July 1, 2010

Harford Community College
401 Thomas Run Road
Bel Air, MD 21015
Attention: Lisa Rainey

Re: Program Agreement between Harford Community College and The Johns Hospital – (Medical Imaging - File#09-603)

Dear Ms. Rainey:

Enclosed please find a fully executed original of the above-referenced Agreement for your records.

Sincerely,

Margaret R. Garrett, Esquire
Senior Counsel

MRG:cs
Enclosures
PROGRAM AGREEMENT

THIS AGREEMENT is made and entered into this 14th day of May, 2010, by and between HARFORD COMMUNITY COLLEGE (hereinafter the "College"), and THE JOHNS HOPKINS HOSPITAL SCHOOLS OF MEDICAL IMAGING (hereinafter the "Program"), a tax exempt Maryland corporation.

WHEREAS, the College has an undergraduate curriculum that can serve as a prerequisite to certification in Radiological Sciences, and

WHEREAS, clinical experience is a required and integral component of the radiological sciences curriculum, hereinafter referred to as the "internship", and

WHEREAS, the College desires the cooperation of the Program in the development and implementation of the clinical experience phase of its Technical and Professional Studies Program, and

WHEREAS, the College recognizes the above-noted Program as an institution qualified to aid in the development and implementation of clinical experience for radiological sciences students, and

WHEREAS, the Program recognizes its professional responsibility to participate in the education of radiological sciences students, and

WHEREAS, the Program wishes to join the College in development and implementation of clinical experience for radiological sciences students.

NOW, THEREFORE, in consideration of the mutual agreement set forth herein, the College and the Program will cooperate as hereinafter described.

THE COLLEGE

1. The College will provide the educational prerequisites for admission to the accredited medical imaging Program as established by the Joint Review Committees on Education in Radiologic Technology.

2. The College will award an associate's degree to students who meet the requirements of the College and the Program and successfully complete the prescribed course of study in the Radiography Program.

3. The criteria for admission to the College will be determined by the College.
4. A faculty member at Harford Community College will function as Program Advisor and work with the Radiography Program Director. The two will form a faculty advisory group consisting of members of both institutions to assume oversight over curriculum, student admission and advising, and program assessment.

5. There shall be at least one annual meeting for curriculum review and program development and evaluation and compliance to Joint Review Committee (JRC) on Education in Radiologic Technology standards by the faculty advisory group. There shall be periodic meetings of the Program Coordinator or his/her designee for the College and the Program Director for the Program.

6. The College will list the name of the Program in the College catalog and other appropriate brochures and materials.

7. The College will assist in the distribution of brochures, catalogs, applications and other materials to student aspirants in Radiological Sciences.

**THE PROGRAM**

1. The Program will provide curricula in radiological sciences which meets the requirements of the respective JRCs for Accreditation.

2. The Program will provide the physical facilities and equipment necessary to conduct the clinical laboratory science internship.

3. The Program will determine its policy regarding the payment of tuition and other fees for the clinical internship by the student and will notify the College of any revisions to this policy.

4. Criteria for admission to the Program are outlined in the current edition of the JRC Standards and in the Program’s Criteria for Admission. Other student Admission decisions are made by the Program’s Admissions Committee. Admissions criteria include: the student’s cumulative grade point average, performance in the prerequisite math and science courses, the recommendations of instructors, and a personal interview.

5. The Program may accept students from the College provided that the student has met or intends to meet the admissions requirements and are considered qualified for admission by the Program’s Admissions Committee. Students from other affiliated institutions may also be accepted by the Program. Equivalency of other
hospital based programs will be determined by the Program’s Admission Committee. All students will have to complete at least one area of clinical certification at the Program.

6. The Program will provide the College with student grades within 3 weeks of completion of each semester of the Program’s clinical internship.

7. The Program will establish annually a schedule of tuition and other fees and communicate this information to the College.

8. The Program agrees to furnish medical care, at the standard charge, for minor illnesses or first aid for students until said student can be transferred to another Program for continued care. The Program assumes no financial responsibility for the care or treatment of students under the terms of this Agreement. Bill for services rendered shall be forwarded to the student for payment. Accepted applicants for admission must submit to a routine physical examination, TB test, and drug test prior to admission to the clinical internship. Accepted applicants will be offered, free of charge, Hepatitis B immunizations by the Program.

9. The Program agrees to advise the College of any changes in its personnel, operation, or policies which may affect clinical experience.

10. The Program agrees to award a certificate upon satisfactory completion of the clinical internship.

11. The Program will be responsible for providing counseling to the students during the clinical internship. Academic counseling is provided by the Program Director. Other counseling is provided by pastoral services or the JHH Program.

12. The Program assumes primary responsibility during the clinical internship for curriculum planning and selection of course content; for coordination of classroom activities and supervised clinical education; for appointment of faculty to the Program; for receipt and processing applicants for admissions; and for granting the certificate documenting successful completion of the Program.

MUTUAL PROVISIONS

1. The grading policy will be such that while the student is at the College the grading procedure will be that of the College; while the student is at the Program, the grading procedure will be that of the Program. Determination of failure and right to
repeat will be made by the institution at which the student has registered for the course(s) in question.

2. The Program and the College agree to continue their respective policies of nondiscrimination based on Title VI of the Civil Rights Act of 1964 in regard to sex, age, race, color, creed, national origin, Title IX of the Education Amendments of 1972 and other applicable laws, as well as the provisions of the Americans with Disabilities Act.

3. If any of the stipulations as set forth by this agreement are not met by either of the institutions involved, or should the level of competence of either institution fall below established standards, any and all agreements would become void upon written communication to that effect.

4. This Agreement can be terminated upon 1 year notice prior to the date of desired termination by either the College or the Program provided those students already accepted by or enrolled in the Program can complete the Program. It is understood that if the Program of either the College or the Program is terminated, this agreement is invalid.

5. This Agreement shall be reviewed every 5 years by the signatories listed below. It is the responsibility of both the Program Director of the Program and the College to review this document for necessary changes and to notify the other signatories accordingly.

7. Neither the Program nor the College assumes responsibility of liability to the other party or loss, damage to property, injuries to death to persons except as specifically stated in the Agreement.

8. This Agreement may not be assigned, modified or altered in whole or in part, without the prior written consent of both parties.

9. This Agreement constitutes the entire understanding between the parties hereto, shall be governed by and construed in accordance with the laws of the State of Maryland (excepting any conflict of laws provisions which would serve to defeat application of Maryland substantive law), and shall be binding upon and inure to the benefit of the respective successors and assigns of the parties hereto.

10. Notices. All notices required to be given hereunder shall be in writing and shall be sent by certified mail, return receipt requested, postage prepaid, addressed as follows:
application of Maryland substantive law), and shall be binding upon and inure to the benefit of the respective successors and assigns of the parties hereto.

10. Notices. All notices required to be given hereunder shall be in writing and shall be sent by certified mail, return receipt requested, postage prepaid, addressed as follows:

If to the College:

Harford Community College  
401 Thomas Run Road  
Bel Air, MD 21015  
ATTN: Lisa Rainey  
443-412-2158  
LRainey@Harford.edu

If to JHH:

The Johns Hopkins Hospital  
Schools of Medical Imaging  
600 N. Wolfe Street, Blalock B179  
Baltimore, MD 21287  
ATTN: Sandra Moore  
410-528-8210  
semoore@jhmi.edu

11. Amendment. No amendment or modification of this Agreement shall be effective unless in writing and executed by authorized representatives of the parties hereto.
IN WITNESS WHEREOF, The Johns Hopkins Hospital and Harford Community College have caused this Agreement to be executed and delivered on the date first written above by their duly authorized representatives.

WITNESS:                  THE JOHNS HOPKINS HOSPITAL

By: ______________________
Name: Pamela Paulk,
Title: Vice President, Human Resources
Date: 6/8/10

This Agreement has been reviewed for legal sufficiency by The Johns Hopkins Health System Corporation Legal Department

Margaret R. Garrett, JD, RN
Senior Counsel
Date: 5/27/2010

WITNESS:

HARFORD COMMUNITY COLLEGE

By: ______________________
Name: Dr. Annette Haggray
Title: Vice President for Instruction
Harford Community College
Date: 5/24/10

By: ______________________
Name: Laura Preston
Title: Dean, Nursing and Allied Health Professions
Harford Community College
Date: 5/24/10
# Educational Plan - Harford Community College

## Associate of Applied Science Technical/Professional Studies

Student: ______________________  ID: ______________________

Areas of Concentration: ______________________

Term & Declared Catalog Year of TPS: ______________________

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<th>Category Requirements</th>
<th>Courses</th>
<th>Credits</th>
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<tbody>
<tr>
<td></td>
<td><strong>General Education</strong></td>
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<tr>
<td></td>
<td>ENG 101 English Composition</td>
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</tr>
<tr>
<td></td>
<td>Behavioral/Social Science* <strong>GB</strong></td>
<td>3</td>
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<td></td>
<td>Arts/Humanities* <strong>GH</strong></td>
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<tr>
<td></td>
<td>MATH101 or MATH 109</td>
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<td></td>
<td>Mathematics <strong>GM</strong></td>
<td>3-4</td>
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<tr>
<td></td>
<td>BIO 203 Bio./Phys. Lab Science <strong>GL</strong></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>CIS 102 and General Education electives*</td>
<td>6</td>
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<td>CMST 101 or 105</td>
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<tr>
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<td><strong>Physical Education</strong></td>
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<tr>
<td></td>
<td>PE Fitness elective from approved list</td>
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<td>PE elective</td>
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<th>Category Requirements</th>
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<tr>
<td></td>
<td><strong>Core Technical Professional Courses (two or more disciplines)</strong></td>
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<td></td>
<td>BIO 204 Bio./Phys. Lab Science <strong>GL</strong></td>
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<tr>
<td></td>
<td>Radiography courses from JHMI</td>
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*NOTE: Associate degree students must complete one 3-credit diversity course. See the HCC Catalog for approved diversity courses*
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<th>Credits</th>
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<tr>
<td></td>
<td>Technical Professional Electives</td>
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<td>Radiography courses from JHMI</td>
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<tr>
<td></td>
<td>Total Credits</td>
<td>62-63</td>
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</table>

Signatures:

*Student_______________________________________________________________
*Student signature indicates declaration of TPS program for graduation

Faculty Advisor(s)___________________________________________________

Division Dean(s)____________________________________________________

Date_________________________  Catalog Year _______________________

Please copy this and send to student, division Dean(s), faculty advisor(s), and to the Director for Advising, Career and Transfer Services.

Note: Students will need to fill out an Academic Appeals Committee Appeal Application for Residency Waiver.

READMIT REVIEW (for students not enrolled at HCC for the past two years)

Original Plan Reviewed: Valid _________  Catalog Year _________________

Date_________________________

Comments:_________________________________________________________________

Division Dean(s)________________________________________________________

Student_______________________________________________________________