operative Procedures III	40
CST 1481	Clinical Internship III	190
CST 1491	CST Review	100

Course Descriptions

AHS 1110 Foundational Skills and Terminology for Healthcare Providers I
This course is designed to introduce the student to the skills and terminology required to participate in various healthcare professions. Students will develop a practical working vocabulary to communicate with other healthcare providers. The student will learn their role and expectations in the healthcare environment and the clinical technology and policies of the institution. Additional topics include personal protective equipment (PPE), blood-borne pathogens, infection control, CPR, basic radiation safety, MRI safety and screening, and pharmacology.
Progression Course: No
Prerequisite Course(s): None

BIO 1120 Anatomy & Physiology I
This course aids students in analyzing the normal structure of the human body and how it functions. The focus will be on the skeletal, muscular, integumentary, and nervous systems and their interrelationships. Additional topics include the structure, function, and pathology of cells and tissues, disease mechanisms, and the physiological and chemical functions to maintain homeostasis.
Progression Course: No
Prerequisite Course(s): None

BIO 1130 Anatomy & Physiology II
This course aids students in analyzing the normal structure of the human body and how it functions. The focus will be on the endocrine, circulatory, respiratory, digestive, renal, reproductive, lymphatic and immune systems and their interrelationships. Additional topics include the structure, function and pathology of cells and tissues, disease mechanisms, and the physiological and chemical functions to maintain homeostasis.
Progression Course: No
Prerequisite Course(s): BIO 1120

CST 1130 Care of the Surgical Patient
This course is designed to introduce the student to the field of surgery. It will include the history, legal and ethical aspects of surgery, administration, accreditation, communication, teamwork, and the responsibilities of the Surgical Technologist. The students will learn the history of a surgical technologist profession, the team members of the operating room and their roles, what it is like to work as a team, and how important communication is amongst the operating room team. Some legal terminology, importance of documentation, basic patient needs, spiritual needs, how patients cope with death and dying, how to be prepared for natural and bioterrorism disaster and our roles during these disasters.
Progression Course: No
Prerequisite Course(s): None

CST 1141 Principles and Practice of Surgical Technology I
This course is designed for the student to learn about preventing perioperative disease transmission, methods of transmission, central sterile processing department, decontamination of instruments, assembly of instrument trays, and sterilization processes. The student will also learn classification of instruments, types of instrument sets, specialty equipment used in the operating room, supplies, drains, catheters, and other accessory supplies.
Progression Course: No
Prerequisite Course(s): None

CST 1141L Surgical Technology Lab I
This course is designed to give the student a clinical perspective in a lab setting. The student should understand all roles of the surgical technologist regarding scrubbing, gowning, and gloving, opening back table, organization of setup. While learning these skills the student will be aware and will use the correct and complete sterile technique to insure patient wellbeing pre-operatively, intra-operatively and post-operatively.
Progression Course: Yes
Prerequisite Course(s): None

CST 1150 Biomedicine
This course is designed to provide the student with knowledge and understanding of the operating room environment, safety standards, diagnostic imaging procedures, and concepts related to pathology. The importance of understanding our environmental hazards, smoke plume, proper body mechanics, and lasers. The students will also learn the basic knowledge of minimally invasive surgery which includes pre-operative preparation, endoscopes, and minimally invasive instruments. The last part of the quarter the students will learn about Robotic Surgery, the components of the robot, and robotic instrumentation.
Progression Course: No
Prerequisite Course(s): None

CST 1240 Principles and Practice of Surgical Technology II
This course is designed for the student to learn about the interoperative role of the surgical technologist, hemostasis during surgery, sutures, free needles, stapling devices, wound management, and dressings. The student will also learn surgical case management, anticipating needs, transferring the patient to the OR bed, surgical position of the patient, skin prep, preparing the operating room, and TIME OUT!
Progression Course: No
Prerequisite Course(s): BIO 1120

CST 1241L Surgical Technology Lab II
This course is designed to give the student a clinical perspective in a lab setting. The student should understand all roles of the surgical technologist regarding scrubbing, gowning, and gloving, opening back table, organization of setup, instrumentation, ready for intra-op. While learning these skills the student will be aware and will use the correct and complete sterile technique to ensure patient wellbeing pre-operatively, intra-operatively and post-operatively.
Progression Course: Yes
Prerequisite Course(s): BIO 1120

CST 1261 Fundamentals of Operative Procedures I
This course is designed for the student to learn anatomy and surgical approach about General, Obstetric and Gynecological, Ophthalmic, and ENT surgery and all their associated surgical procedures.
Progression Course: Yes
Prerequisite Course(s): BIO 1120

CST 1281 Clinical Internship I
This course is the practical experience in surgical technology, and this is achieved by applying skills and techniques learned in an actual surgical environment. Each student will have a variety of cases under direct supervision. Each student will be assigned to a clinical facility and a preceptor within that facility will work with the student side by side during each surgical procedure. Each student will be responsible for observing, circulating, and scrubbing cases whenever possible. Each student will maintain a clinical notebook and must be evaluated, every day, by the clinical preceptor or instructor. Students will perform designated skills in all surgical areas. The Introduction to Sterile Processing portion of this course will be conducted at the hospital in the sterile processing / central sterile supply department. Analysis of the factors and variables of disinfecting agents will be covered. The reprocessing of instrumentation with terminal sterilization/disinfection of equipment and instruments will be defined. Understanding correct sterile storage and distribution of supplies is necessary to complete this course. During this course, students will be in a clinical site and be required to participate as part of the Central Processing or Sterile Processing team.
Progression Course: No
Prerequisite Course(s): BIO 1120

CST 1330 Pharmacology and Anesthesia
This course is designed to emphasize general application of surgical use of solutions and drugs within the Operating Room. The student will understand the different dosages and use of commonly used drugs and solutions in the operating room. Calculating percentages and doses is important with local anesthesia, irrigation solutions and general application of medication at the sterile field. The student will also learn the different anesthesia used for surgical patients and discusses the general, monitored care anesthesia (MAC), localized anesthesia including spinal and epidural. It reviews the descriptions, definitions and use of anesthesia. The student will understand induction and the stages, levels and phases of anesthesia.
Progression Course: No
Prerequisite Course(s): None

CST 1361 Fundamentals of Operative Procedures II
This course is designed for the student to learn the anatomy and surgical approach about Plastic, Oral Maxillofacial, Orthopedic, and Genitourinary surgeries and all their associated surgical procedures.
Progression Course: Yes
Prerequisite Course(s): BIO 1130

CST 1371 Microbiology
This course will provide students with a basic understanding of the microbial system such as; bacteria, viruses, fungi, and algae. Also, emphasize the inflammatory response and hypersensitivity of the body. Relate the process of infection to a surgical practice.
Progression Course: No
Prerequisite Course(s): BIO 1130

CST 1381 Clinical Internship II
This course is the practical experience in surgical technology, and this is achieved by applying skills and techniques learned in an actual surgical environment. Each student will have a variety of cases under direct supervision. Each student will be assigned to a clinical facility and a preceptor within that facility will work with the student side by side during each surgical procedure. Each student will be responsible for observing, circulating and scrubbing cases whenever possible. Each student will maintain a clinical notebook and must be evaluated, every day, by the clinical preceptor or instructor. Students will perform designated skills in all surgical areas.
Progression Course: No
Prerequisite Course(s): BIO 1130

CST 1461 Fundamentals of Operative Procedures III
This course is designed for the students to learn the anatomy and surgical approach about Vascular and Microvascular, Thoracic and Pulmonary, Cardiac, Neurosurgery, and all their associated surgical procedures.
Progression Course: Yes
Prerequisite Course(s): None

CST 1481 Clinical Internship III
This course is the practical experience in surgical technology, and this is achieved by applying skills and techniques learned in an actual surgical environment. Each student will have a variety of cases under direct supervision. Each student will be assigned to a clinical facility and a preceptor within that facility will work with the student side by side during each surgical procedure. Each student will be responsible for observing, circulating and scrubbing cases whenever possible. Each student will maintain a clinical notebook and must be evaluated, every day, by the clinical preceptor or instructor. Students will perform designated skills in all surgical areas.
Progression Course: No
Prerequisite Course(s): None

CST 1491 CST Review
This course is a comprehensive review of surgical technology. It is designed to be both a review and detailed guide, with questions and answers, for students preparing to successfully pass the Certified Surgical Technologist (CST) examination administered by the National Board of Surgical Technology and Surgical Assisting (NBSTSA). All subject areas will be reviewed, and testing strategies discussed.
Progression Course: No
Prerequisite Course(s): None

Career Development Workshop Series

The Career Development Workshop series is designed to provide students with instruction and assistance with building their resumes, cover letters, and thank you letters; as well as creating a LinkedIn profile, obtaining professional references, and creating a job search portfolio. Students will learn about the interview process and develop interviewing skills and strategies. Students may be provided with the opportunity to attend a mock interview or job fair. The Career Development Workshop series is a co-curricular graduation requirement for students enrolled in the Paramedic program.

Students must successfully complete the career development workshops held during their program. Completion of the workshops will be documented in the student's academic records and noted as Pass/Fail grade. Students who fail to successfully complete these workshops will fail to meet their program's graduation requirements and will not be approved for graduation until the requirement is met.

Clinical/Laboratory Guidelines

Please refer to the program's *Clinical/Laboratory Guidelines, Rules and Regulations Handbook* for the complete rules and regulations pertaining to the program's clinical experience component.

Graduation Requirements

To graduate from the program, Students must have:

- Met all academic requirements.
- Met all clinical requirements and attained all required competencies.
- Successfully completed Career Development Workshop series.
- Met all financial obligations.
- Completed an exit interview.
- Returned their swipe card, ID card, etc.

Graduation Time Frame

Students who have not fulfilled their graduation requirements by their scheduled graduation date, have 20 weeks in which to complete all missing graduation requirements.

PARAMEDIC PROGRAM

Clinical/Laboratory Guidelines, Rules, and Regulations Handbook

January 1, 2026

Paramedic Clinical Education Handbook

Overview

The clinical education component of the EMS (Emergency Medical Services) Program is a pivotal stage that allows students to apply classroom and laboratory knowledge in real-life scenarios. It provides a valuable opportunity to reinforce skills and abilities, helping students transcend from basic understanding to advanced levels of application and analysis. Through hands-on experience with actual patients, students develop a comprehensive index of care modalities, preparing them to function effectively as providers.

Upon completion of the clinical education requirements, students will exhibit increased proficiency across all performance areas necessary for the entry-level paramedic, including clinical behavior/judgment, assessment, therapeutic communication, cultural competency, psychomotor skills, professionalism, decision-making, prioritization, record-keeping, patient complaints, scene leadership, and scene safety.

The clinical environment is a critical platform for students to practice and refine their skills under the direct supervision of approved preceptors. While these live-patient interactions are essential for building competent and professional paramedics, they come with inherent risks and demand high standards of conduct. This manual outlines guidelines and expectations for the safety and benefit of both students and patients. As representatives of the paramedic program and clinical site employers, students are expected to uphold professional and ethical standards common to emergency medical providers during their clinical experiences.

Clinical Curriculum Design

The clinical curriculum is thoughtfully designed to complement the didactic modules, ensuring a comprehensive and cohesive learning experience for every student. Emphasis is placed on progressive skill development, fostering competent and confident paramedics ready to excel in real-world emergency medical situations. The modular didactic course sequence follows a progression and clinical rotations align with the objectives of each didactic module.

Students must demonstrate knowledge, skills, abilities, and basic competencies in the didactic and laboratory setting before scheduling or attending clinical shifts. Skills are introduced in the didactic setting and then reinforced and validated in a controlled laboratory environment by instructors. Once a skill has been successfully validated, students are granted the opportunity to practice the skill in the clinical setting under the direct supervision of an approved clinical preceptor.

Clinical Preceptors

The clinical preceptor may be a registered nurse, physician, physician assistant, nurse practitioner, respiratory therapist, or a paramedic-level provider. These preceptors have been designated by the Center for Allied Health Education or its clinical affiliates as clinical instructors, at either the attending or house-staff level. This selection process is routinely performed by the hospitals as part of their normal academic reviews. These preceptors receive an initial orientation from the Clinical Site Contact or Department Head or, at a minimum, receive and review a copy of the paramedic program's Preceptor Handbook.

Roles and Responsibilities of the Student

Scope of Practice

Throughout the program, the student's scope of practice progressively expands to encompass advanced paramedic skills. It is imperative to note that students must receive explicit approval and sign-off from an instructor prior to performing any advanced skill or intervention. Any unauthorized performance of a skill may result in disciplinary action as outlined in the catalog. This rule applies without exceptions.

Supervision Guidelines for Paramedic Students

During the clinical experience, students must adhere to specific supervision guidelines to ensure patient safety and maintain professional standards. All clinical skills performed by the student must be under the direct supervision of a clinical preceptor. Under no circumstances are students allowed to perform procedures on patients unsupervised. Students may only perform advanced skills and procedures while on a scheduled clinical shift and are strictly prohibited from performing skills or procedures on patients while employed by the facility or on the job as an EMT (Emergency Medical Technician).

In some cases, patients may express their preference not to receive care from supervised students, whether in a hospital or ambulance setting. Therefore, before performing any procedure on a patient, paramedic students must confirm with the hospital staff (in the hospital) or paramedic preceptor (in the field) that the patient has consented to receive care from supervised students.

Uniform and Appearance Guidelines

As representative of CAHE's EMS Program, students must consistently uphold the standards of professional appearance and hygiene throughout their clinical rotations. Students are considered guests at clinical sites, and strict adherence to the uniform and appearance guidelines is obligatory. Failure to comply with these guidelines may lead to limited clinical access or even dismissal from the Paramedic Program.

Uniform

The uniform for both hospital and field clinical environments consists of the following:

Uniform	Venue
CAHE Polo, Black/Dark Navy BDU Pants, EMS Boots, Black EMS Belt	EMS/Ambulance, Critical Care Ambulance, OLMC
CAHE Scrub Top, Black/Dark Navy Slacks, Black closed toe shoes or sneakers	Respiratory Therapy
CAHE Scrub Top, Scrub Pants	Emergency Departments, Labor and Delivery Anesthesia/OR
Sweatshirt/Jackets	Sweatshirts and Jackets can be worn but the student must have

	a polo shirt/scrub shirt underneath.

- For inclement weather, navy blue or black outerwear with no logos or affiliations is permitted.
- A solid color (white, navy, gray, or black), long- sleeved undershirt may be worn for added comfort and protection.
- Depending on the area students are rotating in (e.g., anesthesia, cardiac cath lab, obstetrics), they may be asked to change into hospital scrubs. Students must ensure that their program ID badge is always worn and visible.

Required Equipment

Students are expected to always have the following required equipment on them during clinical and field rotations:

- PPE (Personal Protective Equipment)
- Eye protection, which may include safety glasses or goggles.
- Stethoscope
- Penlight
- Trauma Shears

CAHE Student Identification

- A visible CAHE- issued student ID/name tag must be worn at all times.
- Any student arriving at a clinical site without the required identification will be sent home without exceptions.

Appearance

Physical presence holds significant importance during all patient and staff interactions. Students are required to maintain a clean and well-groomed appearance throughout their clinical experiences. The uniform should fit appropriately and be free of stains, tears, or wrinkles. Furthermore, students must be mindful of any odors caused by tobacco products or poor personal hygiene and take appropriate measures to prevent such odors within the clinical environment.

Professional Conduct

Students are always required to conduct themselves professionally. Students should refrain from using foul, vulgar, offensive, or inappropriate language. Additionally, students should avoid speech that may be discriminatory or harassing in nature.

Upon arrival to a clinical rotation site, students must immediately “check in” and introduce yourself to the appropriate personnel:

- **Field:** EMS Preceptors of the unit you are riding.
- **Clinic:** Nurse Manager or Charge Nurse.

Students will actively participate and seek learning opportunities during their clinical experience by asking appropriate questions and requesting constructive feedback from preceptors. Students will always offer assistance and demonstrate a willingness to be helpful.

Patient Confidentiality

- Paramedic students must always maintain strict patient confidentiality in alignment with HIPAA (Health Insurance Portability & Accountability Act) policies and procedures. All patient, hospital, and pre-hospital records, along with other clinical affiliation information, must be kept confidential. Patient information should only be handled and distributed in a way that ensures confidentiality. Sharing patient information with anyone, including the patient's family and the press, is not allowed without explicit authorization from the Paramedic Program Director or clinical preceptor, where applicable. Requests for patient information should be directed to the hospital Emergency Department staff or EMS service supervisor. Discussing specific patient matters in public areas is prohibited.

General Guidelines

Rules and Regulations

All students are responsible for demonstrating a professional attitude towards the clinical and/or field facility, its personnel, its patients, and their families. This includes, but is not limited to, being enthusiastic, mature, motivated to learn, and accepting responsibility. Though students are not employees of the clinical site, they are nevertheless subject to all rules and regulations of the clinical facility. It is the student's responsibility to become familiar with and strictly abide by the rules and regulations specified by the clinical facilities in which they are attending rotations. Unexcused tardiness or absence, inappropriate behavior, improper conduct or any failure to comply with the clinical facility's rules and regulations may result in immediate disciplinary action by the Clinical Coordinator and/or the Program Director.

Hours

- Clinical hours are divided by term and are designed to align with the didactic and laboratory objectives for each quarter.
- Any clinical site listed below with an asterisk, is considered an "if available" site. If the site is available via FISDAP, the hours are required. If the site is not available via FISDAP, the hours should be completed with other elective sites.
- If the site is listed in italics, it is considered an optional site.
- The administration reserves the right to assign additional hours to any student failing to make satisfactory progress during clinical education. Assigned hours cannot be dropped or changed.
- The administration reserves the right to mandate specific use of a student's "elective hours."

Term	EMS (ALS)	Adult Emergency Medicine	Elective:	Total
1st	64	32	N/A	96
2nd	72	16	72	160
3rd	72	8	64	144
4th	44	N/A	72	116
Capstone	100	N/A		100

Clinical Site:	Required Hours:	Max Hours:	Term:
Respiratory Therapy*	12	36	2nd
Anesthesia*	16	24	2nd
*Cardiac Catheterization Lab**	8	8	3rd
*Dialysis**	4	4	3rd
Online Medical Control*	8	8	3rd
*Critical Care Transport**	24	24	3rd
Burn Unit*	8	8	4th
Pediatric Emergency Medicine	32	48	4th
Obstetrics	16	24	4th
PICU/NICU*	8	8	4th

Scheduling Rotations

- Students schedule themselves for rotations on the first of the month for the following month (e.g., October 1st for November).
- All schedules become official on the 25th of the month.

Minimum Ambulance Agency Requirement

To ensure a well-rounded and comprehensive education, students are expected to be exposed to diverse settings and experiences. Students are encouraged to schedule shifts at various times (morning, evening, overnight) throughout the program.

- Students **must** rotate at a minimum of three (3) different ambulance agencies over the duration of the program.

Attendance Requirements

- Attendance is mandatory at all clinical rotations and field internship shifts for which a student is scheduled.
- If a student cannot attend a scheduled shift in the upcoming month, they must request to drop or trade the shift before the 25th of the month. The trade or drop must be approved.
- No shift may be traded or dropped after the 25th of the month.

- If a student believes their absence(s) should be excused, they must complete a request for accommodation via the student portal.
- A student may complete clinical rotation hours up to 10 days after the preceding term.
- During a clinical shift, if a student is invited to stay past the end of their scheduled time to care for a critical or unique patient, the student must document such in their paperwork. Any hours completed after their scheduled end time will not count towards their required hours.
- Arriving late to class due to a clinical rotation ending late is not excusable.

Successful Rotation Completion

- Successful completion of a clinical and/or field rotation is based on:
    - Arriving and leaving on time.
    - Spending time on the clinical unit.
    - Participating in care at the appropriate level.
    - Receiving an evaluation from the preceptor.

Rotation Failures

Clinical education is evaluated on the basis of "failed rotations." Clinical failure is resultant of three (3) "failed rotations" in a term. A failed rotation is constituted by any combination of three (3) of the following criteria:

- Absence from rotation.
- Poor evaluation by a clinical or field preceptor.
- Any substantiated complaint of egregious action(s) taken during a clinical or field rotation.

If a student receives a poor evaluation by a preceptor twice in the same term, they will be required to rotate at an alternate site for the remainder of that term.

Rotation-Related Issues

- In the event of extenuating circumstances (e.g., the ambulance is run down, the nurse manager is not at the site), students are required to make notification of the issue to the Program Director and/or Clinical Coordinator immediately.
- Students may not rotate on another ambulance or at a different site without permission from the Program Director and/or Clinical Coordinator.

Punctuality and Breaks

- In alignment with standards of professional courtesy, it is recommended that students arrive 15 minutes prior to the start of a clinical or field shift.
- Students who arrive more than 15 minutes late or leave more than 15 minutes early will be marked absent.
- Break times during hospital rotations should be limited to a maximum of half an hour and are permitted at the following times:
    - Morning Shifts: 11:00 am - 11:30 am
    - Afternoon Shifts: 6:30 pm - 7:00 pm

- Night Shifts: 3:00 am - 3:30 am

- Students are required to clock in and out before and after their lunch break or the break closest to the midpoint of their shift.

Double Shifts

- 16-hour "doubles" must be completed on the same ambulance for subsequent tours (e.g., 51W Tours 2&3) or within the same hospital department (e.g., back-to-back Adult Emergency Department shifts).
- Students are prohibited from completing more than 16 hours of clinical time in a 24-hour period.

Night Shifts

- Rotating or working the night shift immediately before a class is highly discouraged.

Shift "Downtime"

Students are encouraged to bring class-related study materials to clinical sites to utilize downtime efficiently for educational purposes.

- Students may assist site staff with activities not usually associated with typical paramedic functions (i.e., stocking of apparatus or rooms, making of beds or stretchers, routine activities needed for overall patient care, etc.).
- Engaging in these tasks demonstrates cooperation, and reflects a positive attitude, which are essential elements of the affective domain (professional behavior) performance evaluation. Students who actively participate in all aspects of the site rotations are more likely to be well-received by site staff.

Protocols

- Paramedic students should be familiar with the local protocols of their scheduled clinical site. Due to ongoing improvements and changes to protocols, there may be variance from what is taught in the curriculum to what is being practiced in the field.

Documentation Policy

General Guidelines:

- Complete and accurate documentation is a requirement in the EMS profession and during clinical rotations.
- Students must document patient interactions in "real-time" to ensure accuracy.
- Recollection of observations, assessments, and performed skills is best done immediately following each patient interaction.
- Preceptors must complete and sign all evaluation forms after students have completed all other documentation at the conclusion of the clinical shift.
- Incomplete or inaccurate documentation will be rejected, and the student may be required to repeat the rotation.
- All applicable fields must be filled out, including names, dates, times, locations, etc.
- It is the student's responsibility to enter the necessary information (e.g., skills, patient contacts) into FISDAP within twenty-four (24) hours of the completion of the rotation. Failure to complete

this within twenty-four (24) hours from the end time of the clinical rotation may result in the rotation not being counted.

Falsification of Documentation

- Falsifying documentation is a serious offense and breach of ethics.
- Falsification of documentation may result in disciplinary action, including dismissal from the paramedic program.
- Any offense will be thoroughly investigated by the CAHE EMS Program Administration.

Trajecsys

- Students are required to clock in via Trajecsys at the start of their shift and clock out via Trajecsys at the end of their shift.
- Students must clock in and out via Trajecsys within fifty (50) feet of the clinical or field site.
- In order for a shift to be marked complete, location accuracy must be enabled.
- Failure to clock in or clock out with Trajecsys more than three (3) times will result in an absence.
- Failure to clock in AND out of a rotation will result in an absence.

Clinical Rotation JotForm

- Students must complete a clinical rotation JotForm for every shift.
- In order to be considered completed, the clinical rotation JotForm must be signed by the preceptor.
- JotForm documentation must be completed and signed at the end of the shift. Students may not request signatures after the completion of a rotation.

FISDAP

- Students must input all patient information into FISDAP for all assigned shifts.
- Once the student completes their documentation, they are required to “lock” the shift.
- FISDAP shifts must be locked within five (5) days of the rotation. Failure to lock with shift within five (5) days will result in loss of hours.

Clinical Rotation Objectives

Advanced Life Support Ambulance

Overview: The ALS ambulance rotation is designed to provide students with experiential learning opportunities in the pre-hospital setting. Students are expected to perform patient assessment, patient care, and approved skills and procedures.

Objectives:

1. Learn how to operate competently and independently as an entry-level paramedic.
2. Demonstrate competence in all aspects of advanced life support.

Reporting Procedure:

- Report to the designated location for ambulance turn-out on the assigned date and time.
- Introduce yourself to the crew and provide them with context as to what skills you are authorized to perform.
- Assist crew in performing Part 800 check out and familiarize yourself with the location of equipment on the vehicle.

Critical Care Transport Ambulance

Overview: The Critical Care Transport ambulance rotation is designed to expose students to some of the advanced skills and equipment they may encounter upon their entry into the workforce. Students are expected to perform all skills and procedures at the paramedic level while also learning basic concepts surrounding specialty care transfers and related equipment.

Objectives:

1. Gain exposure to high-acuity specialty care transfers.
2. Develop a basic understanding of specialty care transport equipment including, but not limited to, ventilators, IV pumps, balloon pumps and incubators.

Reporting Procedure:

- Report to the designated location for ambulance turn-out on the assigned date and time.
- Introduce yourself to the crew and provide them with context as to what skills you are authorized to perform.
- Assist crew in performing Part 800 check out and familiarize yourself with the location of equipment on the vehicle.

Adult Emergency Department

Overview: Clinical experiences in the emergency department present students with countless opportunities for skill repetition and patient engagement. Students are not required to track patient contact time but must demonstrate adequate patient interaction by documenting at least one (1)

patient interaction per hour of clinical (e.g., an 8-hour shift in the ED (Emergency Department) requires documentation of eight (8) patient contacts).

Objectives:

1. Engage with a variety of patients presenting to the emergency department to improve patient rapport, assessment skills, and therapeutic communication skills.
2. Practice individual skills in a controlled environment to achieve competency.

Reporting Procedure:

- Report to the Emergency Department on the assigned date and time.
- Introduce yourself to the charge nurse, who will assign you to work with a specific nurse or area within the Emergency Department.
- Introduce yourself to the appropriate staff.

Additional Guidelines

- Students are NOT to draw blood tubes for type & screen testing; this tube may only be drawn by a nurse or physician.
- All blood tubes drawn must have the patient's name clearly labeled on them.
- Ultimate discretion in determining whether a student may administer any of the APPROVED medications lies with the preceptor and is contingent upon the particular clinical circumstance. At no time are paramedic students to handle or administer controlled substances while in the ED. All medications are administered under preceptor direction.

Pediatric Emergency Department

Overview: The Pediatric Emergency Medicine rotation aims to provide students with the opportunity to develop an effective approach to pediatric patients. This includes an understanding of developmental differences, appreciation of children's physiological responses to illness and injury, and the ability to recognize and treat conditions like respiratory distress, failure, and shock as they differ from adults.

Objectives:

1. Compare and contrast assessment techniques for pediatric and adult patients.
2. Understand life-span development and how a child's age influences assessment and treatment.
3. Communicate effectively with various pediatric age groups.
4. Perform assessments, establish vascular access, calculate weight-based medications, obtain vital signs, and manage the airway of pediatric patients.

Reporting Procedures:

- Report to the Pediatric Emergency Department on the assigned date and time.
- Introduce yourself to the charge nurse, who will assign you to work with a specific nurse or area within the Pediatric Emergency Department.

- Introduce yourself to the appropriate staff.

Anesthesia

Overview: The anesthesia rotation in the Operating Room is designed to provide students with an in-depth understanding of advanced airway management. It includes hands-on experience with live patients. Students must have completed or be enrolled in the didactic education on Advanced Airway Management. Competence will be confirmed through lab evaluations, and students must be able to display verification of skills competencies.

Objectives:

1. Gain an enhanced understanding of airway anatomy and advanced airway management techniques.
2. Demonstrate proper assessment, including Endotracheal intubation and Supraglottic airway insertion.
3. Verify airway patency following insertion and manage effective artificial ventilations and oxygen administration.

Reporting Procedures:

- Report to the O.R. on the assigned date and time.
- Change into scrubs in the designated locker room and report to the assigned area.
- Introduce yourself to the charge nurse, who will assign you to an anesthesiologist.
- Meet the anesthesiologist and introduce yourself.

Labor and Delivery

Overview: The Labor and Delivery rotation exposes students to a variety of birth situations, enabling observation and participation in patient monitoring during labor. The focus is on hands-on experience and familiarity with labor, delivery, post-partum, and neonatal care. Students will study relevant anatomy, pathophysiology, types of deliveries, and emergency management.

Objectives:

1. Orient to OB equipment and its proper use.
2. Observe fetal monitoring and assessment of fetal heart tones.
3. Assist in vaginal delivery, cesarean section, and neonatal care.
4. Understand and manage obstetric emergencies, including Pre-Eclampsia, Ectopic Pregnancies, and more.

Reporting Procedures:

- Report to the Labor and Delivery unit on the assigned date and time.

- Change into scrubs in the designated locker room and report to the assigned area.
- Introduce yourself to the charge nurse, who will assign you to a preceptor.

PICU/NICU

Overview: The PICU/NICU rotation is designed to expose students to critically ill pediatric patients while honing assessment skills and observation of high-acuity, low-frequency patient complaints and treatments. Students will study relevant anatomy, physiology, pathophysiology, and treatment algorithms for emergency care of neonatal and pediatric patients.

Objectives:

1. Compare and contrast assessment techniques for pediatric and adult patients.
2. Understand life-span development and how a child's age influences assessment and treatment.
3. Communicate effectively with various pediatric age groups.
4. Perform assessments, establish vascular access, calculate weight-based medications, obtain vital signs, and manage the airway of pediatric patients.

Reporting Procedures:

- Report to the PICU/NICU on the assigned date and time.
- Introduce yourself to the charge nurse, who will assign you to work with a specific nurse.
- Introduce yourself to the appropriate staff.

Cardiac Catheterization Lab

Overview: The Cardiac Catheterization Lab rotation offers students experience in vascular reperfusion procedures and interventions, focusing on the diagnosis, treatment, and management of heart and vascular disorders. The clinical objective is to introduce percutaneous catheterization and provide education related to acute coronary syndrome and other cardiac diseases.

Objectives:

1. Discuss common signs and symptoms of acute coronary disease.
2. Review heart anatomy, including coronary vasculature, and interpret EKG rhythm disturbances.
3. Review patient case history and identify relationships between current cases and preexisting conditions.

Reporting Procedures:

- Report to the Cardiac Catheterization Lab on the assigned date and time.
- Introduce yourself to the charge nurse, who will assign you to work with a specific nurse.
- Introduce yourself to the appropriate staff.

Burn Unit

Overview: The Burn Unit rotation enables students to observe and understand the short and long-term physiology of major burns, including ongoing assessment and treatment. Students will gain insight into the acute and long-term effects of burns on the healing process, patient care challenges related to acute burns, non-traumatic damage to the integumentary system, and the impact of patient demographics on burn severity and treatment.

Objectives:

1. Discuss assessment and management concerns of acutely burned patients.
2. Observe and discuss long-term effects of burns on the healing process.
3. Understand patient care challenges related to acute burns.
4. Assist with patient care where permitted, within the student's scope of practice.
5. Observe various treatments of acutely burned patients.

Reporting Procedures:

- Report to the Cardiac Catheterization Lab on the assigned date and time.
- Introduce yourself to the charge nurse, who will assign you to work with a specific nurse.
- Introduce yourself to the appropriate staff.

OLMC (Medical Control)

Overview: The Medical Control rotation provides students the opportunity to interact with an On-Line Medical Control physician and understand the importance of patient presentation and critical decision-making.

Objectives:

1. Understand the innerworkings of Online Medical Control and the physician's role in patient care.
2. Evaluate the intricacies of patient care protocols and how patient presentation can impact the course of treatment.
3. Explore how patient care algorithms and critical decision-making impact On-Line and discretionary orders.

Reporting Procedures:

- Report to FDNY Telemetry Unit
- Introduce yourself to on-duty paramedics and physician.

Dialysis

Overview: The Dialysis rotation enables students to observe and understand the long-term care involved with kidney failure. Students will gain insight to the process of hemodialysis through exposure to the procedure, associated vascular access sites, and equipment.

Objectives:

1. Discuss assessment and management concerns of patients with impaired kidney function.
2. Observe and discuss long-term effects of impaired kidney function.
3. Understand chronic and acute risks associated with dialysis treatment.

Reporting Procedures:

- Report to the Dialysis location on the assigned date and time.
- Introduce yourself to the charge nurse, who will assign you to work with a specific nurse.
- Introduce yourself to the appropriate staff.

Advanced Life Support Ambulance Field Internship

Overview: The Advanced Life Support Ambulance Field Internship is the capstone internship for the paramedic program. Prior to beginning the internship, students have successfully completed all didactic and laboratory competencies and have been authorized to begin Team Leads. This internship provides students the opportunity to act as the primary patient care provider in an ALS capacity while still under the direct supervision of an approved paramedic preceptor.

Objectives:

1. Students must participate in 100 hours of Field Internship rotations.
2. Students must obtain at least 50 Patient Contacts by the end of their internship with at least 25 patients requiring ALS intervention.
    1. An ALS patient contact is defined as a patient assessment that includes the documented medical necessity for a blood glucose evaluation, pulse oximetry monitoring, and an additional ALS diagnostic procedure (e.g., cardiac monitoring). In addition, the student must perform one (1) or more ALS intervention or skill not including cardiac monitoring and/or basic CPR.

Assessment Policy

Laboratory Evaluations

High-quality advanced life support cannot be performed unless paramedics have excellent basic life support skills. Students come from a variety of training and experiential backgrounds. It is the goal of the program to upgrade the basic life support skills of all participants to the point that each student is considered to have mastery of the skill.

There are many skills that the paramedic must be able to perform. Some of these skills are basic life support skills; others are related to advanced life support skills approved and supported by the NREMT, NYS BEMS, and New York City REMAC. Additional skills are not mandated by any individual oversight agency but are often used in other systems and therefore all paramedics should be familiar with the skill.

Laboratory skill training includes scenarios and simulations that will require students to use critical decision-making skills and clinical judgment while applying the knowledge they have acquired from the didactic and psychomotor portions of the course including, but not limited to pharmacological, protocols, patient care algorithms, and patient assessment. Students will be evaluated in terms of their ability to respond to medical and/or trauma scenarios while also being able to be flexible and apply knowledge and skills as situations evolve. It is the goal of the program to train "thinking paramedics" who are not only able to apply the appropriate intervention(s), acknowledge changing situations, and alter course, as necessary.

Skills will be evaluated several times during the course. During skill modules, students will have time to practice specific skills. Any student demonstrating difficulties in the laboratory section of the course may request a learning center to be remediated and counseled to achieve competency. Practical skills evaluations are graded on a pass/fail basis, where all skills must be passed for the student to pass the practical evaluations. Students will have a maximum of three (3) reevaluations of a skill (four (4) evaluations total). If a student has not passed all skill evaluations by the date of the final written exam, they may face disciplinary action up to and including termination from the program.

Grading of Competency Evaluations	
Passing on Initial Attempt	100
Passing on Second Attempt	85
Passing After Second Attempt	0
Failing on Third Attempt	Failure to Meet Graduation Requirements

Grading of Final Evaluations

- Each student enrolled in the lab course will be required to complete a final assessment.
- The final assessment will account for 50% of the overall grade.
- The final assessment will consist of one scenario that incorporates the skills and assessments learned throughout the course. Students must demonstrate their competency in these skills and assessments appropriately. In the event of a failure on the first attempt, the student will be provided with

remediation and a second opportunity to complete a different scenario. However, failure to pass the final assessment on the second attempt will result in a failure of the lab course.

Advanced Skills in the Clinical and Field Rotation Setting

During clinical and field rotations, the paramedic student will produce his/her skill proficiency log to their preceptor to determine what skills they can perform based on successful completion of the classroom evaluation. Should a discrepancy arise, or the student cannot produce their form, the preceptor will contact the Clinical Coordinator and/or Program Director for clarification.

The student will be able to perform the following skills by the end of the program:

CPR	Application of ECG Monitor
Assessment and Recording of Vital Signs	Recording and Interpretation of ECG Rhythms
Patient Movement and Spinal Immobilization	Recording and Interpretation of 12 Lead ECG
Hemorrhage Control and Bandaging	Defibrillation
Oxygen Administration	Cardioversion
Positive Pressure Ventilation	External Cardiac Pacing
Oropharyngeal and Endotracheal Suctioning	Endotracheal Intubation
Orogastric/Nasogastric Tube Placement	Supraglottic Airway
Needle Decompression	Needle Cricothyrotomy
Venous Blood Sampling/Phlebotomy/POC Testing	Preparation and Administration of IV/IO, IM, SQ, PO, ET, SL, IN medications

Minimum Skill Competencies

Students must meet the minimum skills competencies as outlined by CoAEMSP. Skills competencies are defined by patient age range, pathology/complaint, and specific skill and can be achieved through a combination of laboratory simulation and live-patient contacts. Details regarding minimum standards for paramedic students are available in Appendices A, B, and C of this handbook.

Appendix A

Student Minimum Competency: Ages

Student Minimum Competency Table 1 Ages					
CoAEMSP Student Minimum Competency (SMC)	**Column 1 Formative Exposure in Clinical or Field Experience**	**Column 2 Exposure in Clinical or Field Experience and Capstone Field Internship**	**Total**	**Minimum Recommendations by Age* (*included in the total)**	
	Conducts patient assessment (primary and secondary assessment), performs motor skills if appropriate and available, and assists with development of a management plan in patient exposures with some assistance for evaluation	Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance			
	CoA Recommended/ Program Minimum	CoA Recommended/ Program Minimum	CoA Recommended/ Program Minimum	**Minimum Exposure**	**Age**
Pediatric patients with pathologies or complaints	15	**15**	30	**2**	**Neonate (birth to 30 days)**
				2	**Infant (1 mo - 12 mos)**
				2	**Toddler (1 to 2 years)**
				2	**Preschool (3 to 5 years)**

				2	**School-Aged/ Preadolescent (6 to 12 years)**
				2	**Adolescent (13 to 18 years)**
Adult	30	**30**	60	**(19 to 65 years of age)**	
Geriatric	9	**20**	29	**(older than 65 years of age)**	
Total	**54**	**65**	**119**		

Appendix B

Minimum Competency Skills: Pathophysiology/Complaint

Student Minimum Competency Table 2 Pathology/Complaint (Conditions)							
			Column 1 **Formative Exposure in Clinical or Field Experience**		**Column 2** **Exposure in Clinical or Field Experience/Capstone Field Internship**		**Total Formative & Competency Evaluations by Condition or Complaint**
CoAEMSP Student Minimum Competency by Pathology or Complaint	**Simulation**		Conducts patient assessment (primary and secondary assessment) and performs motor skills if appropriate and available and assists with development of a management plan on a patient with some assistance for evaluation.		Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance		
	Simulation	**Associated Lab Sessions**	CoA Recommended/ Program Minimum	Associated Lab Sessions (Simulation)	CoA Recommended/ Program Minimum	Associated Lab Sessions (Simulation)	CoA Recommended/ Program Minimum
Trauma	**Minimum of one (1) pediatric and one (1) adult trauma simulated scenario must be successfully completed prior to capstone field internship.**	Adult - EMTP 1451L: Pediatric - EMTP 1451L:	18	N/A	**22**	N/A	27
Psychiatric/ Behavioral	**A minimum of one (1) psychiatric simulated scenario must be successfully completed prior to**	EMTP 1351L: 5P, 6P	12	N/A	**6**	N/A	18

	capstone field internship.						
Obstetric delivery with normal newborn care (simulation permitted)	N/A	N/A	2	EMTP 1451L: (All Sessions)			
Complicated obstetric delivery (simulation permitted) **(e.g., breech, prolapsed cord, shoulder dystocia, precipitous delivery, multiple births, meconium staining, premature birth, abnormal presentation, postpartum hemorrhage)**	A minimum of two (2) complicated obstetric delivery simulated scenarios must be successfully completed prior to capstone field internship including a prolapsed cord and a breech delivery.	EMTP 1451L: (All Sessions)	2	EMTP 1451L: (All Sessions)	**2**	EMTP 1451L:	6
Distressed neonate (birth to 30 days) (simulation permitted)	A minimum of one (1) distressed neonate following delivery simulated scenario must be successfully completed prior to capstone field internship.	EMTP 1451L: (All Sessions)	2	EMTP 1451L: (All Sessions)	**2**	EMTP 1451L:	4
Cardiac pathologies or complaints **(e.g., acute coronary syndrome, cardiac chest pain)**	Minimum of one (1) cardiac-related chest pain simulated scenario must be successfully completed prior to capstone field internship.	EMTP 1351L: (All Sessions)	12	N/A	**8**	N/A	18
Cardiac arrest	Minimum of one (1) cardiac arrest simulated scenario must be successfully completed	EMTP 1351L: (All Sessions)	2	N/A	**1**	N/A	3

	prior to capstone field internship.						
Cardiac dysrhythmias	**N/A**	N/A	10	N/A	**6**	N/A	16
Medical neurologic pathologies or complaints (e.g., transient ischemic attack, stroke, syncope, or altered mental status presentation)	**A minimum of one (1) geriatric stroke simulated scenario must be successfully completed prior to capstone field internship.**	EMTP 1351L: (All Sessions)	8	N/A	**15**	N/A	12
Respiratory pathologies or complaints (e.g., respiratory distress, respiratory failure, respiratory arrest, acute asthma episode, lower respiratory infection)	**A minimum of one (1) pediatric and one (1) geriatric respiratory distress/failure simulated scenario must be successfully completed prior to capstone field internship.**	Geriatric - EMTP 1451L: (All Sessions) Pediatric - EMTP 1451L: (All Sessions)	8	N/A	**10**	N/A	12
Other medical conditions or complaints (e.g., gastrointestinal, genitourinary, gynecologic, reproductive pathologies, or abdominal pain complaints, infectious disease, endocrine disorders or complaints [hypoglycemia, DKA, HHNS, thyrotoxic crisis, myxedema, Addison's, Cushing's], overdose or substance abuse, toxicology,	**A minimum of one (1) geriatric sepsis simulated scenario must be successfully completed prior to capstone field internship.**	EMTP 1351L: (All Sessions)	12	N/A	**18**	N/A	18

hematologic disorders, non-traumatic musculoskeletal disorders, diseases of the eyes, ears, nose, and throat)							
	Totals:		**88**	**N/A**	**90**	**N/A**	**134**

Appendix C

Minimum Skills Competency: Skills

Student Minimum Competency Table 3 Skills					
CoAEMSP Recommended Motor Skills Assessed and Success	**Column 1 Successful Formative Individual *Simulated* Motor Skills Assessed in the Lab**		**Column 2 Minimum Successful Motor Skills Assessed on a *Patient* in Clinical or Field Experience or Capstone Field Internship *Simulation permitted for skills with asterisk**		**Totals**
	CoA Recommended/ Program Minimum	Associated Lab Sessions	CoA Recommended/ Program Minimum	Associated Lab Sessions (Simulation)	CoA Recommended/ Program Minimum
Establish IV access	2	EMTP 1151L: 4P, 5P, 6P, 7P	35	N/A	37
Administer IV infusion medication*	2	EMTP 1151L: 6P, 7P, 9P, 10P	2	EMTP 1351L/1451L: Any Competency (Summative) Session	4
Administer IV bolus medication	2	EMTP 1151L: 6P, 7P, 9P, 10P	10	N/A	12
Administer IM injection	2	EMTP 1151L: 6P, 7P	2	N/A	4
Establish IO access*	4	EMTP 1151L: 4P, 5P, 6P, 7P	2	EMTP 1351L/1451L: Any Competency (Summative) Session	6

Perform PPV with BVM*	4	EMTP 1151L: 1P	10	EMTP 1351L/1451L: Any Competency (Summative) Session	14
Perform oral endotracheal intubation*	2	EMTP 1251L: 1P, 2P, 3P, 4P	10	EMTP 1351L/1451L: Any Competency (Summative) Session	12
Perform endotracheal suctioning*	2	EMTP 1251L: 3P, 4P	2	EMTP 1351L/1451L: Any Competency (Summative) Session	4
Perform FBAO removal using McGill Forceps*	2	EMTP 1251L: 3P, 4P	2	EMTP 1351L/1451L: Any Competency (Summative) Session	4
Perform cricothyrotomy*	2	EMTP 1251L: 6P, 7P	2	EMTP 1351L/1451L: Any Competency (Summative) Session	4
Insert supraglottic airway*	2	EMTP 1251L: 1P, 2P, 3P, 4P	10	EMTP 1351L/1451L: Any Competency (Summative) Session	12
Perform needle decompression of the chest*	2	EMTP 1251L: 6P, 7P	2	EMTP 1351L/1451L: Any Competency (Summative) Session	4
Perform synchronized cardioversion*	2	EMTP 1351L: 3P, 4P	2	EMTP 1351L/1451L: Any Competency	4

				(Summative) Session	
Perform defibrillation*	2	EMTP 1351L: 1P, 2P	2	EMTP 1351L/1451L: Any Competency (Summative) Session	4
Perform transcutaneous pacing*	2	EMTP 1351L: 1P, 2P, 5P, 6P, 7P, 8P, 9P	2	EMTP 1351L/1451L: Any Competency (Summative) Session	4
Perform chest compressions*	2	EMTP 1351L: 1P, 2P	2	EMTP 1351L/1451L: Any Competency (Summative) Session	4
Totals:	**36**	**N/A**	**87**	**N/A**	**123**

EMT-B/Paramedic Program Faculty

Medical Director
Josef Schenker, MD, MBA, NRP, FACEP, FAEMS
Loyola University Chicago (MD)

Sponsor's Administrator
Sarah Bokow, BA
Touro College (BA)

Program Director
Halyna Maslyuk, BA, NRP, CIC
Center for Allied Health Education (EMT-P)

Clinical Coordinator
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Aaron Katz, EMT-P, CIC
NY Methodist Hospital (EMT-P)

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Zenaides Madina, EMT-P, CLI
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Oleksandr Chernov, EMT-P
FDNY EMS (EMT-P)

Kathleen DeVaynes, EMT-P, CLI
FDNY (EMT-P)

Miguel Roche, EMT-P, CIC
NYC Health and Hospitals Corporation (EMT-P)

Tina Addis, EMT-P, CIC
Center for Allied Health Education (EMT-P)

Paramedic Program

Tuition, Fees and Charges

Tuition

Tuition for the Paramedic Program (2026-2027) is $3,625.00 for each of the program's 4 quarters, and a total of $14,000.00 for the entire program. Tuition payments are due as follows:

Upon registration	$500.00
Prior to First Quarter	$6,400.00
Prior to Third Quarter	$6,900.00

Fees

Fees for the Paramedic Program (2026-2027) are non-refundable once the student has begun instruction during the quarter to which they apply and are due as follows:

Upon registration	Registration Fee	$100.00
Prior to First Quarter	Clinical Fee	$500.00
	Technology Fee	$750.00
Prior to Third Quarter	Clinical Fee	$500.00
	Technology Fee	$750.00
	PSI Exam Fee	$35.00

The definitions of the fees listed above are:

- Technology Fee is used to provide me with online learning resources, the learning management system, the student portal and the computerized library.
- Clinical Fee is used to cover the cost of my coverage under the Center's Malpractice/Liability insurance policy, to operate and maintain the student lab and to provide me with a variety of educational affiliated clinical internship sites.
- The PSI Exam Fee covers the first attempt. Additional attempts will incur additional fees(s). There will be no hourly charge for make-up sessions/activities.

Additional Costs

Clinical Clearance

Students are required to have a physical examination and be medically cleared by a private physician as well as have a criminal background check performed. The background check is done through CastleBranch/DISA, a third-party screening service. More information regarding clinical clearance will be provided in the orientation packet. The clinical clearance fees are estimated at $291.00.

Additionally, students are required to have, and provide acceptable documentation of, active health insurance coverage throughout the duration of the program.

iPad and Accessories

Students are required to use the school issued iPad when participating in virtual lectures, completing assignments, accessing CANVAS and participating in exams. The cost of the iPad is $365.00 due prior to Orientation and is non-refundable once the student has received the iPad.

Textbooks

Students are required to purchase all textbooks on their own. Textbook costs are estimated at $1,500.00.

Financial Aid

Financial aid is available to students who qualify. For more information, please refer to the *Financial Aid* section in the Institutional Catalog.

Payment Plans

Due Date	Amount of Tuition Due
Prior to the first day of class	25% of balance
First of each month	20%
First of each month	20%
First of each month	20%
First of each month	20%
First of each month	20%

All monies due under a payment plan are subject to a 3% administrative fee.

Additional Expenses

- Room and board – students are required to make their own arrangements for housing. Room and board is at the student's expense.
- Field trips and meetings are at the student's expense.
- Upon graduation, the student must apply for the credentialing examination. Fees for the examination are at the student's expense.
- Student may wish to join one or more of the professional organizations in the field. Membership fees are at the student's expense.
- Students are expected to supply their own health insurance plans.

Required Supplies

Students are required to possess a GPS-enabled mobile device with internet access to utilize for academic and administrative purposes. Students are required to possess a stethoscope, trauma shears and navy-blue bunker pants which they can purchase on their own or through the Center.

Tuition Liability

During the first Quarter of the program:

Student's last date of attendance is during the:	The school may retain no more than:	Tuition Liability:
First Week of the Quarter	0% of the total Quarter's Tuition	$862.50
Second Week of the Quarter	25% of the total Quarter's Tuition	$906.25
Third Week of the Quarter	50% of the total Quarter's Tuition	$1,812.50
Fourth Week of the Quarter	75% of the total Quarter's Tuition	$2,718.75
Fifth Week of the Quarter	100% of the total Quarter's Tuition	$3,625.00

Student's last date of attendance is during the:	The school may retain no more than:	Tuition Liability:
First Week of the Quarter	25% of the total Quarter's Tuition	$906.25
Second Week of the Quarter	50% of the total Quarter's Tuition	$1,812.50
Third Week of the Quarter	75% of the total Quarter's Tuition	$2,718.75
Fourth Week of the Quarter	100% of the total Quarter's Tuition	$3,625.00

Health, Safety and Security Disclosures

2025

Table of Contents

Copyright Infringement and Record Security

Copyright Infringement Policies and Sanctions

Copyright Infringement & Peer-to-Peer File Sharing Policy and Sanctions

Center for Allied Health Education does not allow or condone the use of the Center's resources for the unauthorized distribution of copyrighted material, including unauthorized peer-to-peer file sharing. Engaging in such unauthorized activity will result in disciplinary action by the Center including, but not limited to, termination from the program. Such activity may also subject students to civil and criminal liabilities.

Summary of Civil and Criminal Penalties for Violation of Federal Copyright Laws

Copyright infringement is the act of exercising, without permission or legal authority, one or more of the exclusive rights granted to the copyright owner under section 106 of the Copyright Act (Title 17 of the United States Code). These rights include the right to reproduce or distribute a copyrighted work. In the file-sharing context, downloading or uploading substantial parts of a copyrighted work without authority constitutes an infringement. Penalties for copyright infringement include civil and criminal penalties. In general, anyone found liable for civil copyright infringement may be ordered to pay either actual damages or "statutory" damages affixed at not less than $750 and not more than $30,000 per work infringed. For "willful" infringement, a court may award up to $150,000 per work infringed. A court can, in its discretion, also assess costs and attorneys' fees. For details, see Title 17, United States Code, Sections 504, 505. Willful copyright infringement can also result in criminal penalties, including imprisonment of up to five years and fines of up to $250,000 per offense. For more information, please see the website of the U.S. Copyright Office at www.copyright.gov.

Alternatives to Illegal Downloading

There are many alternatives to the unauthorized distribution of copyrighted material. For a list of legitimate online services that are approved by the AAP, MPAA, and RIAA please see the EDUCAUSE list available at https://www.educause.edu/focus-areas-and-initiatives

FERPA and Student Educational Records

Family Education Rights and Privacy Act

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. §1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. The law applies to all programs that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a program beyond the high school level. Students to whom the rights have transferred are "eligible students."

Eligible students have the right to:

1. Inspect and review the student's education records;

2. Seek amendment to the student's education records that the student believes to be inaccurate, misleading or otherwise in violation of student's privacy rights;

3. Consent to disclosures of personally identifiable information contained in the student's education records;

4. File with the Department a complaint under §99.63 and §99.64 concerning failures by the educational agency or institution to comply with the requirements of the Act.

Inspect and Review Educational Records

Eligible students have the right to request to inspect and review their educational records. To request a review of educational records, an eligible student must submit a written request to the Licensed School Director/Campus Director. Records will be available within 45 calendar days of the date of the request.

Institutions are not required to provide copies of records unless an extenuating circumstance makes it impossible for the eligible student to review their records onsite. Should the institution be required to provide copies of a student's educational records, a fee will be charged to mail such documents.

Seek Amendment to Educational Records

Eligible students have the right to request that Center for Allied Health Education amend their educational records which they believe to be inaccurate or misleading. However, while the FERPA amendment procedure may be used to challenge facts that are inaccurately recorded, it may not be used to challenge a grade, an opinion, or a substantive decision made by the Center about an eligible student. The process to seek an amendment is as follows:

- The request to correct a student's record must be submitted in writing to the Licensed School Director/Campus Director. The request will be reviewed, and a response will be provided in writing within ten (10) business days from receipt of the request.
- If the eligible student is not satisfied with the Licensed School Directors' response, they can request in writing to the Licensed School Director, that the Program Committee meet to review their request. · Within ten (10) business days of the request, the Program Committee will meet to review the request. The eligible student will then be notified of the date and time of the Program Committee meeting to present any relevant evidence. The student will be notified in writing of the Program Committee's decision in five (5) business days. The decision of the Program Committee will be final.
- If the eligible student is still not satisfied, they have the right to provide a statement for the record, setting forth his or her view about the contested information.

Personally Identifiable Information

Generally, programs must have written permission from the eligible student in order to release any information from a student's education record. However, under §99.31, an educational agency or institution may disclose personally identifiable information from an education record of a student without the consent required by §99.30, if the disclosure meets one or more of the following conditions:

- The disclosure is to other school officials, including teachers, within the agency or institution whom the agency or institution has determined to have legitimate educational interests.
- The disclosure is to officials of another school, school system, or institution of postsecondary education where

the student seeks or intends to enroll, or where the student is already enrolled so long as the disclosure is for purposes related to the student's enrollment or transfer.

- The disclosure is to authorized representatives of:
  - The Comptroller General of the United States;
  - The Attorney General of the United States;
  - The Secretary; or
  - State and local educational authorities.
- The disclosure is in connection with financial aid for which the student has applied or which the student has received, if the information is necessary for such purposes as to:
  - Determine eligibility for the aid;
  - Determine the amount of the aid;
  - Determine the conditions for the aid; or
  - Enforce the terms and conditions of the aid.
- The disclosure is to State and local officials or authorities to whom this information is allowed to be reported or disclosed pursuant to State statute.
- The disclosure is to organizations conducting studies for, or on behalf of, educational agencies or institutions to:
  - Develop, validate, or administer predictive tests;
  - Administer student aid programs; or
  - Improve instruction.
- The disclosure is to accrediting organizations to carry out their accrediting functions.
- The disclosure is to parents of a dependent student.
- The disclosure is to comply with a judicial order or lawfully issued subpoena.
- The disclosure is in connection with a health or safety emergency.
- The disclosure is information the educational agency or institution has designated as "directory information."

An educational agency or institution may disclose directory information if it has given public notice to eligible students in attendance at the agency or institution of:

  - The types of personally identifiable information that the agency or institution has designated as directory information;
  - An eligible student's right to refuse to let the agency or institution designate any or all of those types of information about the student as directory information; and

- The period of time within which an eligible student has to notify the agency or institution in writing that he or she does not want any or all of those types of information about the student designated as directory information.
- The disclosure is to the parent of a student who is not an eligible student or to the student.
- The disclosure is to a victim of an alleged perpetrator of a crime of violence or a non-forcible sex offense.
- The disclosure is in connection with a disciplinary proceeding at an institution of postsecondary education.
- The disclosure is to a parent of a student under the age of 21 at an institution of postsecondary education regarding the student's violation of any Federal, State, or local law, or of any rule or policy of the institution, governing the use or possession of alcohol or a controlled substance.

Third-Party Access to Student Records HIPAA and FERPA

If a health record is used to make a decision in regard to a student's education program (i.e. whether a student should receive extended time for testing; or be exempted from an academic requirement) the health record may be construed

to be an education record. In that case the normal FERPA provisions for safeguarding the record would apply.

Center for Allied Health Education follows requirements for the privacy of health records (HIPAA).

FERPA and Subpoenas

Upon receipt of a subpoena or other Court Order, the Center will make a reasonable effort to notify the student of the receipt of the order in advance of compliance for the student to have the opportunity to seek protective action.

Health and Safety Exemption Requirement

A health and safety exception permits the disclosure of personally identifiable information from a student's record in case of an immediate threat to the health or safety of students or other individuals.

Center for Allied Health Education only discloses personally identifiable information from an education record to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health and safety of the student or individuals. The President & CEO, with the guidance of legal counsel, will decide if knowledge of the information is necessary to protect the health and safety of the student or individuals.

Students Educational Records

Student records are kept permanently and are stored electronically.

The following information is maintained in a student's permanent educational record:

- Completed Application Packet
- Enrollment Documentation
    - Enrollment Agreement
    - Advanced Standing Request (if applicable)
    - Transfer Credit/Hour Request (if applicable)
- Orientation Paperwork
- Attendance Records
- Grade Sheets
- Clinical Competencies/Proficiency Evaluations
- Counseling forms (if applicable)
- Withdrawal Forms (if applicable)
- Leave of Absence Forms (if applicable)
- Financial Statement
- Official Program Transcript
- Certificate of Completion
- Placement Information

Notification Requirements

Programs must notify eligible students annually of their rights under FERPA. The actual means of notification is left to the discretion of each institution.

For additional information or technical assistance, you may call (202) 260-3887 (voice). Individuals who use TDD may call the Federal Information Relay Service at 1-800-877-8339.

Or you may contact the United States Department of Education at the following address:

Family Policy Compliance Office

U.S. Department of Education

400 Maryland Avenue, SW Washington, D.C. 20202-5920

HIPAA and FERPA

If a health record is used to make a decision in regard to a student's education program (i.e. whether a student should receive extended time for testing; or be exempted from an academic requirement) the health record may be construed to be an education record. In that case the normal FERPA provisions for safeguarding the record would apply.

Center for Allied Health Education follows requirements for the privacy of health records (HIPAA).

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Upon receipt of a subpoena or other Court Order, the Center will make a reasonable effort to notify the student of the receipt of the order in advance of compliance in order for the student to have the opportunity to seek protective action.

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A health and safety exception permits the disclosure of personally identifiable information form a student's record in case of an immediate threat to the health or safety of students or other individuals.

Center for Allied Health Education only discloses personally identifiable information from an education record to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health and safety of the student or individuals. The President & CEO, with the guidance of legal counsel, will decide if knowledge of the information is necessary to protect the health and safety of the student or individuals.

Student Permanent Records

Student records are kept permanently. All previous students' records are kept in an off-site storage facility.

A student's permanent record is made up of electronic records and hard copy records. The following information is maintained in a student's permanent record:

- Completed Application Packet
- Enrollment Documentation
    - Enrollment Agreement
    - Advanced Standing Request (if applicable)
    - Transfer Credit/Hour Request (if applicable)
- Orientation Paperwork
- Attendance Records
- Grade Sheets
- Clinical Competencies/Proficiency Evaluations
- Counseling forms (if applicable)
- Withdrawal Forms (if applicable)
- Leave of Absence Forms (if applicable)
- Financial Statement
- Official Program Transcript
- Certificate of Completion
- Placement Information

To request review of your records, a written request must be filed with the Licensed School Director. Records will be available within forty-five (45) business days of the date of the request.

The following staff members of the Center are allowed access to student records without the student's permission:

- President & CEO

- Directors
- Medical Directors/Advisors
- Program Directors
- Coordinators
- Managers
- Administrative Assistants

Students who wish to have the Center release their transcripts to a third party must place an order for an official transcript through CAHE's Parchment store, accessible through CAHE's wesbite.

Supplementary Documentation/External Forms

A student who has not completed the program, regardless of cause, will receive a copy of his/her transcript, upon written request following the process listed above. Neither supplementary documentation nor external forms will be completed that seek to verify either a student's academic performance or clinical proficiency.

Health

Drug and Alcohol Abuse Prevention Program

Substance Abuse and Alcoholic Beverages

Center for Allied Health Education (the Center) is committed to creating and maintaining an environment that is free of alcohol and substance abuse and that complies with New York State and local laws. Center for Allied Health Education views the abuse of alcohol and legal drugs and the use of illicit drugs as being antithetical to the pursuit of educational excellence and the realization of one's full potential as a student. Accordingly, the Center takes very seriously its obligation to address the issue of substance abuse.

At the same time, the Center expects that students will conduct themselves in accordance with the basic principles of personal responsibility, respect for order, and consideration of the rights of others. Implied in these expectations is the understanding that students are responsible for making their own decisions and accepting the consequences of those decisions. In order to make informed choices about alcohol and other drug use, students should educate themselves about the social, physiological, and psychological consequences of drug use or excessive drinking.

The United States Department of Education has issued regulations implementing the provisions of the Drug-Free Centers and Communities Act Amendments of 1989. These regulations require that the Center distribute the following information annually to you in writing concerning the possession, use, or distribution of alcohol and illicit drugs the Center's policies on substance abuse and on alcoholic beverages are set out below, along with related information on program sanctions for violation of these policies, on criminal sanctions for the illegal possession or distribution of drugs and alcohol, on the health risks associated with drugs and alcohol, and on places to obtain help concerning the use and abuse of alcohol and illicit drugs. These policies apply to all students and to all events or activities which are sponsored by the Center whether they occur at the Center or not. Please read all of this material very carefully. There is much information here, some of it technical, but all of it vitally important. Should a student need additional information or substance abuse counseling they should make an appointment with student services, which will provide them with additional material and refer them for outside counseling.

Standard of Conduct

The following are the Center's Statements of Policy on Substance Abuse and on Alcoholic Beverages. We believe that the best way to maintain an appropriate campus environment with respect to drugs and alcohol is through preventive education about the dangers of drug abuse and attention to the needs of those who may require help with alcohol or other drug-related problems. To that end, the Center provides information about related services that are available in the local community.

Statement of Policy on Substance Abuse

In addition to policies and practices that emphasize concern for the welfare of individuals, Center for Allied Health Education also recognizes the importance of maintaining the safety and well-being of the community as a whole. The Center therefore adheres to the following guidelines concerning the unlawful possession, use, or distribution of drugs:

The unlawful possession, use, or distribution of drugs will not be tolerated on the Center's premises. Upon finding evidence of the unlawful possession, use, or distribution of drugs on its premises by any student, the Center will take appropriate disciplinary action, including, but not limited to, probation, suspension, or termination. The Center will take disciplinary action, up to and including discharge, against any student found to be unlawfully using, possessing, or distributing drugs on program premises.

Students should also be aware that, in addition to program sanctions, they may be subject to criminal prosecution under federal and state laws that specify fines or imprisonment for conviction of drug-related offenses. Where appropriate or necessary, the Center will cooperate fully with law enforcement agencies.

Statement of Policy on Alcoholic Beverages

The sale, service, possession, and consumption of alcoholic beverages at the Center are governed by the New York State Alcoholic Beverage Control Law and other laws of the State of New York. Based on such laws, it is

the policy of Center for Allied Health Education that:

- Persons under the age of 21 years are prohibited from possessing any alcoholic beverage at the Center or at any event sponsored by the Center, whether the event is at the Center's premise or not.
- The following rules are applicable to all events at which alcoholic beverages are served or sold at the Center and to all events or activities, whether or not at the Center, which are sponsored by the Center.
- No person shall be sold or served any alcoholic beverage:
    - if that person is, or appears to be, under the legal drinking age of 21;
    - if that person is, or appears to be, intoxicated, or is known to the server or seller to be a problem drinker.
- No person under the age of 21 years shall:
    - present any written evidence of his or her age that is false, fraudulent, or not actually his or her own in order to purchase or be served, or to try to purchase or be served, any alcoholic beverage or in order to gain access, or to try to gain access, to any event or activity at which any alcoholic beverage is being sold or served.
- No person shall in any way misrepresent the age of any other person or help any other person to misrepresent the age of any other person or help any other person to misrepresent his or her age so that such person can purchase or be served, or try to purchase or be served, any alcoholic beverage or gain access, or try to gain access, to any event or activity at which any alcoholic beverage is being served or sold.
- No alcoholic beverage shall be sold to any person unless:
    - a license or permit sanctioning the sale of such alcoholic beverage has been obtained by the seller; and
    - the license or permit sanctioning such sale and any posters, signs, notices, or other material or information required by applicable law or by the State Liquor Authority are prominently displayed at the site of such sale.

The individual or group(s) sponsoring an event or activity at which any alcoholic beverage is to be sold or served (the "sponsor") shall be responsible to make sure that all New York State laws and regulations and all the Center's rules and regulations regarding the sale, use, service, possession, and consumption of alcoholic beverages are observed at such event or activity. This responsibility shall include, without being limited to, the following:

- Sales of liquor include, without being limited to, cash bars, events to which admission tickets are sold or for which fees are charged, either by the event or for a period of time (e.g., entertainment charge or annual dues), entitling the purchaser access to an open bar, and parties at which alcoholic beverages are served and for which contributions or donations to offset the costs of the party are sought.
- To serve alcoholic beverages shall mean to give away, deliver, or otherwise provide alcoholic beverages to any person by any means other than by sale to such person complying with items a and b above, including examining attendees' evidences of age; notifying either the Program Director prior to each on-campus event at which alcoholic beverages are to be sold or served; and instructing the person or persons actually selling or serving alcoholic beverages at the event not to sell or serve alcoholic beverages to any person who is or appears to be intoxicated, or whom such server or seller knows to be a problem drinker, or who is or appears to be under the legal drinking age.
- Violation of the Center's Policy on Alcoholic Beverages will be addressed pursuant to applicable disciplinary codes and policies. Sanctions which may be imposed against violators include discharge. Students should also be aware that, in addition to program sanctions, they may be subject to criminal penalties under certain circumstances for the possession, service, or sale of alcoholic beverages, particularly for serving or selling an alcoholic beverage to a person under the age of 21 years. Where appropriate or necessary, the Center will cooperate fully with law enforcement agencies.

Center for Allied Health Education Sanctions

Any member of the faculty, administration, or staff may file a complaint against an employee or student under the Center's Disciplinary Procedures if he or she knows or believes that an employee or student has violated the Center's Policy on Substance Abuse or its Policy on Alcoholic Beverages.

If you are alleged to have violated either or both of these policies, you may be suspended pending an investigation as described in the Center's Disciplinary Procedures. Moreover, if it is determined that you have violated either or both of these policies, the consequences may be severe up to an including termination from the program.

Students may also be required to undergo evaluation and/or participate in and successfully complete an appropriate counseling or rehabilitation program.

Criminal Sanctions

The unlawful possession, use, or distribution of illicit drugs and alcohol is punishable by criminal sanctions authorized by the Federal government and by the State of New York. These sanctions can include imprisonment, fines and or assigned community service.

Regarding illicit drugs, the seriousness of the offense and the penalty imposed upon conviction usually depend upon the individual drug and the amount of the drug held or sold. For example, in New York State, the criminal possession of 500 milligrams of cocaine is a class D felony, punishable by sentences ranging from 1 - 2 ½ years in prison. The sale of less than one-half an ounce of cocaine is a class B felony, punishable by sentences ranging from 1 - 9 years in prison. The criminal possession of eight to sixteen ounces of marijuana is a class E felony, punishable by sentences ranging from 1 – 1 ½ years in prison, as is the sale of more than 25 grams of marijuana. Possession or sale of larger amounts of marijuana is punishable by more severe penalties. In New York State, a gift of drugs, including marijuana, is treated as a sale.

Under federal law, possession of illicit drugs can be punished by jail terms of up to twenty years and minimum fines ranging from $1,000 to $5,000. Federal possession and trafficking convictions can also lead to the forfeiture of property (e.g., your car), the denial of federal benefits such as student loans and grants, and a criminal record which may prevent an individual from entering certain career fields.

Federal Trafficking Penalties

FEDERAL TRAFFICKING PENALTIES

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500–4999 grams mixture	**First Offense:** Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than $5 million if an individual, $25 million if not an individual.	5 kgs or more mixture	**First Offense:** Not less than 10 yrs, and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than $10 million if an individual, $50 million if not an individual.
Cocaine Base (Schedule II)	28–279 grams mixture		280 grams or more mixture	
Fentanyl (Schedule II)	40–399 grams mixture		400 grams or more mixture	
Fentanyl Analogue (Schedule I)	10–99 grams mixture		100 grams or more mixture	
Heroin (Schedule I)	100–999 grams mixture		1 kg or more mixture	
LSD (Schedule I)	1–9 grams mixture	**Second Offense:** Not less than 10 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than $8 million if an individual, $50 million if not an individual.	10 grams or more mixture	**Second Offense:** Not less than 20 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than $20 million if an individual, $75 million if not an individual.
Methamphetamine (Schedule II)	5–49 grams pure or 50–499 grams mixture		50 grams or more pure or 500 grams or more mixture	
PCP (Schedule II)	10–99 grams pure or 100–999 grams mixture		100 gm or more pure or 1 kg or more mixture	**2 or More Prior Offenses:** Life imprisonment. Fine of not more than $20 million if an individual, $75 million if not an individual.

		PENALTIES
Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid)	Any amount	**First Offense:** Not more than 20 yrs. If death or serious injury, not less than 20 yrs, or more than life. Fine $1 million if an individual, $5 million if not an individual.
Flunitrazepam (Schedule IV)	1 gram	**Second Offense:** Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine $2 million if an individual, $10 million if not an individual.
Other Schedule III drugs	Any amount	**First Offense:** Not more than 10 years. If death or serious injury, not more that 15 yrs. Fine not more than $500,000 if an individual, $2.5 million if not an individual.
		Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than $1 million if an individual, $5 million if not an individual.
All other Schedule IV drugs	Any amount	**First Offense:** Not more than 5 yrs. Fine not more than $250,000 if an individual, $1 million if not an individual.
Flunitrazepam (Schedule IV)	Other than 1 gram or more	**Second Offense:** Not more than 10 yrs. Fine not more than $500,000 if an individual, $2 million if other than an individual.
All Schedule V drugs	Any amount	**First Offense:** Not more than 1 yr. Fine not more than $100,000 if an individual, $250,000 if not an individual.
		Second Offense: Not more than 4 yrs. Fine not more than $200,000 if an individual, $500,000 if not an individual.

FEDERAL TRAFFICKING PENALTIES—MARIJUANA

DRUG	QUANTITY	1st OFFENSE	2nd OFFENSE *
Marijuana (Schedule I)	1,000 kg or more marijuana mixture; or 1,000 or more marijuana plants	Not less than 10 yrs. or more than life. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than $10 million if an individual, $50 million if other than an individual.	Not less than 20 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than $20 million if an individual, $75 million if other than an individual.
Marijuana (Schedule I)	100 kg to 999 kg marijuana mixture; or 100 to 999 marijuana plants	Not less than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine not more than $5 million if an individual, $25 million if other than an individual.	Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than $20 million if an individual, $75million if other than an individual.
Marijuana (Schedule I)	More than 10 kgs hashish; 50 to 99 kg marijuana mixture More than 1 kg of hashish oil; 50 to 99 marijuana plants	Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine $1 million if an individual, $5 million if other than an individual.	Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine $2 million if an individual, $10 million if other than an individual.
Marijuana (Schedule I)	Less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight) 1 to 49 marijuana plants;	Not more than 5 yrs. Fine not more than $250,000, $1 million if other than an individual.	Not more than 10 yrs. Fine $500,000 if an individual, $2 million if other than individual.
Hashish (Schedule I)	10 kg or less		
Hashish Oil (Schedule I)	1 kg or less		

*The minimum sentence for a violation after two or more prior convictions for a felony drug offense have become final is a mandatory term of life imprisonment without release and a fine up to $20 million if an individual and $75 million if other than an individual

A person need not be in actual physical possession of a controlled substance to be guilty of a crime. The unlawful presence of a controlled substance in an automobile is presumptive evidence of knowing possession of such substance by each passenger unless the substance is concealed on the person of one of the occupants. Similarly, the presence of certain substances, including marijuana, in open view in a room under circumstances demonstrating intent to prepare the substance for sale is presumptive evidence of knowing possession of such substance by anyone in close proximity.

Criminal penalties also may result from the misuse of alcoholic beverages. In New York, if you give or sell an alcoholic beverage to a person less than 21 years old, you are committing a misdemeanor punishable by a fine, a jail term, or both. Any sale of any kind of alcoholic beverage without a license or permit is also a misdemeanor punishable by a fine, a jail term, or both.

If you are under the age of 21, you are prohibited from possessing an alcoholic beverage with the intent to consume it. Each violation is punishable by a fine of up to $50 and/or completion of an alcohol awareness program and/or up to 30 hours of appropriate community service. You can also be fined up to $100 and/or be required to perform community service and/or be required to complete an alcohol awareness program if you are under 21 years of age and present falsified proof when purchasing or attempting to purchase alcoholic beverages. Your driver's license may be suspended for three months if you are under 21 and use a driver's license to try to purchase alcohol illegally. Fines and license suspension periods may increase with subsequent violations.

These are only examples of the penalties that can be assessed against you for the illegal possession, use, or distribution of alcoholic beverages and/or drugs. You should also know that it is Center for Allied Health Education's policy to discourage violations of Federal, State, and City laws by its students. Where appropriate, Center for Allied Health Education will refer students who violate such laws for prosecution by the relevant government authorities and will cooperate fully with such authorities.

Health Risks Associated with Illicit Drug Use and Alcohol Abuse

Below are summaries of the health risks and the signs and symptoms associated with illicit drug use and alcohol abuse. This is an overview and not a complete list. Each individual will experience the drug in a different way depending on individual characteristics such as body size, sex, and other physical and psychological factors. (Source of drug-related information: National Institute on Drug Abuse).

Terminology:

Tolerance: Development of body or tissue resistance to the effects of a chemical so that larger doses are required to reproduce the original effect.

Withdrawal: Physical or emotional signs of discomfort related to the discontinued use of a substance.

Psychological Dependence: A tendency for repeated or compulsive use of an agent because its effects are considered pleasurable or satisfying, or because it reduces undesirable feelings.

Physical Dependence: Adaptation of body tissue to the continued presence of a chemical, revealed in the form of serious, even life-threatening withdrawal symptoms. The extent of physical dependence and the severity of withdrawal vary by drug and by amount, frequency, and duration of use. While physical dependence can complicate the process of cessation of use, it is the psychological relationship with a substance that often proves more difficult to alter.

<u>Alcohol</u>

Alcohol is a central nervous system (CNS) depressant that alters a variety of activities in the brain. When used to excess, it can produce anesthesia, coma, respiratory depression, and death. Regular or heavy use of alcohol carries a high risk of psychological and physical dependence. Tolerance develops to its depressant effects, and withdrawal symptoms occur within a few hours of heavy use contributing to the hangover symptoms suffered by many drinkers. The average person can safely metabolize one standard drink per hour. Binge drinking, which involves consuming large quantities over a short period of time, is especially dangerous because so much alcohol enters the bloodstream that vital body systems may shut down. Signs that may indicate overdose include: cold, clammy, pale or bruised skin, abnormally slow breathing, unconsciousness and vomiting while sleeping or passed out. Immediate medical attention should be sought for anyone exhibiting these symptoms. Short-term

risks of alcohol use may include: impaired judgment, poor motor coordination, emotional instability, increased aggression, and risk of death by overdose (alcohol alone or in combination with other drugs). Drugs such as Rohypnol (roofies), a valium-like drug, or gamma hydroxybutyrate (GHB) can be added to a drink, alcoholic or not, to disable a potential victim of sexual assault. Anyone experiencing symptoms of intoxication that are exaggerated beyond the amount of alcohol consumed may have been drugged and should seek immediate medical assistance. Long term risks of alcohol use may include: irreversible damage to brain, liver, pancreas, kidneys; memory problems and nutritional deficiencies and high risk of fetal damage – so much so that, by law, alcohol producers must add warning labels to their bottles cautioning women against use during pregnancy. Alcoholic withdrawal symptoms, when they occur, set in about three hours after the last drink. Early signs include tremors, nausea, anxiety, perspiration, cramps, hallucinations, and hyper-reflex reactions. A second phase of withdrawal, beginning within 24 hours, can involve convulsions. The most severe form of withdrawal—delirium tremens ("DT's")—involves dangerously high fever, rapid heartbeat, hallucinations, and delirium. Death can result from cardiac failure. Alcoholic withdrawal is considered more life-threatening than withdrawal from heroin. Because of the risk of complications, particularly in the DT phase, withdrawal following extensive, long-term use should only be attempted under medical supervision.

Marijuana

Marijuana can produce stimulant, depressant and/or hallucinogenic effects depending on the dose. The active chemical ingredient is tetrahydrocannabinol (THC). Marijuana raises heart rate, lowers blood pressure, and causes reddening of the eyes. At low to moderate dosages, effects last from two to three hours and can range from euphoria and giddiness to mild lethargy. Perceptual changes such as paranoia and feelings of heightened sensitivity may occur. High dose effects can simulate the perceptual and cognitive changes associated with more potent hallucinogens, including those prompting panic attacks. Since the drug's effects on performance—particularly on tracking ability and reaction speed—can last hours after intoxicating effects fade, marijuana use can pose significant safety risks. High dose or regular use can lead to the development of tolerance. In addition, marijuana may cause problems in learning and social development for adolescent users. Research has suggested numerous health risks associated with smoking marijuana. These include risk of lung damage, impaired memory and concentration, impaired immune system functioning, problems with motivation, and effects on fertility. Pregnancy-related effects can include higher levels of miscarriage, stillbirths, and low birth-weight babies, as well as problems in nervous system development in fetuses. The use of marijuana is more likely to produce a psychological dependence than a physical one. However, long-term or heavy use can result in a withdrawal syndrome characterized by irritability, depression, sleep disturbances, and decreased appetite. This syndrome, whether termed physical or psychological, can complicate the process of cessation of marijuana use.

Cocaine and Crack

Cocaine and its derivative Crack produce dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. They may also cause insomnia, loss of appetite, tactile hallucinations, paranoia, seizure and death. Cocaine is a powerfully addictive drug of abuse. Once having tried cocaine, an individual cannot predict or control the extent to which he or she will continue to use it. The major routes of administration of cocaine are sniffing or snorting, injecting, and smoking (including free-base and crack cocaine). Compulsive cocaine use may develop even more rapidly if the substance is smoked rather than snorted. The injecting drug user is at risk for transmitting or acquiring HIV infection/AIDS if needles or other injection equipment are shared. Cocaine is a strong central nervous system stimulant. Physical effects of cocaine use include constricted peripheral blood vessels, dilated pupils, and increased body temperature, heart rate, and blood pressure. Cocaine's immediate euphoric effects include hyper-stimulation, reduced fatigue, and mental clarity. An appreciable tolerance to the high may be developed, and many addicts report that they fail to achieve as much pleasure as they did from their first exposure. Increased use can also reduce the period of stimulation. Some users of cocaine report feelings of restlessness, irritability, and anxiety. In rare instances, sudden death can occur on the first use of cocaine or unexpectedly thereafter. High doses of cocaine and/or prolonged use can trigger paranoia. Smoking crack cocaine can produce a particularly aggressive paranoid behavior in users. When addicted individuals stop using cocaine, they often become depressed. This also may lead to further cocaine use to alleviate depression. Prolonged cocaine snorting can result in ulceration of the mucous membrane of the nose and can damage the nasal septum enough to cause it to collapse. Cocaine-related deaths are often a result of cardiac arrest or seizures followed by respiratory arrest. Mixing cocaine and alcohol compounds the danger of each drug separately.

Prescription Drugs:

Opioids

These drugs are often prescribed to treat pain. Among those that fall within this class - sometimes referred to as narcotics - are morphine, codeine, oxycodone (OxyContin); propoxyphene (Darvon); hydrocodone (Vicodin); hydromorphone (Dilaudid); and meperidine (Demerol). In addition to relieving pain, opioids can affect regions of the brain that mediate what we perceive as pleasure, resulting in the initial euphoria that many opioids produce. They can also produce drowsiness and cause constipation. Taking a large single dose of these drugs, or combining them with other substances such as alcohol, antihistamines, barbiturates, or benzodiazepines, could cause severe respiratory depression or be fatal. Chronic use of opioids can result in tolerance to the drugs so that higher doses must be taken to obtain the same initial effects. Long-term use also can lead to physical dependence - the body adapts to the presence of the drug and withdrawal symptoms occur if use is reduced abruptly. Symptoms of withdrawal can include restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"), and involuntary leg movements.

Central Nervous System (CNS) Depressants

These drugs slow down normal brain function and are used to treat anxiety and sleep disorders. In higher doses, some CNS depressants can become general anesthetics. CNS depressants can be divided into two groups, based on their chemistry and pharmacology:

Barbiturates, such as mephobarbital (Mebaral) and pentobarbital sodium (Nembutal), which are used to treat anxiety, tension, and sleep disorders; and

Benzodiazepines, such as diazepam (Valium), chlordiazepoxide HCl (Librium), alprazolam (Xanax), triazolam (Halcion), and estazolam (ProSom) which can be prescribed to treat anxiety, acute stress reactions, panic attacks, or sleep disorders. CNS depressants can be addictive and should be used only as prescribed. They should not be combined with any medication or substance that causes sleepiness, including prescription pain medicines, certain over-the-counter cold and allergy medications, or alcohol. The effects of the drugs can combine to fatally slow breathing and heart rate. Discontinuing prolonged use of high doses of CNS depressants can lead to withdrawal and a rebound in previously slowed brain activity to the point that seizures can occur.

Stimulants

Stimulants are a class of drugs that enhance brain activity. They cause an increase in alertness, attention, and energy and are accompanied by increases in blood pressure, heart rate, and respiration. Stimulants are prescribed for treating only a few health conditions, including narcolepsy, attention-deficit hyperactivity disorder (ADHD), and depression that has not responded to other treatments. Stimulants may also be used for short-term treatment of obesity, and for patients with asthma. Taking high doses of a stimulant can result in an irregular heartbeat, dangerously high body temperatures, and/or the potential for cardiovascular failure or lethal seizures. Taking high doses of some stimulants repeatedly over a short period of time can lead to hostility or feelings of paranoia in some individuals. Mixing stimulants with antidepressants or over-the-counter cold medicines containing decongestants may cause blood pressure to become dangerously high or lead to irregular heart rhythms. When misused, stimulants can be addictive.

Over the Counter Drugs

Diet Pills, Dextromethorphan (DXM) and dietary supplements are among those substances that can be misused and abused. Abuse of DXM, found in some cough medicines, can cause mental confusion and excitement, respiratory depression, hallucinations, and possible psychosis. Taking DXM in conjunction with alcohol can further depress breathing and cause vomiting. Products sold in health food stores can contain drugs. These products may not be regulated for safety by the Food and Drug Administration and therefore should be used cautiously. Dietary supplements and some so-called “smart drugs” like DHEA, chromium picolinate, melatonin and ephedra (Herbal Ecstasy or Mahuang) have all been touted as having remarkable powers. These advertising claims are not supported by substantive research. Ephedra has been linked to numerous deaths nationwide.

Heroin

Heroin is a highly addictive drug that can be injected, snorted, or smoked. Heroin is processed from morphine,

a naturally occurring substance extracted from the seedpod of the Asian poppy plant. Heroin usually appears as a white or brown powder. Street names for heroin include "smack," "H," "skag," and "junk."

Heroin abuse is associated with serious health conditions, including fatal overdose, spontaneous abortion, collapsed veins, and infectious diseases, including HIV/AIDS and hepatitis. The short-term effects of heroin abuse appear soon after a single dose and disappear in a few hours. After an injection of heroin, the user reports feeling a surge of euphoria ("rush") accompanied by a warm flushing of the skin, a dry mouth, and heavy extremities. Following this initial euphoria, the user goes "on the nod," an alternately wakeful and drowsy state. Mental functioning becomes clouded due to the depression of the central nervous system. Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, cellulitis, and liver disease. Pulmonary complications, including various types of pneumonia, may result from the poor health condition of the abuser, as well as from heroin's depressing effects on respiration. In addition to the effects of the drug itself, street heroin may have additives that do not readily dissolve and result in clogging the blood vessels that lead to the lungs, liver, kidneys, or brain. This can cause infection or even death of small patches of cells in vital organs. With regular heroin use, tolerance develops. This means the abuser must use more heroin to achieve the same intensity or effect. As higher doses are used over time, physical dependence and addiction develop. With physical dependence, the body has adapted to the presence of the drug and withdrawal symptoms may occur if use is reduced or stopped. Withdrawal, which in regular abusers may occur as early as a few hours after the last administration, produces drug craving, restlessness, muscle and bone pain, insomnia, diarrhea and vomiting, cold flashes with goose bumps ("cold turkey"), kicking movements ("kicking the habit"), and other symptoms.

Methamphetamine

Methamphetamine is an addictive stimulant drug. It is closely related chemically to amphetamine, but the central nervous system effects of methamphetamine are greater. Methamphetamine is made in illegal laboratories and has a high potential for abuse and dependence. Street methamphetamine is referred to by many names, such as "speed," "meth," and "chalk." Methamphetamine hydrochloride, clear chunky crystals resembling ice, which can be inhaled by smoking, is referred to as "ice," "crystal," and "glass." Methamphetamine is taken orally or intranasally (snorting the powder), by intravenous injection, and by smoking. Immediately after smoking or intravenous injection, the methamphetamine user experiences an intense sensation, called a "rush" or "flash," that lasts only a few minutes and is described as extremely pleasurable. Oral or intranasal use produces euphoria - a high, but not a rush. Users may become addicted quickly to methamphetamines, and use it with increasing frequency and in increasing doses. Animal research going back more than 20 years shows that high doses of methamphetamine damage neuron cell endings. The central nervous system (CNS) actions that result from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. Hyperthermia and convulsions can result in death. Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing strokes. Other effects of methamphetamine include respiratory problems, irregular heartbeat, and extreme anorexia. Its use can result in cardiovascular collapse and death.

LSD

Commonly referred to as "acid," LSD (lysergic acid diethylamide) is sold on the street in tablets, capsules, and, occasionally, liquid form. It is odorless, colorless, and has a slightly bitter taste and is usually taken by mouth. Often LSD is added to absorbent paper, such as blotter paper, and divided into small-decorated squares, with each square representing one dose. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors. The user may feel several different emotions at once or swing rapidly from one emotion to another. If taken in a large enough dose, the drug produces delusions and visual hallucinations. Some LSD users experience severe, terrifying thoughts and feelings, fear of losing control, fear of insanity and death, and despair while using LSD. Some fatal accidents have occurred during states of LSD intoxication. Many LSD users experience flashbacks - recurrences of certain aspects of a person's experience - without the user having taken the drug again. A flashback occurs suddenly, often without warning, and may occur within a few days or more than a year after LSD use. LSD users may manifest relatively long-lasting psychoses, such as schizophrenia or severe depression. Like many of the addictive drugs, LSD produces tolerance, so some users who take the drug repeatedly must take progressively higher doses to achieve the state of intoxication that they had previously achieved. This is an

extremely dangerous practice, given the unpredictability of the drug.

Steroids (Anabolic-Androgenic)

Anabolic-androgenic steroids are man-made substances related to male sex hormones. These drugs are available legally only by prescription. They are used to treat conditions that occur when the body produces abnormally low amounts of testosterone, such as delayed puberty and some types of impotence. Steroids are also used to treat body wasting in patients with AIDS and other diseases that result in loss of lean muscle mass. Abuse of anabolic steroids, however, can lead to serious health problems, some irreversible. Major side effects from abusing anabolic steroids can include liver tumors and cancer, jaundice (yellowish pigmentation of skin, tissues, and body fluids), fluid retention, high blood pressure, increases in LDL (bad cholesterol), and decreases in HDL (good cholesterol). Other side effects include kidney tumors, severe acne, and trembling. In addition, there are some gender-specific side effects: For men--shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts, and increased risk for prostate cancer. For women--growth of facial hair, male-pattern baldness, changes in or cessation of the menstrual cycle, enlargement of the clitoris, deepened voice. For adolescents--growth halted prematurely through premature skeletal maturation and accelerated puberty changes. This means that adolescents risk remaining short the remainder of their lives if they take anabolic steroids before the typical adolescent growth spurt. In addition, people who inject anabolic steroids run the added risk of contracting or transmitting HIV/AIDS or hepatitis, which causes serious damage to the liver. Scientific research also shows that aggression, extreme mood swings, including manic-like symptoms leading to violence, and other psychiatric side effects such as paranoid jealousy, extreme irritability, delusions, and impaired judgment stemming from feelings of invincibility may result from abuse of anabolic steroids. Depression often is seen when the drugs are stopped and may contribute to dependence on anabolic steroids. Research also indicates that some users might turn to other drugs to alleviate some of the negative effects of anabolic steroids.

Club Drugs

MDMA (Ecstasy), Rohypnol, GHB, and Ketamine are among the drugs used by some young adults who participate in a nightclub, bar, rave, or trance scene. Raves and trance events are generally night-long dances, often held in warehouses. Many who attend raves and trances do not use drugs, but those who do may be attracted to the generally low cost, seemingly increased stamina, and intoxicating highs that are said to deepen the rave or trance experience. Current science, however, is showing change to critical parts of the brain from use of these drugs. Also, in high doses most of these drugs can cause a sharp increase in body temperature (malignant hyperthermia) leading to muscle breakdown and kidney and cardiovascular system failure.

MDMA (Ecstasy)

MDMA is a synthetic, psychoactive drug with both stimulant (amphetamine-like) and hallucinogenic (LSD-like) properties. Street names for MDMA include Ecstasy, Adam, XTC, hug, beans, and love drug. Its chemical structure is similar to methamphetamine, methylenedioxyamphetamine (MDA), and mescaline, synthetic drugs known to cause brain damage. MDMA usually is taken in pill form, but some users snort it, inject it, or use it in suppository form. Many problems MDMA users encounter are similar to those found with the use of amphetamines and cocaine. Psychological difficulties can include confusion, depression, sleep problems, severe anxiety, and paranoia. Physical problems can include muscle tension, involuntary teeth clenching, nausea, blurred vision, faintness, and chills or sweating. Use of the drug has also been associated with increases in heart rate and blood pressure, which are special risks for people with circulatory or heart disease. Recent research also links MDMA use to long-term damage to those parts of the brain critical to thought, memory, and pleasure. Content of MDMA pills varies widely, and may include caffeine, dextromethorphan, heroin, and mescaline. In some areas of the country, the MDMA-like substance para-methoxyamphetamine (PMA) has been involved in the deaths of people who mistakenly thought they were taking true MDMA. The deaths were due to complications from hyperthermia.

Rohypnol, GHB, and Ketamine

Rohypnol, GHB, and ketamine are predominantly central nervous system depressants. Because they are often colorless, tasteless, and odorless, they can be added to beverages and ingested unknowingly. These drugs emerged a few years ago as "date rape" drugs. Because of concern about their abuse, Congress passed the "Drug-Induced Rape Prevention and Punishment Act of 1996", which increased Federal penalties for use of any controlled substance to aid in sexual assault.

Rohypnol ("rophies," "roofies," "roach," and "rope.")

Rohypnol, a trade name for flunitrazepam, has been of particular concern for the last few years because of its abuse in date rape. It belongs to the class of drugs known as benzodiazepines. When mixed with alcohol, Rohypnol can incapacitate victims and prevent them from resisting sexual assault. Individuals may not be able to remember events they experienced while under the effects of the drug. Also, Rohypnol may be lethal when mixed with alcohol and/or other depressants. Rohypnol is not approved for use in the United States, and its importation is banned.

GHB

GHB (gamma hydroxybutyrate) is abused for euphoric, sedative, and anabolic (body building) effects. It is a central nervous system depressant that was widely available over-the-counter in health food stores during the 1980s and until 1992. It was purchased largely by body builders to aid fat reduction and muscle building. Street names include Liquid Ecstasy, Soap, Easy Lay, and Georgia Home Boy. Coma and seizures can occur following abuse of GHB and, when combined with methamphetamine, there appears to be an increased risk of seizure. Combining use with other drugs such as alcohol can result in nausea and difficulty breathing. GHB may also produce withdrawal effects, including insomnia, anxiety, tremors, and sweating. GHB has been involved in poisonings, overdoses, date rapes, and deaths.

Ketamine ("Special K", "vitamin K")

Ketamine is an anesthetic used with both humans and animals in medical settings; about 90 percent of the ketamine legally sold is intended for veterinary use. It can be injected or snorted. Certain doses of ketamine can cause dream-like states and hallucinations, and it has become common in club and rave scenes and has been used as a date rape drug. At high doses, ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems.

Inhalants

Inhalants are breathable chemical vapors that produce psychoactive (mind-altering) effects. Inhalants fall into the following categories:

Solvents

Industrial or household products (paint thinners, degreasers (dry-cleaning fluids), gasoline, and glues); and art or office supplies (correction fluids, felt-tip-marker fluid, and electronic contact cleaners;

Gases or aerosol propellants

Used in household or commercial products, including butane lighters and propane tanks, whipping cream aerosols or dispensers (whippets), and refrigerants, spray paints, hair or deodorant sprays, and fabric protector sprays; and medical anesthetic gases, such as ether, chloroform, halothane, and nitrous oxide (laughing gas);

Nitrites

Aliphatic nitrites include cyclohexyl nitrite, which is available to the general public; amyl nitrite, which is available only by prescription; and butyl nitrite, which is now an illegal substance. Although different in makeup, nearly all abused inhalants produce effects similar to anesthetics, which act to slow down the body's functions. When inhaled via the nose or mouth into the lungs in sufficient concentrations, inhalants can cause intoxicating effects. Initially, users may feel slightly stimulated; with successive inhalations, they may feel less inhibited and less in control; finally, a user can lose consciousness. Sniffing highly concentrated amounts of the chemicals in solvents or aerosol sprays can directly induce heart failure and death. This is especially common from the abuse of fluorocarbons and butane-type gases. High concentrations of inhalants also cause death from suffocation by displacing oxygen in the lungs and then in the central nervous system so that breathing ceases. Other irreversible effects caused by inhaling solvents include hearing loss, limb spasms, central nervous system or brain damage, and bone marrow damage. Death from inhalants usually is caused by a very high concentration of fumes. Deliberately inhaling from a paper or plastic bag or in a closed area greatly increases the chances of suffocation. Amyl and butyl nitrites have been associated with Kaposi's sarcoma (KS), the most common cancer reported among AIDS patients.

PCP (Phencyclidine)

PCP was developed as an intravenous anesthetic, but its use was discontinued because patients often became agitated, delusional, and irrational while recovering from its effects. PCP is illegally manufactured in laboratories and is sold on the street by such names as "angel dust," "ozone," "wack," and "rocket fuel." "Killer joints" and "crystal supergrass" are names that refer to PCP combined with marijuana. The variety of street names for PCP reflects its bizarre and volatile effects. PCP is a white crystalline powder that is readily soluble in water or alcohol. It has a distinctive bitter chemical taste. PCP can be mixed easily with dyes and turns up on the illicit drug market in a variety of tablets, capsules, and colored powders. It is normally used in one of three ways: snorted, smoked, or eaten. For smoking, PCP is often applied to a leafy material such as mint, parsley, oregano, or marijuana. PCP is addicting; that is, its use often leads to psychological dependence, craving, and compulsive PCP-seeking behavior. At low to moderate doses, physiological effects of PCP include a slight increase in breathing rate and a more pronounced rise in blood pressure and pulse rate. Respiration becomes shallow and flushing and profuse sweating occurs. Generalized numbness of the extremities and lack of muscular coordination also may occur. Psychological effects include distinct changes in body awareness, similar to those associated with alcohol intoxication. Use of PCP among adolescents may interfere with hormones related to normal growth and development as well as with the learning process. At high doses of PCP, there is a drop in blood pressure, pulse rate, and respiration. This may be accompanied by nausea, vomiting, blurred vision, flicking up and down of the eyes, drooling, loss of balance, and dizziness. High doses of PCP can also cause seizures, coma, and death. Psychological effects at high doses include illusions and hallucinations. PCP can cause effects that mimic the full range of symptoms of schizophrenia, such as delusions, paranoia, disordered thinking, a sensation of distance from one's environment, and catatonia. Speech is often sparse and garbled. People who use PCP for long periods, report memory loss, difficulties with speech and thinking, depression, and weight loss. These symptoms can persist up to a year after cessation of PCP use. Mood disorders also have been reported. PCP has sedative effects, and interactions with other central nervous system depressants, such as alcohol and benzodiazepines, can lead to coma or accidental overdose.

Cigarettes and Other Nicotine Products

Nicotine is one of the most heavily used addictive drugs in the United States. In 1989, the U.S. Surgeon General issued a report that concluded that cigarettes and other forms of tobacco, such as cigars, pipe tobacco, and chewing tobacco, are addictive and that nicotine is the drug in tobacco that causes addiction. In addition, the report determined that smoking was a major cause of stroke and the third leading cause of death in the United States. Nicotine is both a stimulant and a sedative to the central nervous system. The ingestion of nicotine results in an almost immediate "kick". Stimulation is then followed by depression and fatigue, leading the abuser to seek more nicotine. Nicotine is absorbed readily from tobacco smoke in the lungs, and it does not matter whether the tobacco smoke is from cigarettes, cigars, or pipes. Nicotine also is absorbed readily when tobacco is chewed. With regular use of tobacco, levels of nicotine accumulate in the body during the day and persist overnight. Thus, daily smokers or chewers are exposed to the effects of nicotine for 24 hours each day. Research has shown that stress and anxiety increase susceptibility to nicotine tolerance and dependence. Addiction to nicotine results in withdrawal symptoms when a person tries to stop smoking. These may include anger, hostility, aggression, and loss of social cooperation. Persons suffering from withdrawal also take longer to regain emotional equilibrium following stress. During periods of abstinence and/or craving, smokers have shown impairment across a wide range of psychomotor and cognitive functions, such as language comprehension. Women who smoke generally have earlier menopause. If women smoke cigarettes and also take oral contraceptives, they are more prone to cardiovascular and cerebrovascular diseases than are other smokers. In addition to nicotine, cigarette smoke is primarily composed of a dozen gases (mainly carbon monoxide) and tar. The tar in a cigarette, which varies from about 15 mg for a regular cigarette to 7 mg in a low-tar cigarette, exposes the user to a high expectancy rate of lung cancer, emphysema, and bronchial disorders. The carbon monoxide in the smoke increases the chance of cardiovascular diseases. The Environmental Protection Agency has concluded that secondhand smoke causes lung cancer in adults and greatly increases the risk of respiratory illnesses in children and sudden infant death.

Infection Control/Universal Precautions

Statement of Risks to Students

Center for Allied Health Education is engaged in the education and training of allied health professionals. The learning experiences, which must be provided to students, may unavoidably create certain risks, which arise from essential clinical, practical and classroom activities. These risks are comparable to those which exist in the practice of the profession for which the student is being prepared.

In the various types of learning experiences that take place within each program and at affiliated clinical training sites, the student will be subject to safety and health hazards which can be avoided by adherence to the safety rules and regulations which have been established. These rules will be explained when appropriate during each course. Extant hazards are kept under control through competent faculty supervision, and conscientious observance of safety procedures. Carelessness in risk situations can lead to accidents, with resultant injury or illness.

Within the education experience the following risks may exist:

- Infection due to contamination from contact with patients, patient specimens or from contaminated equipment.
- Exposure to radioactive materials
- Burns from chemicals, open flames, heated liquids, or electrical equipment
- Physical injury from improperly operated equipment or improper body mechanics
- Electrical shock from equipment
- Lacerations or injury from improperly handled equipment
- Aggravation of preexisting conditions in the student, due to temporary adverse effect from educational exercises or activities of a strenuous nature
- Skin irritations due to the use of materials to which the student may be sensitive.

Students who are concerned about their participation in a particular aspect of the program, or who believe that they may be placed at unusual risk because of medical conditions or physical limitations, are advised to consult with their Program Director prior to participating in any learning exercise which may create such a risk.

Students are to follow the procedures listed below during practical skills labs and clinical rotations. The specific guidelines for each clinical affiliation must also be followed. The clinical affiliates will provide the necessary procedures and personal protective equipment necessary to protect the health of the student during the clinical rotations.

The purpose for infection control is to establish guidelines for students to assist in minimizing the risk for contracting and/or spreading communicable diseases.

Note: These are general guidelines and students are required to become familiar with site specific guidelines at each of the clinical affiliate sites where he/she will rotate. If you have any questions, please ask the clinical preceptor/supervisor.

Universal Standard Precautions

Background

The purpose of Universal Standard Precautions is to reduce the risk of transmission of bloodborne and other pathogens from both recognized and unrecognized sources, as well as decrease the likelihood of exposure to hazardous materials. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients. Examples of infectious biohazardous material include amniotic fluid, cerebrospinal fluid, feces, nasal secretions, pericardial fluid, pleural fluid, saliva, semen, sputum, synovial fluid, tears, tissues, urine, vaginal secretions, blood and vomitus.

Hand hygiene is a major component of standard precautions and one of the most effective methods to prevent

transmission of pathogens associated with health care. In addition to hand hygiene, the use of personal protective equipment should be guided by risk assessment and the extent of contact anticipated with blood and body fluids, or pathogens.

In addition to practices carried out by health workers when providing care, all individuals (including patients and visitors) should comply with infection control practices in health care settings. The control of the spread of pathogens from the source is key to avoiding transmission. Among source control measures, respiratory hygiene/cough etiquette, developed during the severe acute respiratory syndrome (SARS) outbreak, is now considered as part of standard precautions.

Use of standard precautions reduces unnecessary risks associated with health care and is critical for an enhanced safety climate in health-care settings.

Universal precautions mandate that all healthcare providers routinely use appropriate barrier precautions when possible exposure to blood or body fluids might occur. Medical history and examination cannot reliably identify all patients infected with infectious disease, such as; HIV, HBV, HCV or blood borne pathogens, hence the institution of these Universal Precautions.

The following guidelines must be adhered to whenever a communicable disease is suspected or when there is exposure to blood, body fluids, or any secretions:

Gloves

- Disposable gloves must be worn when:
    - directly touching, or handling items soiled with, blood, body fluids, secretions, excretions, mucous membranes, nonintact skin;
    - performing venipuncture and other vascular access procedures
- Gloves must be:
    - changed between tasks and procedures on the same patient after contact with potentially infectious material.
    - removed after use, before touching non-contaminated items and surfaces, and before going to another patient. Perform hand hygiene immediately after removal.

Hand hygiene

Even when gloves are worn, students must always wash their hands after taking care of a patient, handling any contaminated equipment/supplies or coming in contact with any contaminated substances, equipment or surfaces.

Summary indications:

- Before and after any direct patient contact and between patients, whether or not gloves are worn.
- Immediately after gloves are removed.
- Before handling an invasive device.
- After touching blood, body fluids, secretions, excretions, non-intact skin, and contaminated items, even if gloves are worn.
- During patient care, when moving from a contaminated to a clean body site of the patient.
- After contact with inanimate objects in the immediate vicinity of the patient.

Summary technique:

- Hand washing (40–60 seconds): wet hands and apply soap; rub all surfaces; rinse hands and dry thoroughly with a single use towel; use towel to turn off faucet.
- Hand rubbing (20–30 seconds): apply enough product to cover all areas of the hands; rub hands until dry.

Facial protection (eyes, nose, and mouth)

Masks and protective eye wear or face shields must be worn during procedures that are likely to generate droplets of blood or other body fluids in order to prevent exposure of the mucous membranes of the mouth, nose, and eyes. Situations such as de-capping blood sample tubes, endotracheal intubation, suctioning, or childbirth, may cause contamination of the mouth, nose and eyes.

Summary technique:

Students must wear a surgical or procedure mask and eye protection (eye visor, goggles) or a face shield to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

Gowns

- Wear to protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
- Remove soiled gown as soon as possible, and perform hand hygiene procedures.

Prevention of needle stick and injuries from other sharp instruments

- Use care when:

  handling needles, scalpels, and other sharp instruments or devices

  cleaning used instruments

  disposing of used needles and other sharp instruments.
- Blood-contaminated needles must be handled with extreme care and should not be recapped. They should be disposed of in a safe manner by placing the needles in a puncture-proof container. Needles should not be passed off to another person for disposal. Needles used for IV skills practice should also be placed in a puncture-proof container.
- All students must take precautions to prevent injuries caused by needles, glass slides, scalpels, and other sharp instruments or devices during procedures, when cleaning used equipment, and during disposal of used needles.
- To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, or removed from disposable syringes. If recapping cannot be avoided, a one-handed technique must be used.
- Needles, scalpel blades and other sharp items should be placed in a puncture resistant container. When these containers are full, close and lock them by pushing the lid down.

Respiratory hygiene and cough etiquette

- Persons with respiratory symptoms should apply source control measures:
  - Cover their nose and mouth when coughing/sneezing with tissue or mask, dispose of used tissues and masks, and perform hand hygiene after contact with respiratory secretions.
- In the clinical setting, students should:
  - Place acute febrile respiratory symptomatic patients at least 3 feet away from others in common waiting areas, if possible
  - Instruct persons with respiratory symptoms to practice respiratory hygiene/cough etiquette
  - Ensure that hand hygiene resources, tissues and masks available in common areas and areas used for the evaluation of patients with respiratory illnesses
- Mouth-to-mouth resuscitation should be avoided. An airway adjunct will be used whenever there is the possibility of respiratory assistance or resuscitation.
- Implementation of Universal Precautions for all patients reduces the need for disease specific isolation

precautions, except when respiratory isolation is needed. Respiratory precautions should be put into effect with patients known or suspected to have:

- Chicken pox
- Fever of unknown origin
- Measles
- Meningitis
- Mumps
- Pertussis (whooping cough)
- Rabies
- Rash
- Rubella
- Tuberculosis

- It is recommended that students utilize respiratory precautions during the administration of nebulized medications.

Spills of Contaminated Fluids

- Spills of blood and body fluids should be cleaned as soon as possible.
- Students must wear gloves during this procedure
- Excess fluid should be cleaned up with an absorbent cloth
- The area should then be washed with a solution appropriate for the spill.
- For large spills, the hospital's environmental department or spill team should be called.

Patient care equipment

Summary technique:

- Handle equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of pathogens to other patients or the environment.
- Clean, disinfect, and reprocess reusable equipment appropriately before use with another patient.

Waste disposal

- Ensure safe waste management.
- Treat waste contaminated with blood, body fluids, secretions and excretions as clinical waste, in accordance with local regulations.
- Human tissue and laboratory waste that is directly associated with specimen processing should also be treated as clinical waste.
- Discard single use items properly.

Linens

- Handle, transport, and process used linen in a manner which:
  - Prevents skin and mucous membrane exposures and contamination of clothing.
  - Avoids transfer of pathogens to other patients and or the environment.

Environmental cleaning

- Use adequate procedures for the routine cleaning and disinfection of environmental and other frequently touched surfaces.

Patient Contact Restrictions

- Students who have exudative lesions or weeping dermatitis should refrain from all direct patient contact and from handling patient care equipment until the condition resolves.

Clinical Affiliate Guidelines

Students must follow the guidelines and procedures of the Clinical Affiliate regarding:

- Decontamination of equipment
- Disposal of any contaminated supplies
- Changing clothing contaminated with blood or any other body fluids, secretions or excretions (students should bring a change of clothes to all clinical rotations in the event of clothing contamination.)
- exposure to contaminated, or potentially contaminated, materials

Incident Reporting, Treatment and Follow-Up

Students are required to report all exposures and suspected exposures to the Program Director, including the initial treatment and evaluation, as well as the follow-up if recommended or required. Students are responsible for all costs related to the evaluation of, and follow-up to, an exposure.

The following is the process of notification:

- The student notifies the clinical preceptor/supervisor of the incident as soon as it occurs.
- The student takes the appropriate post-exposure measures (i.e. hand washing, irrigation, etc.) as dictated in the specific policies and procedures of the clinical affiliate.
- The student completes all paperwork required by the clinical affiliate.
- The student completes the Center's *Incident Report Form* and submits it to the Program Director by the next class.

Education and Prevention

All students enrolled in an allied health program must attend, and successfully pass, an annual Blood Borne Pathogens Course, developed by the American Safety and Health Institute, and administered by ASHI-Certified program faculty during Orientation.

Safety and Security

Prevention and Awareness Program for Sexual Misconduct and Harassment

The Violence against Women Act (VAWA) is a federal law that was implemented in 1994 in recognition of the severity of the crimes associated with domestic violence, sexual assault and staling as part of the Violent Crime Control and Law Enforcement Act of 1994. VAWA was reauthorized in 2000, 2005 and 2013 to strengthen the law.

Policy Statement

Center for Allied Health Education is committed to maintaining a safe and secure work and academic environment free of any form of sexual misconduct including domestic violence, dating violence, sexual assault and sexual harassment. A violation of the Violence Against Women's Act shall constitute grounds for disciplinary action, up to and including termination. The Center is committed to preventing sexual misconduct through heightened employee, faculty and student awareness, training and the prompt confidential investigation of all complaints. This policy applies to all employees, students, and staff.

The Center policy prohibits unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature constituting sexual misconduct when:

- submission of such conduct is made either explicitly or implicitly a term or condition of an individual's employment or student's enrollment/academic progress; or
- submission to, or rejection of, such conduct by an individual is used as a basis for employment decisions, enrollment decisions, or academic progress decisions; or
- such conduct has the purpose of effect of unreasonably interfering with an individual's work or scholastic performance or creating an intimidating, hostile, or offensive working environment or classroom setting; or
- such conduct has the purpose or effect of unreasonably interfering with the establishment of an adequate collegial, professional working relationship or student – teacher relationship.

Definitions

Sexual Assault

Sexual Assault means an offense that meets the definition of

- rape,
- fondling,
- incest, or
- statutory rape.

What is Sexual Assault? Sexual assault can be defined as any type of sexual contact or behavior that occurs by force or without consent of the recipient of the unwanted sexual activity. Falling under the definition of sexual assault is sexual activity such as forced sexual intercourse, sodomy, child molestation, incest, fondling, and attempted rape. It includes sexual acts against people who are unable to consent either due to age or lack of capacity.

Examples of sexual assault include, but are not limited to:

- Sexual contact with someone whom you reasonably should have known was impaired due to the use of alcohol or other drugs.
- Sexual contact with someone who is "passed out" or sleeping.
- Sexual contact with someone who is unable to say "no" and/or change his/her mind due to the presence of coercion or intimidation.
- Sexual contact with someone who is under the legal age to consent.

Sexual Harassment

Sexual Harassment means an unwelcome conduct of a sexual nature. It includes sexual advances, requests for sexual favors, and other verbal, non-verbal, or physical conduct of a sexual nature when:

- Submission to or rejection of the conduct is either an explicit or implicit term or condition of employment, basis for participation or advancement in an academic program, or basis for participation in a Center activity or benefit
- Such conduct creates an intimidating, hostile or offensive work or academic environment;
- Such conduct otherwise adversely affects employment or academic opportunities. Examples of sexual harassment include, but are not limited to:
- Verbal abuse or hostile behavior such as insulting, teasing, mocking, degrading or ridiculing another person or group.
- Unwelcome or inappropriate physical contact, comments, questions, advances, jokes, epithets or demands.
- Physical assault or stalking.
- Displays or electronic transmission of derogatory, demeaning or hostile materials.
- Unwillingness to train, evaluate, assist, or work with a student.
- Engaging in behavior that is invasive or disruptive to another student for the purpose of initiating a sexual or romantic relationship with that person.

Domestic Violence

Domestic Violence means a felony or misdemeanor crime of violence committed by:

- a current or former spouse or intimate partner of the victim,
- a person with whom the victim shares a child in common,
- a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner,
- a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies (under VAWA), or
- any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

What is Domestic Violence? Domestic violence can be defined as a pattern of abusive behavior that is used by an intimate partner to gain or maintain power and control over the other intimate partner. Domestic violence can be physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure or wound someone.

Dating Violence

Dating Violence means a violence committed by a person:

- who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- where the existence of such a relationship shall be determined based on a consideration of the following factors:
    - the length of the relationship;
    - the type of relationship; and
    - the frequency of interaction between the persons involved in the relationship.

Stalking

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- fear for his or her safety or the safety of others; or
- suffer substantial emotional stress.

What is Stalking? Stalking can be defined as a pattern of repeated and unwanted attention, harassment, contact or any other course of conduct directed at a specific person that would cause a reasonable person to feel fear.

Consent

"Consent" means intelligent, knowing and voluntary consent and does not include coerced submission. "Consent" shall not be deemed or construed to mean the failure by the alleged victim to offer physical resistance to the offender. Giving in is not the same as giving consent.

Recognizing Signs of Abuse

Critical to ending violence and maintaining a safe environment is recognizing and avoiding abusive behavior. Abuse can surface in many ways (emotional, verbal, psychological, sexual and physical.) Some warning signs of abuse are:

- Frequent yelling directed at a partner
- Blaming partner for own faults
- Name-calling
- Consistently accusing partner of infidelity
- Kicking, holding, slapping and scratching
- Forcible sex (i.e., wanting sex after hitting)

Bystander Intervention

Offer Support: if you suspect that the person is being abused or has been sexually assaulted or stalked.

Speak Out: against all forms of sexual violence

Be an Advocate: for preventing sexual violence

Model: the behavior that values respect for others and promotes positive pro-social behavior

Victims of Sexual Misconduct

If a student or employee is a victim of a sexual misconduct your first priority is to get to a safe place and obtain necessary medical attention. Victims are encouraged to make a timely report to law enforcement officials and the Center's Title IX Coordinator, Jennifer Newham, at 718-645-3500 or jnewham@centereducation.org. The timely reporting of the incident is important for necessary evidence collection and preservation. Filing a police report does not obligate a victim to cooperate with prosecution.

Victims of sexual misconduct are entitled to specific rights including:

- The right to a prompt and equitable investigation and resolution of a complaint.
- The right to file a complaint with the appropriate local law enforcement authorities for the purpose of filing a criminal complaint and/or seeking and enforcing a no contact, retraining or similar court order.
- The right to be assisted by the University in seeking assistance from local law enforcement.
- The right to request and receive a change in his/her living situation if such a change is reasonably available.
- The right to request and receive a change in his/her academic situation if such a change is reasonably available.
- The right to be referred to on- and off-campus counseling, mental health or other student services for victims of sex offenses.
- The right to file a complaint on campus and to avail him/herself of the process for doing so including, but

not limited to, the following: adequate, reliable, and impartial investigation of complaints; an equal opportunity to present relevant witnesses and other evidence; an equal opportunity to be accompanied by an adviser (who may be an attorney); an equal opportunity to the appeal processes.

- The Family Educational Rights and Privacy Act (FERPA) permits a school to disclose to the student victim information about the sanction imposed upon a student who was found to have engaged in volatile behavior when the sanction directly relates to the victim. Furthermore, when the conduct involves allegations of a crime of violence or a non-forcible sex offense, a postsecondary institution is required to simultaneously provide written notification of the final results of a disciplinary proceeding against the alleged perpetrator to both the victim and the alleged perpetrator, regardless of whether the institution concluded that a violation was committed.

Violations of Law

Behavior which violates the Center's policy may also violate the laws of the locality in which the incident occurred and subject the perpetrator to criminal prosecution by the presiding authority.

Federal: Title IX of the Education Amendments of 1972 (Title IX), 20 U.S.C. §§1681 et seq., and its implementing regulations, 34 C.F.R. Part 106, prohibit discrimination on the basis of sex in education programs or activities operated by recipients of Federal financial assistance. http://www.justice.gov/crt/about/cor/coord/titleix.php

New York State: Sex Offenses are described in Sections 130.00 to 130.90 of the New York State Penal Code. http://public.leginfo.state.ny.us/menugetf.cgi?COMMONQUERY=LAWS

Reporting an Incident of Sexual Misconduct

There shall be no retaliation against any employee or student for invoking or participating in the sexual harassment complaint procedure.

Reporting an Incident to the Center

If an employee or student has a complaint of sexual misconduct or if a senior staff member (President & CEO, Licensed School Directors, Managers, Program Directors, etc.) or other responsible employee becomes aware of a situation that they believe may be sexually harassing in nature or may involve sexual misconduct, to either a staff member, faculty member or a student; he/she must contact the Center's Title IX Coordinator, Title IX Coordinator, Jennifer Newham, at (718) 645-3500 or jnewham@cahe.edu.

Reporting an Incident to Local Law Enforcement

A victim of sexual misconduct has the option to report the incident to the appropriate local law enforcement authorities for the purpose of filing a criminal complaint and/or seeking and enforcing a no contact, restraining or similar court order and has the right to be assisted by the Center in exercising this option. A criminal investigation into an allegation of sexual misconduct does not relieve, or substitute for, the Center's obligation and authority to conduct its own prompt review of a complaint. The Center will not wait for the conclusion of a criminal investigation or proceeding to begin its own investigation and resolution of an alleged violation. Furthermore, because the standards for criminal proceedings differ from those used in the Center's disciplinary process, conduct that may not be subject to criminal prosecution or sanctions may still be addressed through the Center's disciplinary process and a finding of "not guilty" in a criminal case does not preclude a finding of responsibility in a Center's disciplinary process for violating the Center's policy.

Resolution of a Report of Sexual Misconduct

Center for Allied Health Education will act promptly in response to information that an incident of an assault, misconduct or harassment has occurred. Any conduct that may be in violation of this policy will be investigated and addressed in a timely manner, typically within 60 calendar days.

Confidentiality

If a complainant requests confidentiality or asks that the complaint not be pursued, the Center still must take all reasonable steps to investigate and respond to the complaint within the parameters of such a request. If a complainant insists that his or her name or other identifiable information not be disclosed to the alleged perpetrator, the complainant must realize that the Center's ability to respond may be limited. When a

complainant insists that his or her name or other identifiable information not be revealed, the Center must evaluate that request in the context of its responsibility to provide a safe and nondiscriminatory environment for all students. Thus, the Center will weigh the request for confidentiality against the following factors:

- the seriousness of the alleged harassment
- the complainant's age
- whether there have been other complaints about the same individual
- the alleged perpetrators' rights to receive information about the allegations under the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g; 34 C.F.R. Part 99.15

If the Center cannot ensure confidentiality, the complainant will be so informed. If the Center cannot take disciplinary action against the alleged perpetrator because the complainant insists on confidentiality, it may pursue other steps to limit the effects of the alleged conduct and prevent its recurrence.

Investigation and Resolution

Investigation: The Title IX coordinator or assigned senior staff member will conduct a prompt, thorough and impartial initial investigation of the complaint in the manner he or she deems necessary. The parties to the complaint each will have an opportunity to be heard and will be kept informed of the status of the investigation as deemed appropriate. As circumstances warrant, preliminary administrative actions (i.e., probation, suspension, etc.) may be taken to preserve the safety and well-being of those involved and/or the campus community.

With the consent of the complainant and the alleged perpetrator, and if the Center deems the circumstances to warrant doing so, a matter may be resolved through non-disciplinary interventions (i.e., educational, counseling, changes in academic accommodations, administrative actions). A complainant has the right, however, to end the informal process at any time and begin a formal disciplinary proceeding. Mediation, even on a voluntary basis, is not an appropriate means of resolving a sexual assault complaint.

Should informal resolution be inappropriate or unattainable, the matter will be referred to the Oversight Committee.

Standard of Evidence: The Center utilizes a standard of preponderance of the evidence (i.e., it is more likely than not that sexual assault, harassment or another form of sexual misconduct occurred) when reviewing a complaint.

Disciplinary Sanctions: The following sanctions may be imposed following a final determination of an investigation regarding a sexual misconduct:

- Probation
- Suspension
- Forced Leave of Absence
- Transfer to another cohort
- Termination

Notification: When the conduct involves allegations of a crime of violence or a non-forcible sex offense, a postsecondary institution is required to simultaneously provide written notification of the final results of a disciplinary proceeding against the alleged perpetrator to both the victim and the alleged perpetrator, regardless of whether the institution concluded that a violation was committed. Compliance with this paragraph does not constitute a violation of the Family Educational Rights and Privacy Act ("FERPA"). For the purposes of this paragraph, the outcome of a disciplinary proceeding means only the institution's final determination with respect to the alleged sex offense, and any sanction that is imposed against the accused.

Medical and Counseling Resources Available to Victims/Complainants and Bystanders

Many services, including resources for medical and emotional well-being, are available to victims of sexual assault, harassment and other forms of sexual misconduct. Contact information and general advice on how to

seek assistance for yourself or another person who has been subjected to such behavior can be obtained from the Licensed School Director.

Prevention and Response

Center for Allied Health Education educates the student community about sexual assaults, harassment, domestic and dating violence and stalking through mandatory orientations. The NYPD offers sexual assault education and information programs to students and employees upon request. Literature on education, risk reduction, and the Center's response is available through the President & CEO of Center for Allied Health Education.

Student – Supervisor/Faculty Relationships

Romantic and/or sexual relationships where one member has supervisory or other evaluative responsibility for the other create conflicts of interest and perceptions of undue advantage. There are also special risks in any sexual or romantic relationship between individuals in inherently unequal positions of power (such as teacher and student, supervisor and employee). Such relationships may undermine the real or perceived integrity of the supervision and evaluation provided, and the trust inherent particularly in the instructor-student relationship.

Moreover, such relationships may harm or injure others in the academic or work environment. Relationships in which one party is in a position to review the work or influence the career of the other may provide grounds for complaint when that relationship gives, or creates the appearance of, undue access or advantage to the person involved in the relationship, or when it restricts opportunities or creates a hostile environment for others.

Sexual or romantic relationships between a student and a staff member who functions in an instructional context with the student are prohibited by this policy. Other relationships, such as a relationship between a staff member and a student in the same department but where no instructional context exists, while not prohibited, may present the appearance of a conflict of interest or may run the risk of developing into an actual conflict of interest which would place the relationship in the prohibited category.

This policy applies to consensual romantic and/or sexual relationships between individuals of the same sex or of the opposite sex. Regardless of who initiates the relationship, the student is responsible for complying with this policy. Failure to disclose said information can result in disciplinary action up to and including termination from the program.

Assistance Resources

The following organizations are available to assist victims of sexual violence.

- NYC Alliance Against Sexual Assault – Guide for victims after an assault focusing on counseling, transportation to an emergency room, legal help, etc. – (212) 229-0345
- NYC Police Department Sex Crimes Report Line – All female detectives can give advice or initiate an investigation, send police, give referrals for counseling, etc. – (212) 267-7273
- National Sex Assault Hotline – 800-656-4673
- Mount Sinai Hospital Sexual Assault and Violence Intervention Program – (212) 577-7777

Following a report of an incident that constitutes sexual assault or harassment, the Center will change a victim's academic schedule after an alleged sex offense if those changes are requested by the victim and are reasonably available.

Information on Obtaining a List of Registered Sex Offenders

New York State Sex Offender Registry and the
Sex Offender Registration Act (SORA)
1-800-262-3257

http://www.criminaljustice.state.ny.us/nsor/index.htm

Referenced above is the New York State Sex Offender Registry Information Center web site. The purpose of this site is to provide an overview of the sex offender registration law and how the public can obtain information about sex offenders. The Sex Offender Registration Act, New York's version of Megan's Law, was signed in July 1995 and became effective on January 21, 1996. The text of the statute is contained in Correction Law Article

6-C (Section 168 et seq.).

Registered sex offenders in New York are classified by the risk of re-offense. A court determines whether an offender is a level 1 (low risk), 2 (moderate risk) or 3 (high risk). The court also determines whether an offender should be given the designation of a sexual predator, sexually violent offender or predicate sex offender. Offenders are required to be registered for 20 years or life. Level 1 offender with no designation must register for twenty years. Level 1 offender with a designation, as well as level 2 and level 3 offenders regardless of whether they have a designation must register for life.

There are 4 ways to obtain information about sex offenders in New York State:

1. You can call 1-800-262-3257 to determine if someone is on the Registry. You will need the name of the offender and one of the following: an exact address, a complete date of birth, a driver's license number or a social security number. Read more on the 800 Information line.
2. You can access the Subdirectory on the web site listed above by clicking on the "Search Subdirectory" button. You can search for level 2 and level 3 offenders by name, county or zip code. Please note that a federal court injunction currently prohibits the release of information on this web site concerning sex offenders who committed their crime prior to January 21, 1996, and were assigned a risk level prior to January 1, 2000, unless they have had an opportunity for a due process hearing.
3. The local law enforcement agency where the offender currently resides, can, if it chooses release information on sex offenders residing in the community to "entities with vulnerable populations related to the nature of the offense". The law enforcement agency can release information on level 1, level 2 and level 3 offenders through this method. Also, while the exact address of level 3 offenders can be provided, the law provides that only an approximate address based on zip code can be provided for level 1 and level 2 offenders. Please note that a federal court injunction currently prohibits the release of information through this method concerning sex offenders who committed their crime prior to January 21, 1996, and were assigned a risk level prior to January 1, 2000, unless they have had an opportunity for a due process hearing.
4. Each local law enforcement agency receives from the New York State Division of Criminal Justice Services a copy (electronically or on a CD ROM) of the Subdirectory which is maintained on www.criminaljustice.state.ny.us/nsor/index.htm. Local law enforcement is required to maintain the Subdirectory for the public to view upon request.

Weapons Possession Policy

Possession of a weapon on school grounds is strictly prohibited and will result in disciplinary action up to, and including, termination from the Center and notification to law enforcement.

A student is considered to be in possession of a weapon on school grounds when he or she knowingly has in his or her possession any weapon including, but not limited to, the following:

- Any firearm, antique firearm, bullet or any form of ammunition, black powder, explosive, fireworks, electronic dart gun, electronic stun gun, gravity knife, switchblade knife, pilum ballistic knife, metal knuckle knife, cane sword, billy, blackjack, bludgeon, plastic knuckles, metal knuckles, chuka stick, sandbag, sandclub, wrist-brace type slingshot or slingshot, shirken or "Kung Fu star".
- Any dagger, dangerous knife, dirk, razor, stiletto, imitation pistol, or any other dangerous or deadly instrument or weapon with intent to use the same unlawfully against another.

Under the federal Gun-Free Schools Act, (reauthorized by the No Child Left Behind Act of 2001 (Public Law 107-110), as Section 4141 of the Elementary and Secondary Education Act of 1965), the Center is required to expel from school, for a period of not less than one year, a student who is determined to have brought a firearm to a school, or to have possessed a firearm at a school. Additionally, the Center is required to refer to the criminal justice system any student who brings a firearm to the school.

Pursuant to §265.06 of the New York State Penal Law, it is unlawful for any person age sixteen or older to knowingly possess any air-gun, spring-gun or other instrument or weapon in which the propelling force is a spring, air, piston or CO2 cartridge in or upon a building or grounds, used for educational purposes, of any school, college or university.

Under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, weapons carrying and possessing is defined as the violation of laws or ordinances prohibiting the manufacture, sale, purchase, transportation, possession, concealment, or use of firearms, cutting instruments, explosives, incendiary devices or other deadly weapons. This classification encompasses weapons offenses that are regulatory in nature.

Violations considered weapons carrying and possessing include:

- Manufacture, sale, or possession of deadly weapons.
- Carrying deadly weapons, concealed or openly.
- Using, manufacturing, etc., of silencers.
- Furnishing deadly weapons to minors.
- Aliens possessing deadly weapons.
- Attempts to commit any of the above.

This type of violation is not limited to “deadly” weapons; it also applies to weapons used in a deadly manner.

Exceptions to these prohibitions include:

- Firearm possessors licensed by New York State or New York City to possess the firearm, provided that the law at the time requires that before the person obtains a license, state or local law enforcement verify that the person is qualified to receive the license; or
- Where the firearm is possessed or used by a law enforcement officer acting in his or her official capacity.

Fire Safety Plan

Procedures in Case of a Fire

In the event of a fire or smoke condition, all staff and students should be evacuated immediately to the sidewalk in front of the building. Students will be notified to evacuate by verbal instructions being issued by the staff or by the ringing automatic alarm system. The system includes audible alarms and flashing lights. 911 should be notified of the condition. Staff will ensure that all students are accounted for. Missing persons must be reported to emergency personnel upon their arrival.

The Facilities Manager or his designee will act as the fire safety marshal and be in charge of the scene until emergency personnel arrive.

RACE

In the event of a fire follow standard fire pre-plan:

R: Rescue endangered persons

A: Alarm by pulling nearest alarm box

C: Confine – close all windows and doors

E: Extinguish if you feel comfortable or evacuate fire area

Emergency exits

Second Floor: Stairways to the street are located at the front and back of central hallway of the second floor. The exits are clearly marked by illuminated exit signs. The rear door has a push bar alarm that will sound when activated. Emergency lighting is provided on the stairways and hallways within the ceiling lighting units.

Basement: Stairways to the street are located at the front and far side (near the lounge) of the basement. The exits are clearly marked by illuminated exit signs. Emergency lighting is provided on the stairways and hallways within the ceiling lighting units.

Fire prevention

Center for Allied Health Education has very limited storage facilities. Therefore, flammable liquids such as oil-based paints, paint thinner, varnish, gasoline, methyl alcohol, etc., may not be stored in the building. Similarly, combustible items such as papers, cloth and wood may not be stored in the building. No open flames or smoking will be allowed in the offices or classrooms. Smoking is not allowed in the entire building at any time.

The staff will ensure that none of the above items are stored in the building through periodic inspections.

The Facilities Manager will orient all new staff to the location and use of emergency equipment such as fire extinguishers.

Fire Extinguishers

One model abc-type fire extinguisher is located in each classroom, hallways and one in the copier room of the office area.

Electrical

Staff will inspect the facility for defective wiring and electrical equipment such as frayed wiring on plugs. Such items will be discarded or repaired immediately. The use of extension cords should be avoided. Fuse boxes, switches and junction boxes must have proper covers. Problems will be immediately reported to the Facilities Manager for resolution.

Kitchen

Garbage will be removed daily. All kitchen equipment must be thoroughly cleaned after each use or at the end of the day of continual use to avoid grease or dirt buildup.

Smoking

Center for Allied Health Education is a "smoke free" facility and signs are posted. Staff will ensure that this rule

is rigorously enforced at all times. The facility is equipped with "hard-wired" smoke detectors which will be checked by the staff periodically.

Carbon monoxide detectors are located strategically throughout the building. The detectors are tested periodically.

Hot plates and heaters of any kind are prohibited in the building at all times.

Arson

Suspicious activity of any type should be reported to the Facilities Manager or staff immediately. All storage areas will be locked unless in use.

Exit signs

Illuminated exit signs are displayed in the hallways visible from each classroom. Each classroom will have emergency evacuation instructions and an exit chart posted on the back of the door.

Maintenance and testing

Inspections

The Facilities Manager will check regularly to ensure that all provisions of this fire safety plan are being followed, that all equipment is functioning, and that all necessary repairs have been made and resolve any outstanding problems.

Identification Cards/Swipe Cards

ID Badges

All students will receive Center for Allied Health Education Student ID badges. ID badges shall be worn at all times, both in class and while on clinical rotations. The fee for a replacement Student ID badge is $10.

Swipe Cards

Entry swipe cards will be provided to each student and must be worn at all times. It is not the responsibility of the administrative staff to buzz students into the building or classroom area at the beginning of the day, by breaks and/or by lunch. If a student makes it a habit of not having their swipe card, the office will not buzz them in and they will have to wait for another student to come and let them in. The fee for a replacement swipe card is $10.

Emergency Management Plan

As a part of a diverse and vibrant community, the Center recognizes there is no risk-free environment. Each person must assume responsibility for his or her own safety both on-campus and off-campus. Center for Allied Health Education strives to offer its students and employees a secure and safe environment and to comply with the requirements of the various federal, state and local building codes, and the Board of Health and Fire Marshal regulations.

The following is Center for Allied Health Education's policy for designing, implementing and reviewing its emergency management plan:

Definitions

Hazard

The potential of something to cause harm, loss or damage, including ill-health and injury, to persons, property, the Center's facilities or the environment.

Likelihood

The chances of an event involving the identified hazard actually happening.

Risk

The combination of the severity of the hazard and the likelihood of it happening. Factors considered when assessing risk include, but are not necessarily limited to:

- What the hazard(s) is/are
- How an item is used or how a procedure is performed
- How the potential hazard is controlled
- Who is exposed to the potential hazard, as well as the extent and length of their exposure
- The purpose of the individual's exposure to the potential hazard
- Existing precautions, safeguards and controls

Plan

The Center's Emergency Management Plan, which takes into account students with special needs as well as emerging issues and threats, identifies who will be involved in a potential emergency response and assigns responsibilities to personnel involved in the response. The Plan consists of four components:

- Prevention and mitigation
- Preparedness
- Response
- Recovery

Risk Assessment

An essential component of the Center's prevention and mitigation of, as well as preparedness for, an emergency, is its Risk Assessment. The purposes of a Risk Assessment include to:

- Identify any objects, activities or hazards that have the potential of causing harm to the Center's students, staff, visitors or contractors.
- Consider the risk or likelihood of such harm actually occurring, as well as any potential consequences.
- Enable the formulating of plans for the implementation and monitoring of preventative measures to ensure that any risks are adequately controlled at all times.

Risk Assessments are conducted by the Center's School Director, Ms. Tehila Tewel, in collaboration with the Center's Facilities & Logistics Manager, Mr. Avrohom Polter and the COO, Ms. Sarah Bokow. Ms. Bitton and Mr. Polter are responsible for ensuring that the Center's Risk Assessments and Emergency Management Plan are reviewed a minimum of once annually, or more often, if necessary.

Alert System

An essential component of the Center's response to an emergency situation is the Center's Alert System. The key requirements of the Center's Alert System include:

- Alert as many people as quickly as possible
- Constantly deliver alerts to specific groups of people in different locations
- Provide assistance to disabled and special needs persons on the Center's campus

Recovery

The key components for successfully recovering following an emergency situation include:

- Implementing any required physical/structural repairs
- Engaging in disaster recovery efforts
- Restoring academic learning as soon as practically possible
- Providing students with resources to assist with psychological and emotional recovery

Training

Students receive training regarding the Center's Emergency Preparedness Plan during their new student and annual orientation. Staff receive training regarding the Center's Emergency Preparedness Plan upon hire, as well as during annual campus safety training events. Training includes providing students and staff with informational material, verbal instructions and/or conducting emergency preparedness drill and exercises.

Campus Lockdown Policy

Goal/Purpose of Lockdown

The purpose of a lockdown is to minimize accessibility to rooms/buildings on campus to reduce the risk of injury or danger to faculty, staff, students or visitors.

Decision to Lockdown

A lockdown decision can be implemented by law enforcement personnel, or by the Center's President & CEO, School Director, or Facilities & Logistics Manager.

Incidents Requiring a Lockdown

Incidents requiring a lockdown can include, but are not necessarily limited to:

- Person(s) armed with a firearm or weapon on the Center's property
- Gunshots directed at or near the Center's campus
- Law enforcement incidents involving dangerous person(s) that occur adjacent to, or within a short distance of, the Center's campus
- Intruders
- Hazardous chemical spills
- Gas leaks
- Hazardous electrical conditions
- Disasters close to the Center's campus

Emergency Lockdown Procedures

In the event of an emergency and notification of a campus lockdown, students and staff are required to perform the following procedures:

- Remain calm
- Encourage others to remain calm
- Immediately cease all educational or recreational/break activity
- Lock or barricade all doors using the lockdown devices installed on each classroom door
- Cover any windows or openings that have a direct line of sight into a hallway using the window coverings installed on each door
- Use furniture or desks as cover
- Close any blinds or pull down any shades
- Turn off the lights and be as quiet as possible in an effort to give the impression that the room is empty
- Stay low, away from windows and doors
- Sit on the floor or crouch under or behind desks and bookshelves where possible, so as to be as invisible as possible
- Immediately put all cellphones on "vibrate" or "silent" mode
- Calls to law enforcement should be made only if specific information becomes available regarding the location or conduct of the intruder or if the status of the emergency changes
- **DO NOT** respond to anyone at the door until an "all clear" message is received from a member of the Center's administration or a verified member of law enforcement. The "all clear" message may be transmitted via a verified institutional email address, text telephone number, a present faculty member who

receives a verified text or email from the School Director, or a door-to-door announcement by a verified member of administration or law enforcement who is clearly not under duress.

- If you are directed by administration or law enforcement to leave your secured area, assist others in moving as quietly and quickly as possible
- Do not sound the fire alarm in the building unless there is a fire. Doing so may place others in harm's way when they are attempting to evacuate the building. If a fire alarm does go off during a lockdown, do not evacuate unless you smell smoke or see fire in your area
- If you are outside of the Center's building when a lockdown is announced, if it is safe to do so, run into the nearest building with hands raised above your head and palms facing outward, and follow the above lockdown instructions. If it is not safe to run into a building, hide behind a large heavy object such as a parked vehicle or commercial waste container. Notify law enforcement of your location when safe to do so.
- If you are absent during a lockdown, do not return to the Center until you receive notification from the Center's administration advising you that it is safe to do so
- Be aware of alternate exits if it becomes necessary to flee
- Do not attempt to leave the building until told to do so by law enforcement

All faculty or staff supervising or instructing students at the time of a lockdown becomes responsible for those students at that time. Faculty and staff members are responsible for accounting for students and ensuring that no one leaves the safe area. Students without staff must be directed to the nearest classroom or safe building. When the condition that resulted in the lockdown has been eliminated, an "all clear - lockdown is over" announcement will be made through the campus emergency notification system.

Emergency Notification System

In the event of a campus lockdown, some or all of the following communication tools may be used to deliver notifications during the incident:

- Email
- Text
- Updates posted in the Center's website, www.cahe.edu
- Amplified or in-person announcements by verified members of law enforcement personnel
- Amplified or in-person announcements by verified members of the Center's administrative personnel

Clery Act

Campus security and safety are important issues in postsecondary education today. Providing students nationwide with a safe environment in which to learn and keeping students, parents and employees well informed about campus security are goals that have been voiced by many groups. These goals were advanced by the Crime Awareness and Campus Security Act of 1990. The U.S. Department of Education (ED) is committed to ensuring that postsecondary institutions are in full compliance with this act, and that the enforcement of the act remains a priority. Compliance with this act, now known as the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, or CLERY Act, provides students and families, as higher education consumers, with the information they need to make informed decisions.

Annual Security Report

Preparation and Distribution of the Annual Security Report

The Director of Financial Aid is responsible for collecting, classifying, and disseminating crime statistics and applicable policies and procedures contained in this Annual Security Report ("ASR" or "Report"). The crime statistics included in the Report represent reports of crimes occurring:

On Campus, either in:

- any building or on any property owned or controlled by the Center within the same reasonably contiguous geographic area of the Center and used by the Center in direct support of, or in a manner related to, the Center's educational purposes; or
- any building or on any property within or reasonably contiguous to the geographic area of the Center that:
  - is owned by the Center but controlled by another person;
  - is frequently used by students; and
  - supports the Center's purposes.

On Public Property:

- (including thoroughfares, streets, sidewalks and parking facilities) that is:
  - within the Center's Campus; or
  - immediately adjacent to and accessible from the Center's Campus.

The Center obtains reports of crimes from students and other persons and will make a reasonable, good faith effort to obtain required statistics for crimes occurring on the Center's Campus or Public Property from local law enforcement agencies. A formal police report or investigation is not necessary in order for a reported crime to be included in the crime statistics in the Report. All crimes reported in any calendar year will be included in the crime statistics included in the Report for that calendar year, regardless of the calendar year in which the crime actually occurred.

The Center does not have a campus police or security department of any kind. Any security services or security personnel that the Center may use have no relationship with any state or local law enforcement agency and have no authority to arrest anyone. The Center does not have a memorandum of understanding, or any other arrangement in place, with local police. All students and employees, and visitors to the Center, whether victims or witnesses of crimes, are encouraged to voluntarily, promptly and accurately report all criminal activity to Center officials and the appropriate law enforcement agencies. Students and others are directed to report occurrences involving crimes on the Center's premises to Tehila Tewel, Licensed School Director, and if she is not available, to any Director or Manager of the Center.

Name	Title	Contact Information
Tehila Tewel	Licensed School Director	ttewel@cahe.edu
Avrohom Polter	Facilities and Logistics Manager	apolter@cahe.edu

Upon receipt of any report of a medical or criminal emergency, the Center will offer to contact emergency medical services and/or local law enforcement for the persons affected. Following a reported incident involving a crime, the Center may require the reporting student to confirm in writing the details of the crime and may

contact and apprise local law enforcement agencies. The Center does not have any policies or procedures that:

- allow victims or witnesses to report crimes on a voluntary confidential basis; or
- encourage pastoral counselors, if and when they deem it appropriate, to inform the persons they are counseling of any procedures to report crimes on a voluntary, confidential basis for inclusion in the crime statistics contained in the Report.

Since the Center does not recognize, operate, or sponsor any off-campus facilities for student organizations, the Center does not monitor or record through local law enforcement agencies any crimes occurring at off-campus locations of any student organization.

The crime statistics for each of the three previous calendar years are included in the Report. On or before October 1st of each year, the Report is distributed to all current students and employees. In addition, the most recent Report is available to all prospective and current students as well as prospective and current employees from the Administrative Office and may also be viewed on the Center's website at http://www.cahe.edu/consumer-info.php. Prospective students and employees are notified about the availability and location of the Report at the beginning of the application process. Current students and employees are notified about the availability and location of the Report via email notification. Crime statistics are also reported annually to the US Department of Education and statistics are available at http://ope.ed.gov/security/.

Facility Access

Access to the Center's offices and classrooms is restricted to those with valid ID cards through the use of an electronic card reader at each door. Students and faculty are required to wear their ID cards at all times. Guests or visitors must be admitted by the Receptionist after confirming an appointment with the appropriate staff member. There are surveillance cameras monitoring all entrances and exits from the Center. All staff, faculty and students must be vigilant in maintaining a secure and safe facility without endangering themselves. Any crimes or dangerous situations occurring within the building or on the sidewalks or buildings adjacent to the Center should immediately be reported to the appropriate authorities and the Licensed School Director.

Campus Threat Alerts

Timely Warning

Center will issue Timely Warnings to heighten safety awareness and provide students, faculty, and staff notification regarding Clery crimes that occur on campus or on public property immediately adjacent to and accessible from campus and that are considered by Center to present a serious or continuing threat to students and employees.

Avrohom Polter, the Facilities and Logistics Manager, is responsible for preparing and distributing Timely Warnings. Warnings will be distributed to the campus community by means of e-mails and announcements posted to the Center's student portal. The Timely Warning will provide details of the crime, a description of the suspect, if known, and information on whom to contact about the incident.

Emergency Warnings

In the event of a significant emergency or dangerous situation involving an immediate threat to the health or safety of students or employees on campus, the President & CEO is responsible for assessing the situation and making the decision to issue an emergency warning without delay. In the President & CEO's absence, a senior staff member will be responsible for gathering information, consulting with the President & CEO, if possible, and issuing the warning without delay. If necessary, local police, fire or EMS agencies will be consulted prior to the warning being issued. After the warning is issued, the staff member will determine and confirm the threat level of the situation and will determine the content of the notification and initiate the notification system (unless issuing the notification would compromise efforts to assist a victim, or to contain, respond to, or otherwise mitigate the emergency). The staff member will notify faculty and students of the nature of the situation and recommend an appropriate course of action by using the Center-wide phone system intercom, electronic communications such as email or announcements on the Center's student portal, and, if necessary, physically going into the classrooms and making a verbal announcement. The President & CEO or staff member is also responsible for contacting local police and emergency services, if warranted.

In case of imminent danger, a verbal warning will be issued via the intercom system in each classroom stating

the nature of the situation, when it occurred, and a suggested course of action. The purpose of the warning is to enable faculty and staff to take appropriate actions to protect themselves and therefore, all information supplied to the faculty and students will reflect this intent.

Annually the emergency response and evacuation procedure will be tested to ensure the procedure is operational. These tests may be announced or unannounced. In conjunction with each annual test, the Center will distribute an email notification to all current students and employees with a link to emergency evacuation procedures. The Center will document each test including a description of the exercise, the date the test was held, the time the test started and ended, and whether the test was announced or unannounced. Records of each test will be maintained by the Facilities and Logistics Manager.

If a situation arises prior to the start of classes for the day, students and faculty will be allowed into the building based upon the New York City Police Department ("NYPD") discretion. Since the Center is not staffed 24 hours a day, there is no capability to notify students and faculty of situations occurring while the building is empty (before and after classes).

Addressing the Media

The President & CEO and Licensed School Director are the only individuals authorized to address the media. Information released will be verified facts; who, what, when, where and future actions to be taken. Any information released will follow FERPA regulations and not compromise the safety of students and staff.

Procedure for Reporting a Crime

The occurrence of a crime or dangerous situation (whether inside the program's building or on public property adjacent to the program's building) should be reported immediately to the police department by calling 911 and to the President & CEO or Licensed School Director. Pertinent information should include the nature of the activity, scope of involvement, and the exact location and time of the occurrence. The areas of concern are within the program building, the sidewalks in front of and across the street from the program building, the parking garage adjacent to the program building and the sidewalk in front of the school.

Safety and Security Education

Matters concerning campus safety and security, as well as student conduct and the prevention of crimes, are addressed in the Institutional Catalog. These documents discuss the Center's safety and security policies and should be retained and periodically reviewed to reinforce the student's understanding and knowledge of the Center's safety practices and security procedures. Applicable policies are reviewed with all students at orientation.

Center for Allied Health Education conducts an annual substance abuse program, which also serves to inform students and employees of the Center's security policies. This program and the policies contained in the Institutional Catalog and Employee Handbook are intended to encourage students and employees, respectively, to be responsible for their own safety and security and to be considerate of the safety and the security of others.

As required by the Drug Free Centers and Communities Act, the Center has implemented an annual mandatory Drug and Alcohol Abuse Prevention Program for both students and employees that involves the annual distribution to each student and employee of: (a) the standards of conduct prohibiting the unlawful possession, use, or distribution of illicit drugs and alcohol; (b) a description of the health risks associated with the use of illicit drugs and the abuse of alcohol; (c) a description of available drug and alcohol counseling, treatment, or rehabilitation services in the community; (d) a description of the sanctions imposed for violating the Center's student conduct policy, employee policies and federal or state drug laws; and (e) a description of the federal penalties and sanctions for the illegal possession of a controlled substance.

The Drug and Alcohol Abuse Prevention Program materials can be found on the Center's website at https://www.cahe.edu/safety.

The unlawful possession, use, or distribution of drugs or alcohol by a student violates the Center's student conduct policy. Any use, distribution, or possession of alcoholic beverages on the Center's premises or at organized Center events by a student also violates the Center's student conduct policy. The unlawful possession, use, or distribution of drugs or alcohol by an employee while working or on the Center's premises violates the Center's policies.

In addition to administrative action, the Center will refer students and employees found to be unlawfully possessing, using, or distributing drugs or alcohol, including individuals found to have engaged in underage drinking, to local police for possible further sanctions.

Campus Law Enforcement

There is no private campus law enforcement at Center for Allied Health Education. All emergencies should be reported to the President & CEO or a senior staff member so that the situation can be assessed and a decision to issue an emergency warning and to contact local law enforcement can be made.

Campus Crime Log

Center for Allied Health Education does not have a security of campus police department and therefore is not required to maintain a daily campus crime log.

Whistleblower Protection

Nothing in the Clery Act shall be construed to permit the Center to take retaliatory action against anyone with respect to the implementation of the Clery Act.

Emergency Suspension

The Licensed School Director, or an official of the Center authorized by the Licensed School Director, may impose an immediate, emergency suspension when, in the judgment of the Licensed School Director or their agent, such action appears necessary for reasons relating to the physical or emotional health, safety or well-being of the student, other students, faculty members, staff, or the general public. Such suspensions may also be imposed when it appears necessary to deal with a continuing disturbance or a forcible interference by students with any institutional activity or with the free movement of any member of the institution's community.

When a student is suspended in this fashion, the suspension may remain in effect until the Center has taken action with regard to the student, until the Center deems that the threat or perceived threat is no longer a factor, or until the conclusion of any necessary review or investigation, which will be conducted at the earliest opportunity.

Such suspensions are without prejudice to any investigation regarding the student or the incident under investigation.

Examples of bases for emergency suspensions include, but are not limited to:

- A direct or implied threat made by a student to any other person.
- Physical or verbal harassment by a student of any other person.
- Violence or physical conduct by a student which results in, or may potentially result in, harm to others, or which results in an intimidating, offensive or hostile situation or environment.
- Statements or behaviors by a student that can be reasonably interpreted by others as a threat.
- Engaging in any unwelcome comment or conduct toward others.
- Any display of uncontrolled behavior as a result of emotional upset, anger or mental confusion.
- The inability of institutional staff to immediately and definitively identify an individual as an active student, resulting from failure to wear the required identifying uniform and/or student identification.
- Allegations or suspicion of acts or omissions of deception, dishonesty, falsification, forgery or unethical behavior which constitute a potential breach of trust and call into question a student's overall academic and/or behavioral integrity.

Annual Security Report

The following are crime statistics for the Center for Allied Health Education for 2024, (the most recent year for which statistics are available and reported):

Hate Crimes - On Campus									
	Occurrences of Hate Crimes								
Criminal Offense	**2024 Total**	Category of Bias for Crimes Reported in 2024							
		Race	Religion	Sexual Orientation	Gender	Gender Identity	Disability	Ethnicity	National Origin
Murder/Non-negligent manslaughter	0	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0	0
Statutory rape	0	0	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0	0	0
Aggravated assault	0	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0	0
Motor vehicle theft	0	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0	0
Simple assault	0	0	0	0	0	0	0	0	0
Larceny-theft	0	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0	0
Destruction/damage/vandalism of property	0	0	0	0	0	0	0	0	0

	Occurrences of Hate Crimes								
Criminal Offense	**2023 Total**	Category of Bias for Crimes Reported in 2023							
		Race	Religion	Sexual Orientation	Gender	Gender Identity	Disability	Ethnicity	National Origin
Murder/Non-negligent manslaughter	0	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0	0
Statutory rape	0	0	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0	0	0
Aggravated assault	0	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0	0
Motor vehicle theft	0	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0	0
Simple assault	0	0	0	0	0	0	0	0	0
Larceny-theft	0	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0	0
Destruction/damage/vandalism of property	0	0	0	0	0	0	0	0	0

	Occurrences of Hate Crimes								
Criminal Offense	**2022 Total**	Category of Bias for Crimes Reported in 2022							
		Race	Religion	Sexual Orientation	Gender	Gender Identity	Disability	Ethnicity	National Origin
Murder/Non-negligent manslaughter	0	0	0	0	0	0	0	0	0

Rape	0	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0	0
Statutory rape	0	0	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0	0	0
Aggravated assault	0	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0	0
Motor vehicle theft	0	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0	0
Simple assault	0	0	0	0	0	0	0	0	0
Larceny-theft	0	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0	0
Destruction/damage/ vandalism of property	0	0	0	0	0	0	0	0	0

Hate Crimes - Public Property									
	Occurrences of Hate Crimes								
Criminal Offense	**2024 Total**	Category of Bias for Crimes Reported in 2024							
		Race	Religion	Sexual orientation	Gender	Gender Identity	Disability	Ethnicity	National Origin
Murder/Non-negligent manslaughter	0	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0	0
Statutory rape	0	0	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0	0	0
Aggravated assault	0	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0	0
Motor vehicle theft	0	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0	0
Simple assault	0	0	0	0	0	0	0	0	0
Larceny-theft	0	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0	0
Destruction/damage/vandalism of property	0	0	0	0	0	0	0	0	0

		Occurrences of Hate Crimes						
Criminal Offense	**2023 Total**	Category of Bias for Crimes Reported in 2023						
		Race	Religion	Sexual orientation	Gender	Gender Identity	Disability	Ethnicity	National Origin
Murder/Non-negligent manslaughter	0	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0	0
Statutory rape	0	0	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0	0	0
Aggravated assault	0	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0	0

Motor vehicle theft	0	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0	0
Simple assault	0	0	0	0	0	0	0	0	0
Larceny-theft	0	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0	0
Destruction/damage/ vandalism of property	0	0	0	0	0	0	0	0	0

		Occurrences of Hate Crimes							
Criminal Offense	**2022 Total**	Category of Bias for Crimes Reported in 2022							
		Race	Religion	Sexual Orientation	Gender	Gender Identity	Disability	Ethnicity	National Origin
Murder/ Non-negligent manslaughter	0	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0	0
Statutory rape	0	0	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0	0	0
Aggravated assault	0	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0	0
Motor vehicle theft	0	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0	0
Simple assault	0	0	0	0	0	0	0	0	0
Larceny-theft	0	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0	0
Destruction/damage/ vandalism of property	0	0	0	0	0	0	0	0	0

VAWA Offenses - On Campus			
	Total Occurrences on Campus		
Crime	2022	2023	2024
Domestic violence	0	0	0
Dating violence	0	0	0
Stalking	0	0	0
VAWA Offenses - Public Property			
	Total Occurrences on Public Property		
Crime	2022	2023	2024
Domestic violence	0	0	0
Dating violence	0	0	0
Stalking	0	0	0
Arrests - On Campus			
	Number of Arrests		
Crime	2022	2023	2024
Weapons: carrying, possessing, etc.	0	0	0
Drug abuse violations	0	0	0
Liquor law violations	0	0	0
Arrests - Public Property			

	Number of Arrests		
Crime	2022	2023	2024
Weapons: carrying, possessing, etc.	0	0	0
Drug abuse violations	0	0	0
Liquor law violations	0	0	0
Disciplinary Actions - On Campus			
	Number of persons referred for Disciplinary Action		
Crime	2022	2023	2024
Weapons: carrying, possessing, etc.	0	0	0
Drug abuse violations	0	0	0
Liquor law violations	0	0	0
Disciplinary Actions - Public Property			
	Number of persons referred for Disciplinary Action		
Crime	2022	2023	2024
Weapons: carrying, possessing, etc.	0	0	0
Drug abuse violations	0	0	0
Liquor law violations	0	0	0
Unfounded Crimes			
	Total Number		
	2022	2023	2024
Total unfounded crimes	0	0	0