



Joint Review Committee on Education in Radiologic Technology
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APPLICATION FOR TRANSFER OF SPONSORSHIP OF AN ACCREDITED PROGRAM Form 300

The JRCERT permits transfer of program sponsorship from one sponsor to another, as outlined in JRCERT policy I I.404. Transfer of sponsorship requests must have JRCERT approval prior to implementation. The program must submit the transfer of sponsorship fee prior to Board consideration. Click [here](#) to view the current fee schedule.

If the transfer of sponsorship is approved by the JRCERT, the new sponsor must seek recognition of any new clinical setting(s). If a transfer is requested from a hospital-based program to a college/university-based program, the program must seek recognition of the previous sponsor as a clinical setting. Application of new clinical settings must be entered through the JRCERT Accreditation Management System (AMS) once the new sponsor/program has been given access.

The application must contain, at a minimum, the below items. Provide any supporting documentation to the below questions in PDF format. Please begin the name of the file with the number of the section to which the document corresponds. Signatures of the individuals identified in Sections III, V, VI, and VII constitute an official request for the JRCERT to continue the accreditation of the program under the new sponsor.

Please send the completed application and any supporting documents to mail@jrcert.org.

| I. General Information | |
|-------------------------------|--|
| Effective Date of Transfer | |
| Current JRCERT Program Number | |

| II. Current Sponsor Information | |
|---------------------------------|--|
| Institution Name | |
| Institution Mailing Address | |
| City | |
| State | |
| Zip Code | |

III. Current Sponsor Chief Executive Officer Information

| | |
|---|--|
| Name | |
| Degree/Credentials | |
| Title | |
| Mailing Address | |
| City | |
| State | |
| Zip Code | |
| Signature Authorizing Transfer of Sponsorship | |
| Date of Signature | |

IV. New Sponsor Information

| | |
|---|--|
| Institution Name | |
| Institution Mailing Address | |
| City | |
| State | |
| Zip Code | |
| Institutional Accreditor (<i>attach documentation of institutional accreditation</i>) | |
| State(s) in which institution is approved to provide post-secondary education (<i>attach documentation of state approval</i>) | |
| Terminal Award to be Granted | |
| Length of the Transferred Program | |
| Tuition Cost Per Year | |

V. New Sponsor Chief Executive Officer Information

| | |
|---|--|
| Name | |
| Degree/Credentials | |
| Title | |
| Email Address | |
| Mailing Address | |
| City | |
| State | |
| Zip Code | |
| Signature Authorizing Acceptance of Sponsorship | |
| Date of Signature | |

VI. New Sponsor Dean or Comparable Departmental Administrator Information

| | |
|--------------------|--|
| Name | |
| Degree/Credentials | |
| Title | |
| Email Address | |
| Mailing Address | |
| City | |
| State | |
| Zip Code | |
| Signature | |
| Date of Signature | |

| VII. New Sponsor Program Director | |
|---|--|
| Name | |
| Degree/Credentials | |
| Title | |
| Email Address | |
| Mailing Address | |
| City | |
| State | |
| Zip Code | |
| Is this program director a new appointment? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach curriculum vitae and current professional registration.</i> |
| Signature | |
| Date of Signature | |

| VIII. Curriculum |
|---|
| Attach a copy of the curriculum. |
| Attach a completed Curriculum Analysis Grid, found here . |

IX. JRCERT-Recognized Clinical Settings

Name of Clinical Setting

Address

City

State

Zip Code

Current Clinical Preceptor(s)

Name of Clinical Setting

Address

City

State

Zip Code

Current Clinical Preceptor(s)

Name of Clinical Setting

Address

City

State

Zip Code

Current Clinical Preceptor(s)

| | |
|-------------------------------|--|
| | |
| Name of Clinical Setting | |
| Address | |
| City | |
| State | |
| Zip Code | |
| Current Clinical Preceptor(s) | |
| | |
| Name of Clinical Setting | |
| Address | |
| City | |
| State | |
| Zip Code | |
| Current Clinical Preceptor(s) | |
| | |
| Name of Clinical Setting | |
| Address | |
| City | |
| State | |
| Zip Code | |
| Current Clinical Preceptor(s) | |

If more than six (6) recognized clinical settings, duplicate and attach additional page(s) as necessary, or attach JRCERT Clinical Summary Report.

For each of the following objectives, please provide a brief narrative and supporting documentation to assure ongoing compliance with the Standards.

X. Objective 1.1

XI. Objective 2.1

XII. Objective 2.2

XIII. Objective 2.3

XIV. Objective 3.1

XV. Objective 3.2

XVI. Objective 3.3

XVII. Objective 4.2

Appendix A – Supporting Documentation

The following is a reference of supporting documentation identified in the above application to be submitted with the Transfer of Sponsorship Application:

- A. Documentation of the new sponsor's institutional accreditor;
- B. Documentation of the new sponsor's state approval to provide post-secondary education;
- C. Curriculum vitae and current professional registration of newly appointed program director, if applicable;
- D. A copy of the curriculum;
- E. A completed curriculum analysis grid;
- F. Supporting documentation for the objectives identified in Sections X – XVII.