COURSE ROOM, DAY AND TIME –
Assigned clinical sites & dates/times: Monday, Tuesday, Wednesday, & Friday

COURSE DESCRIPTION:

Provides a hospital setting in which students continue to develop proficiency levels in skills introduced in previous Radiographic courses and practiced in previous clinical radiography courses. Topics include: patient care; behavioral and social competency; equipment utilization; exposure techniques; and participation in and/or observation of routine and special radiographic procedures. Execution of radiographic procedures will be conducted under direct and indirect supervision.

COMPETENCY AREAS:

1. Patient Care
2. Behavioral and Social Competency
3. Equipment Utilization
4. Exposure Techniques
5. Participation in and/or Observation of Routine and Special Radiographic Procedures

COURSE OBJECTIVES:

After completing this section, the student will be able to:

1. Observe and/or participate in manage interactions with the patient and family in a manner that provides the desired psychosocial support.
2. Observe and/or participate in evaluating the patient’s status and condition before, during and following the radiologic procedure to demonstrate competence in assessment skills.
3. Demonstrate skills in assessment and evaluation of psychological and physical changes in the patient’s condition and carry out appropriate actions.
4. Observe and/or participate in assessing the patient and recording patient histories.
5. Assess the patient and record patient histories.
6. Observe and/or participate in documenting care in the patient’s record.
7. Perform principles of transferring, positioning, immobilizing and restraining of
8. Observe and/or participate in assessing patient using the ABC’s of CPR and demonstrate basic life support procedures.
9. Observe and/or participate in differentiating between emergency and non-emergency procedures and respond appropriately.
10. Observe and/or participate in differentiating between normal ECG rhythms and abnormal ECG tracings.
11. Examine procedure orders for accuracy and follow-up to make corrective changes when applicable.
12. Observe and/or participate in Integration of the radiographer’s scope of practice and practice standards into clinical practice settings.
13. Observe and/or participate in adhering to national, institutional and/or department standards, policies and procedures regarding care of patients, provision of radiologic procedures and the reduction of medical errors.
14. Examine gender, cultural, age and socioeconomic factors that influence patient compliance with procedures, diagnosis, treatment and follow-up patients.
15. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
16. Demonstrate and support safe, ethical and legal practices.
17. Demonstrate and integrate the use of appropriate and effective written, oral and nonverbal communication with patients, the public and members of the health care team (peers, physicians, nurses, administration, etc.) in the clinical setting.
18. Observe and/or Participate in Choosing patient and family education strategies appropriate to the comprehension level of patient/family.
19. Act consistently to maintain patient confidentiality standards.
20. Perform safety checks of radiographic equipment and accessories (e.g., lead aprons and gloves, collimator accuracy).
21. Recognize malfunctions in the radiographic unit (including table, tube, and accessories).
22. Note difficulties experienced which might assist in locating the cause of the malfunction.
23. Report malfunctions in the radiographic unit (including table, tube, and accessories).
24. Inspect and clean screens and cassettes regularly to identify and remove causes of artifacts.
25. Perform "start up" and/or "shutdown" procedures on the automatic processor (e.g., adjust water, removal and cleaning of "cross-over" bars).
26. Recognize malfunctions in the automatic processor.
27. Note difficulties experienced which might assist in locating the cause of the malfunction.
29. Monitor the performance of the automatic processor using sensitometry.
30. Clean, wash, disinfect, and/or sterilize facilities and equipment (e.g., cassettes, tabletops) and dispose of contaminated items in preparation for the next
31. Warm-up the x-ray tube to achieve proper operating conditions by following the manufacturer's prescribed sequence of steps.

32. Store film/cassette in a manner which will reduce the possibility of accidentally exposing or re-exposing the film.

33. Imprint proper identification information onto the film using either the radiographic, photographic, or light imprinter method.

34. Process exposed film by unloading the cassette and feeding it into the automatic processor.

35. Reload cassettes by selecting film of proper size and type.

36. Record required information on the request form following performance of examination (may include technologist identification, patient data, billing codes, number and size of films, technique, or other information as required by department protocol).

37. Combine radiographic requisition and radiographs for interpretation and filing.

38. Evaluate radiographs using view box to make certain that radiographs contain proper identification and are of diagnostic quality.

39. Determine appropriate exposure factors using calipers, technique charts, and tube rating charts for guidance.

40. Modify exposure factors for circumstances such as voluntary and involuntary motion, plaster casts, pathological conditions, and/or the patient's inability to cooperate.

41. Restrict beam to limit exposure to area of interest and to improve image quality.

42. Determine appropriate exposure factors using calipers, technique charts, and tube rating charts for guidance.

43. Modify exposure factors for circumstances such as voluntary and involuntary motion, plaster casts, pathological conditions, and/or the patient's inability to cooperate.

44. Restrict beam to limit exposure to area of interest and to improve image quality.

45. Set kV, mA, and time or automated exposure system to achieve optimum image quality, safe operating conditions, and to minimize radiation exposure.

46. Evaluate radiographs using view box to make certain that radiographs contain proper identification and are of diagnostic quality.

47. Determine corrective measures if the radiograph is not of diagnostic quality.

48. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the thoracic cavity.

49. Observe and/or participate in routine radiographic procedures involving the thoracic cavity.

50. Observe and/or participate in the evaluation of thoracic cavity radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.

51. Observe and/or participate in the positioning of patients undergoing routine examination.
radiographic procedures involving the abdominal cavity.

52. Observe and/or participate in routine radiographic procedures involving the abdominal cavity.

53. Observe and/or participate in the evaluation of abdominal cavity radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.

54. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the upper extremities.

55. Observe and/or participate in routine radiographic procedures involving the upper extremities.

56. Observe and/or participate in the evaluation of upper extremity radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.

57. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the shoulder girdle.

58. Observe and/or participate in routine radiographic procedures involving the shoulder girdle. Observe and/or participate in the evaluation of shoulder girdle radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.

59. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the lower extremities.

60. Observe and/or participate in routine radiographic procedures involving the lower extremities.

61. Observe and/or participate in the evaluation of lower extremity radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.

62. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the pelvic girdle.

63. Observe and/or participate in routine radiographic procedures involving the pelvic girdle.

64. Observe and/or participate in the evaluation of pelvic girdle radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.

65. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the spine.

66. Observe and/or participate in routine radiographic procedures involving the spine.

67. Observe and/or participate in the evaluation of spinal radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.

68. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the bony thorax.

69. Observe and/or participate in the evaluation of bony thorax radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.
70. Observe and/or participate in routine radiographic procedures involving the bony thorax.
71. Observe and/or participate in patient preparation procedures for radiographic/fluoroscopic examinations of the gastrointestinal system.
72. Observe and/or participate in the positioning of patients undergoing radiographic/fluoroscopic procedures involving the gastrointestinal system.
73. Observe and/or participate in routine radiographic/fluoroscopic procedures involving the gastrointestinal system.
74. Evaluate the quality of radiographs and digital spot films of the gastrointestinal system in terms of positioning accuracy, image quality, and anatomical structures revealed.
75. Identify the special considerations for gastrointestinal procedures relating to the avoidance of repeated procedures.
76. Observe and/or participate in the identification of and care for acute reactions to contrast media.
77. Observe and/or participate in patient preparation procedures for radiographic/fluoroscopic examinations of the genitourinary system.
78. Observe and/or participate in the positioning of patients undergoing radiographic/fluoroscopic procedures involving the genitourinary system.
79. Observe and/or participate in routine radiographic/fluoroscopic procedures involving the genitourinary system.
80. Evaluate the quality of radiographs and digital spot films of the genitourinary system in terms of positioning accuracy, image quality, and anatomical structures revealed.
81. Identify the special considerations for genitourinary procedures relating to the avoidance of repeated procedures.
82. Observe and/or participate in the identification of and care for acute reactions to contrast media.
83. Observe and/or participate in patient preparation procedures for radiographic/fluoroscopic examinations of the biliary system.
84. Observe and/or participate in the positioning of patients undergoing radiographic/fluoroscopic procedures involving the biliary system.
85. Observe and/or participate in routine radiographic/fluoroscopic procedures involving the biliary system.
86. Evaluate the quality of radiographs and digital spot films of the biliary system in terms of positioning accuracy, image quality, and anatomical structures revealed.
87. Identify the special considerations for biliary system procedures relating to the avoidance of repeated procedures.
88. Observe and/or participate in the identification of and care for acute reactions to contrast media.
89. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the cranium.
90. Observe and/or participate in routine radiographic procedures involving cranial
procedures.
91. Observe and/or participate in the evaluation of cranial radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.
92. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving facial structures.
93. Observe and/or participate in routine radiographic procedures involving facial structures.
94. Observe and/or participate in the evaluation of facial radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.
95. Observe and/or participate in special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangio-pancreatograms (ERCPs), myelograms, sialograms, and venograms.
96. Observe and/or participate in the preparation for use, operation, and maintenance of equipment used to perform special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangio-pancreatograms (ERCPs), myelograms, sialograms, and venograms.
97. Observe and/or participate in the use and maintenance of special radiographic equipment such as image intensifiers, magnification radiographic equipment, bi-plane equipment, recording equipment, rapid film changers, injectors, program selectors, and other miscellaneous radiographic equipment.
98. Observe and/or participate in the preparation of patients undergoing special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangio-pancreatograms (ERCPs), myelograms, sialograms, and venograms.
99. Observe and/or participate in the post-procedural care of patients who have undergone special minor radiographic procedures.
100. Observe and/or participate in the evaluation of special minor procedure radiographs in terms of positioning accuracy, image quality, anatomy visualized, and pathologies revealed.
101. Observe and/or participate in the selection and administration of contrast media used for special radiographic procedures.
102. Observe and/or participate in the diagnosis of and treatment for adverse reactions to contrast media.
103. Participate in and/or observe patient preparation procedures for radiographic/fluoroscopic examinations of the genitourinary system.
104. Observe and/or participate in the positioning of patients undergoing radiographic/fluoroscopic procedures involving the genitourinary system.
105. Observe and/or participate in routine radiographic/fluoroscopic procedures involving the genitourinary system.
106. Evaluate the quality of radiographs and digital spot films of the genitourinary system in terms of positioning accuracy, image quality, and anatomical structures revealed.
107. Identify the special considerations for genitourinary procedures relating to the
avoidance of repeated procedures.

108. Observe and/or participate in the identification of and care for acute reactions to contrast media.

109. Evaluate the number, types, and degree to which clinical competencies have been completed and mastered.

110. Develop a plan in conjunction with on-site clinical supervisors and technical institute faculty to outline future completion and mastery of clinical competencies contained in this course.

111. Identify an area of concern or interest related to the content of this clinical experience, and research, review a publication, or otherwise explore this topic to personal satisfaction.

**PREREQUISITES:**
RAD 120, RAD 136

**COREQUISITES:**
RAD 120, RAD 136

**CONTACT HOURS:** 28

**CREDIT HOURS:** 10

**REQUIRED TEXT:**
Radiologic Technology Academic and Clinical Manual

- ISBN-10: 0323042090
- The OTC bookstore has this in stock.

- ISBN: 0766864461
- Optional pocket guide. Can be used in place of the Merrill’s pocket guide.

**MATERIALS AND SUPPLIES:**
Attendance in the clinical setting/area requires:
1. A clean uniform
2. Official OTC student ID badge (displayed on student uniform)
3. Initialed lead markers
4. Watch with a seconds hand
5. Clinical notebook and clinical manual
6. Pocket calculator
7. Dosimeters (worn in proper location)
8. A good attitude and a smile! 😊

CLASSROOM POLICIES AND PROCEDURES:

- Prior to attempting a grade for a radiographic examination, the student MUST present the proper paperwork to the Clinical Instructor or qualified radiographer.

INSTRUCTIONAL STRATEGIES/METHODS:

- Observation, demonstration and mastery of radiographic procedures and radiographic equipment utilization, under direct and indirect supervision of a qualified radiographer (See student handbook for direct and indirect supervision policy).
- Critical thinking through discussion of case studies and radiographic film critique.
- Writing across the curriculum by pathology research and radiographic film analysis.

CRITICAL THINKING:

Today, employers often rate critical thinking as one of the most important requirements for employment. Technical skills alone are not sufficient to do the job now required in a high tech work place. The employee who possesses the combination of technical occupational skills and critical thinking skills is a valued asset to any organization. Healthcare professionals must analyze various situations that arise in a clinical setting and select the most appropriate response to each individual situation. To assist the student in developing skills in critical thinking and problem solving, various situations will be analyzed in the classroom and appropriate responses reinforced in the laboratory and clinical setting. Written examinations will also include situations in which the most appropriate solution must be selected from a choice of answers.

CLINICAL POLICIES AND PROCEDURES:

Ogeechee Technical College faculty will arrange clinical education with the clinical affiliates. While the student is in the clinical department, he/she must observe the regulations imposed by the clinical instructors with regards to patient safety and welfare. When performing clinical duties, the student is directly responsible to the radiographer in charge of the room to which the student is assigned.

This course does not require the use of the World Wide Web during clinical hours. Therefore, students found to be using the computer for personal reasons during clinical time will be dismissed from clinic. If any operational or personal problems arise, the clinical instructor or OTC faculty should be contacted. The use of pagers, cell phones, smart phones, PDAs, etc. during clinical assignments is strictly prohibited!!! If you are found to be using such devices while on clinical assignment you will be sent home for the reminder of the scheduled day. Any time missed will be made up at the discretion of program faculty. For emergencies, the clinical site phone number is provided on your schedule as well as in your clinical manual. Students must adhere to the Clinical Education Setting parking policies. Students found parking in prohibited area will have their Work Ethics grade lowered.
DIRECT SUPERVISION:

Student supervision under the following parameters:

- A qualified radiographer reviews the procedure in relation to the student’s achievement
- A qualified radiographer evaluates the condition of the patient in relation to the student’s knowledge;
- A qualified radiographer is present during the conduct of the procedure;
- A qualified radiographer reviews and approves the procedure.

ATTENDANCE POLICY:

Students are expected to be present and on time for all clinical assignments. Any absences from the clinical area will affect the student's clinical education and may affect their grade. Absences and tardies include not being in your assigned area while in clinic.

In case of illness or other emergency, the student must personally notify the clinical instructor, clinical coordinator, and/or program director prior to the scheduled clinical period. More than two unexcused absences will result in disciplinary action and may result in termination.

Students will be required to make-up missed clinical time. Make-up time is scheduled by program faculty. As your schedule covers Monday – Friday each week, make up time will be scheduled on weekends (Saturday and Sunday). Remember: missed clinical time could result in missing graded exams the student needs in an effort to complete the course.

All clinical paperwork MUST be turned in on the last day of clinic. If the student does not complete their clinical coursework by the last clinical day, they must turn in what they have completed and grades will be assessed on what was finished. Zeros will be given for any incomplete clinical work. Your clinical packet is due to me no later than 4 pm Tuesday, March 23, 2010.

The student is required to be in the clinical area at least 5 minutes prior to the starting time. A student who is more than 5 minutes late should contact the Clinical Coordinator and clinical site prior to the tardy. Otherwise, the student will be counted absent and may not be allowed to stay in the clinical area. The student should refer to the Radiologic Technology Academic and Clinical Manual for a more specific clinical attendance policy.

To receive credit for this course a student must attend 90% of the scheduled instructional time. Any student attending less than 90% of the scheduled instructional time will receive a "W" for the course if removed from the course before the quarter midterm. After the quarter midterm, any student who has maintained a passing grade within a course will receive a 'WP' for the course when attending less than 90% of the scheduled instructional time. If, however, the student has not maintained a passing grade, he or she will receive a 'WF' for the course. Attendance is counted from the first scheduled class meeting of each quarter.
Tardy means arriving after the scheduled time for instruction to begin. Early departure means leaving before the end of the scheduled time. Three (3) tardies or early departures equal one (1) absence for the course involved. There is no attendance appeal.

All personal appointments, i.e. doctors, lawyers, vacations should be made on your time, not clinical time! Students are given ample notice of clinical assignments and therefore appointments should be made accordingly.

For further explanation, please see the Radiologic Technology Academic and Clinical Manual.

**CODE OF CONDUCT:**

Cheating - The program’s policy for cheating specifies that one (1) incident of cheating will result in a grade of zero (0) for that examination and DISMISSAL FROM THE PROGRAM. Cheating includes but is not limited to:

- Copying from the test of another student or allowing another student to copy from your test.
- Possessing materials or objects not authorized by the instructor during the test, including: “crib notes”, programmable calculators, open textbooks, notebooks or notes, even if unused.
- Copying, recording, buying, stealing, transporting or soliciting tests (pre or post testing), test keys, questions, written assignments, or computer programs.
- Seeking aid from or collaborating with another student for aid without permission from the instructor during a test.
- Discussing the test with a student who has not already taken the test.
- Substituting for another person or permitting another to substitute for you.
- Alteration of Scantron or any other grade sheets through changing answers or filling in of blank spaces after being graded.

A student dismissed for cheating or plagiarism will not be eligible for re-entry. Plagiarism is defined as copying someone else’s work and presenting it as one’s own without the knowledge of the original author. All quotes must be cited/referenced in the proper APA 5th edition format.

**SAFETY:**

In case of emergency while on campus, please refer to the Emergency Operations and Safety Plan and the Bloodborne Pathogen Exposure Control Plan found by the door of all classrooms and labs on the OTC campus. A copy of the OTC safety plan can be found online at: http://www.ogeecheetech.edu/student_services/campus_safety.html.

The Campus Safety & Security Director contact information is:
    T. Jeff Smith, Director
    Campus Safety
    One Joe Kennedy Blvd.
    Statesboro, Georgia 30458
    Phone: (912) 681-5667
    E-mail Address: tjsmith@ogeecheetech.edu
DISTRIBUTION OF GRADES:

EVALUATION AND GRADING:
Continued Competency Evaluations 15%
Competency Evaluations 40%
Recheck Evaluations/Article/Chapter Reviews 10%
Clinical Evaluations 10%
Film Critique Evaluation 10%
Clinical Final 15%

Failure to complete required number of competency evaluations will result in a grade of “0” for each competency missed.

ARTICLE REVIEW GUIDELINES
Article Reviews are to be emailed to me, please do not turn in a hard copy.

Two reviews should be leadership/value based and two reviews from professional journals on a topic that you choose.

Article review due dates:

1: 8:00am January 25, 2010
2: 8:00am February 8, 2010
3: 8:00am February 22, 2010
4: 8:00am March 8, 2010

Late article reviews will not be accepted!
You MUST email your review to me at: mdunn@ogeecheetech.edu

Other pertinent information:

Please include reference(s) in APA 5th Edition format.

Typed, double-spaced.

There are books, etc. in the OTC Library.
RADIATION SAFETY:

Radiation monitoring dosimeters will be worn at all times during clinical hours. Dosimeters will be changed on the first (1st) day of each month. It is the student’s responsibility to change the dosimeter. Failure to do so may result in suspension from the clinical area until the student is in compliance. This is important for an accurate recording of radiation dosage. The program director will review the monthly report. If there is a discrepancy, the program director will meet with the student to discuss safety measures while in the clinical education setting.

REMEDIAL PROCESS:

Failure of any required clinical performance/procedure evaluations will result in the student being evaluated through Observation, Participation and then Competency. The program faculty will complete the second Competency Evaluation. If the student fails the second evaluation, this will result in the student returning to the classroom/lab for remediation in the individual procedure, then to the clinical facility for clinical evaluation.

GRADING SCALE:

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<th>Percentage</th>
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<td>A</td>
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DISABILITY STATEMENT:

Students with disabilities who believe that they may need accommodations in this class based on the impact of the disability are encouraged to contact Penny Hendrix in the Special Services Office, Room 332C, Kennedy Bldg., 912-486-7211, to coordinate reasonable accommodations.

WORK ETHICS:

Students will receive a work ethics grade each quarter for each fundamental and specific course in which they enroll. The work ethics grade of 3, 2, 1, or 0 will not affect the student’s academic grade point average (GPA). Work ethics grades will appear on the student’s quarterly Student Grade Reports and Transcripts. Performance factors and indicators include, but are not limited to, quality of work, ability to follow instructions, productivity, dependability, honesty, reliability, attendance and punctuality, attitude, integrity, enthusiasm, interpersonal skills, and initiative. The work ethics grade descriptions are:

- Exceeds expectations: 3
- Meets expectations: 2
- Needs improvement: 1
- Unacceptable: 0
WARRANTY STATEMENT:

The Technical College System of Georgia guarantees employers that graduates of State Technical Colleges shall possess skills and knowledge as prescribed by State Curriculum Standards. Should any graduate employee within two years of graduation be deemed lacking in said skills, that student shall be retrained in any State Technical College at no charge for instructional costs to either the student or the employer.

DISCLAIMER:

The instructor reserves the right to amend or correct this course syllabus as necessary. If the instructor amends or corrects this syllabus, students will be given a revised syllabus or corrections.
Ten of the following examinations must be challenged for clinical competency evaluations (CCEs) during the quarter. This is a minimum number. The starred examinations (*) are required for graduation. The ARRT is requiring mandatory as well as elective examinations for the ARRT exam eligibility. Please refer to your Record of Clinical Competency for mandatory and elective requirements. If required examinations are not completed this quarter, they must be performed in subsequent quarters. (A total number of 53 CCEs are required for graduation.) (** mandatory/* elective)

** Pediatric chest  
* Pediatric extremity  
** Surgical (c-arm)  
** Portable Orthopedics  

* Pediatric abdomen  
** Trauma extremity  
** Portable chest

Any examinations listed for RAD 132 - 138, not already mastered may be challenged for a competency.

See next page for a complete list of competency examinations that may be challenged.

**CLINICAL COURSE REQUIREMENTS:**

10 Competency evaluations  
25 Continued competencies  
2 Rechecks  
5 Film critique evaluations  
4 Article reviews  

*Students should be prepared for a Clinical Exam during RAD 137.*

**NOTE:**

Failure to complete the required number of CCEs by the end of the quarter will result in a grade of “zero” for each exam missed. Failure to complete required competencies may result in probation, suspension or dismissal from the program.
COMPETENCIES
Ten (10) competency evaluations are required for completion of RAD 137

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FILM CRITIQUES
Five (5) film critique evaluations are required for completion of RAD 137

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RECHECK EVALUATIONS
Two (2) recheck evaluations are required for completion of RAD 137.

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CONTINUED COMPETENCY EVALUATIONS
Twenty five (25) continued competency evaluations are required for completion of RAD 137.
* The student may repeat an examination for 13-25.

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