

## Application for Approval of a Podiatry Radiography Course for Unlicensed Individuals

Pursuant to Section 65.7 of the Regulations of the Commissioner of Education

65 - Pod    \$500    VN

Approved Effective Date

Denied Notification Date

### General Information

1. Name of Organization: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Contact Person: \_\_\_\_\_

4. Telephone: \_\_\_\_\_

5. Fax: \_\_\_\_\_

6. E-mail: \_\_\_\_\_

We agree to comply with the requirements of Section 65.7 of the Regulations of the Commissioner of Education, as provided in this application. We further agree to provide the State Education Department with such information, and to permit it to conduct site visits, as it may request to ensure compliance with those requirements. We understand that approval may be granted for a six-year period and may be renewed upon further application (including fee). Enclosed is the fee of \$500.00 payable to the New York State Education Department. We agree that this fee is for evaluation, **not** for approval, and is **not** refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Each section below contains one criterion of the Department's review of sponsors seeking approval to offer a course of study to train an unlicensed person to operate radiographic equipment for foot radiography, as set forth in Section 65.7 of the Regulations of the Commissioner of Education. **In order to demonstrate your organization's compliance with these criteria, please provide all information requested.**

**I. Organization: Commissioner's Regulations 65.7(c)(1)**

From the list provided below, please identify and describe your organization.

1. A degree-granting institution that offers programs in the health professions.
2. A hospital or health facility regulated by Article 28 of the Public Health Law.
3. A professional association representing the health professions.
4. An entity that provides education or training on health care subjects to health professionals.

**II. Application/Admission Requirements: Commissioner's Regulations 65.7(c)(2)**

- A. Please provide a copy of the formal written application used to admit candidates to the course of study, which ensures that candidates meet the following requirements:
1. be at least 18 years old
  2. have a high school diploma or equivalent
  3. be of good moral character
- B. Please submit a copy of your organization's refund and cancellation policies.

**III. Course of Study: Commissioner's Regulations 65.7(c)(3)**

- A. Please provide a copy of the proposed curriculum that ensures that the course of study meets the following requirements:
1. includes at least 8 hours of in-person instruction

2. includes the following content areas:
    - a. basic radiation safety for patient and operator
    - b. infection control techniques
    - c. patient positioning
    - d. production and development of radiographs
  3. use of appropriate radiographic equipment, approved by the New York State Department of Health, under the direct supervision of a licensed podiatrist
- B. Please describe the learning objectives and competencies to be achieved by this course of study.

**IV. Assessment of Learning: Commissioner's Regulations 65.7(c)(3)(iv)**

- A. Please describe the method used to assess competency in the operation of radiographic equipment.
- B. Please provide a copy of the written examination used to assess competency in foot radiography.

**V. Instructors: Commissioner's Regulations 65.7(c)(4)**

- A. Describe your organization's procedures and criteria in selecting instructors. Please provide a job description or policy statement that presents the necessary qualifications of instructors.
- B. Describe your organization's procedures and criteria in evaluating instructors' performance.
- C. Submit a curriculum vitae or résumé which documents the specific educational and professional qualifications of each instructor that includes:
  - a. name
  - b. preferred address
  - c. present position
  - d. employer, title, and description
  - e. education, including degree(s) earned, date degree awarded, major, and name of institution with city and state
  - f. a brief description that documents areas of expertise or professional experience pertinent to the subject matter being taught

- D. Please describe your organization's method of determining faculty-to-student ratio.

**VI. Facilities and Equipment: Commissioner's Regulations 65.7(c)(5)**

- A. Submit a description of your organization's equipment/supplies; technology and physical facilities.
- B. Describe how your organization will ensure that the type of radiographic equipment used is approved by the Department of Health for use by unlicensed persons
- C. Describe how your organization will ensure radiation safety standards by conforming to all applicable statutes, rules and regulations.

**VII. Resources:**

- A. Submit a budget or statement showing the capability of the organization to fund the costs of the course of study.
- B. Provide information pertaining to the fee(s) charged to each participant in the course of study.
- C. Provide a copy of the organization's refund and cancellation policy.

**VIII. Records: Commissioner's Regulations 65.7(d)(3)**

- A. Please provide a copy of the certificate of completion to be awarded to individuals successfully completing the course of study.
- B. Submit a policy and procedure to assure storage, confidentiality, and retrieval of records for a six-year period.

At minimum, the following information must be maintained for each course:

1. the date(s) and time(s) of the course
2. a copy of the certificate of completion for each participant who successfully completed the course of study
3. the written application of each participant admitted
4. the written curriculum
5. resume of the instructor(s)
6. results of both the written and practical exam for each participant

7. the attendance records

C. At what street address will these records be kept?

D. Attach a signed assurance that:

1. Records will be maintained at the above listed location for six (6) years from the date each course was offered and made available for review by the Education Department,
2. the sponsor will notify the New York State Podiatry Board Office in advance of any change in that street address,
3. the sponsor will respond to any inquiry by the Department regarding those records, and
4. in the event that the sponsor discontinues offering the course of study, all records shall be transferred to the Department.

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.