

Inter American University of Puerto Rico

Ponce Campus

Radiologic Technology Program

Voluntary Declaration of Pregnancy Policy

Declaration of pregnancy is at the discretion of the student. In order to protect the unborn child, the student may discuss any suspected pregnancy with the Program Coordinator. Whether or not the student decides to declare pregnancy, the student is advised to consult with her physician.

According to the student's decision, please select one of the following options.

1. Declare pregnancy:

If the student decides to declare her pregnancy, she must complete the Declaration of Pregnancy Release Form and request modifications to her clinical practice. The pregnant student must meet with the Program Coordinator.

The student will receive orientation regarding methods to reduce exposure from ionizing radiation. Immediate efforts will be taken to keep the student's radiation exposure below 0.05 rem per month and below 0.5 rem during the gestation period (*The declared pregnant woman's occupational dose and the dose to an embryo/fetus are specified in 10 CFR 20.1208 - NRCP*). A second (fetal) dosimeter badge will be provided and it should be worn on the abdomen. It is recommended that the student wears a wrap-around apron during fluoroscopic procedures. Under no circumstances will the pregnant student hold or assist in holding patients or image receptors while radiographic exposures are made.

2. Take a leave of absence from the program:

The pregnant student may voluntarily decide to take a leave of absence from the program while pregnant. When the student decides to re-join the program, the student must meet with the Program Coordinator to discuss the Program completion plan. Placement into the program will be determined by their past performance, level of competency and rotations missed. Program completion and graduation date will be based on the course load left in the program upon return.

3. Continue in the program without any modifications.

The student may elect not to request any modifications to her clinical practice.

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If the student decides **NOT** to declare her pregnancy or revoke a previously declared pregnancy in writing:

1. She will be asked to verify that she reviewed the declared pregnant woman's occupational dose and the dose to an embryo/fetus as specified in *10 CFR 20.1208 – NRC* and that she accepts full responsibility for any increased risks associated with exposure to her unborn child.
2. She will continue on her assigned clinical practice without any modifications.

Pregnant students are expected to meet all objectives and clinical competencies of each Radiologic Technology course.

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***VOLUNTARY DECLARATION OF PREGNANCY
AND RESPONSIBILITY RELEASE FORM***

I, _____, certify that I am a student of the Radiologic Technology Program, enrolled at the Inter American University of Puerto Rico– Ponce Campus and currently assigned to _____ (clinical practice center). I am voluntarily declaring that I am pregnant and I believe I became pregnant in _____, 20_____.

I certify that I have read the Voluntary Declaration of Pregnancy Policy for the Radiologic Technology Program. I understand the implications of my continued presence in the Radiology Department as part of my clinical education. I will not hold Inter American University of Puerto Rico – Ponce Campus or the clinical practice center(s) responsible and/or liable in case of abnormalities that may be caused by exposure to radiation during pregnancy.

I would like to request (select one):

- Modifications to my clinical practice according to the Voluntary Declaration of Pregnancy Policy
- Continue in the program with NO modifications to my clinical practice
- Leave the program for the duration of my pregnancy

I understand that if I selected to request modifications to my clinical practice, those will be in effect until I:

- Give birth
- Inform the Radiology Department I am no longer pregnant
- Revoke in-writing my voluntary declaration of pregnancy

Student's Name: _____ Student ID No. _____

Student's Signature: _____ Date: _____

Program Coordinator's Name: _____

Program Coordinator's Signature: _____ Date: _____

Note: The original copy of this document will be placed in the student's file.