

# Iowa College Student Aid Commission

Postsecondary Registration Administrator  
603 East 12th Street, FL 5th  
Des Moines, IA 50319 (515)  
725-3470

## Postsecondary Registration Iowa Code Chapter 261B

This is the application form for all schools that are required to register under Iowa Code Chapter 261B.

All items must be completed before the registration application or the exemption will be considered received for processing. If there is insufficient space on the form to provide all requested information, use additional pages as required, numbering to correspond to the item. Other documents or materials may be attached to the form in lieu of providing the information on the form. In such cases, the material or document should be referenced on the form and *clearly marked* for ease of identification.

**Submit one paper copy and one electronic pdf copy of the application.**

### GENERAL INFORMATION

**Q.** *Who must register?*

**A.** Registration is required for any school that maintains or conducts one or more courses of instruction, including courses of instruction by correspondence or other distance delivery offered in this state or which has a presence in this state and offers courses in other states or foreign countries and is not subject to an exception described in Iowa Code Chapter 261B.11.

"School" is defined as an entity which:

- a. Is, owns, or operates a nonprofit postsecondary educational institution.
- b. Provides a postsecondary instructional program or course leading to a degree.
- c. Uses in its name the term "college", "academy", "institute", or "university" or a similar term to imply that the person is primarily engaged in the education of students at the postsecondary level, and which charges for its services.

"Presence" means maintaining a physical, postal, telephone or internet address within Iowa. "Presence" does not mean, "located in Iowa".

**Q.** *What is required to register?*

**A.** To register, a school must first be accredited by an agency or organization approved or recognized by the United States Department of Education or a successor agency and be approved by all State of Iowa agencies with approval jurisdiction, and subsequently, except as provided in subsection 2, be approved for operation by the Iowa College Student Aid Commission.

An educational practitioner preparation program that is operated by a school that applies to register the program in accordance with this chapter must be accredited by an agency or organization approved or recognized by the United States Department of Education or a successor agency and in addition, be approved by the state board of education pursuant to section 256.7, subsection 3, and subsequently be approved for operation by the Iowa College Student Aid Commission.

**Q.** *When must registration and renewal occur?*

**A.** Registration must occur *prior* to the school commencing instruction which would bring the school under the registration requirement.

1. Registrations must be renewed every four years.

2. Registrations must also be renewed upon any substantive change in program offerings, location or accreditation.

**Q.** *Must the school also file a bond under Iowa Code §714.17 et seq?*

**A.** The provisions of *Iowa Code § 714.17 et seq.* require the posting of proof of financial security, as defined by a list of organizations that are *not* required to provide proof of financial security. There is no automatic exemption between chapters 261B and 714.

Whether a school is subject to Iowa Code Chapter 714 depends upon the specific situation of the school. A school must review the provisions of Iowa Code Chapter 714 to determine how the law applies to the school's own situation.

**Q.** *If the school is incorporated under the laws of a jurisdiction other than Iowa, must the school also obtain a Certificate of Authority to do business in Iowa? Is registration under Chapter 261B required if a Certificate of Authority to do business in Iowa has been granted?*

**A.** *Iowa Code §490.1501* requires a non-Iowa for profit corporation to obtain a Certificate of Authority from the Secretary of State before business is transacted in Iowa. *Iowa Code §504.1501* similarly requires non-Iowa nonprofit corporations to obtain a Certificate of Authority from the Secretary of State prior to conducting affairs in Iowa. Registration under *Iowa Code Chapter 261B* is not a substitute for obtaining a Certificate of Authority. An incorporated school must review the provisions of *Iowa Code §490.1501 et seq.* or *§504.1501 et seq.* in the context of the school's planned activities to determine whether a Certificate of Authority is required. The Secretary of State may be contacted at the following address.

Secretary of State  
State Capitol, Room 105  
Des Moines, Iowa 50319.  
Phone: (515) 281-8993  
FAX: (515) 242-5952  
Website: [www.sos.state.ia.us](http://www.sos.state.ia.us)

**Q.** What is the fee for registration or renewal?

**A.** The complete application fee structure is as follows:

Initial application	\$4,000
Renewal	\$4,000
Substantive Change or Amendment	\$1,000

The information you provide will be open to public inspection under Iowa Code Chapter 22.11

# Iowa College Student Aid Commission

Postsecondary Approval and Registration Administrator

603 East 12th Street, FL 5th

Des Moines, IA 50319 (515)

725-3470

## Application for Approval and Registration of Postsecondary School Iowa Code Chapter 261B

Pursuant to Iowa Code Chapter 261B, the undersigned school applies for registration to conduct or maintain one or more courses of instruction, including courses of instruction by correspondence, where the courses are offered in Iowa or the school has a presence in Iowa and desires to offer courses in other states or foreign countries.

Submit a paper document and a complete duplicate in pdf format on a CD.

Applications may be submitted electronically by contacting the Postsecondary Approval Administrator at the Iowa College Student Aid Commission.

Applications for an initial approval and registration must include a *non-refundable* check for \$4,000 payable to the State of Iowa.

Applications fees are to be sent to:

Postsecondary Approval and Registration Administrator

603 East 12th Street, FL 5th

Des Moines, IA 50319

**All items must be completed** before the application will be considered as received by the Commission. Attach additional pages as needed to provide the requested information. Responses are required to have a minimum of a summary paragraph on this form. Responses that include only statements similar to "please see attached", will be considered incomplete. Other documents or materials may also be attached to support the application. Attachments must be tabbed and clearly marked on both the paper and pdf documents..

(Registrations must be renewed every four years or upon any substantive change in program offerings, location, or accreditation.)

Name of school and address of the principal office as defined in Iowa Code Section 490.140 or 510.141:  
[(261B.4(2))] and [(261B.4(1))]

Name of School: Mercy/St. Luke's School of Radiologic Technology

Suite: \_\_\_\_\_

Street: 1026 "A" Avenue NE

City: Cedar Rapids

State: IA

Zip: 52402

Country: USA

Telephone Number (including country or area code): 319-369-7097

Type of corporation:

For-profit

Non-profit

Address of this school in all in other states, and in foreign countries:

Suite	Street	City	State	Zip	Country	Telephone
N/A						

Address of all locations in Iowa where instruction is to be provided

Suite	Street	City	State	Zip	Country	Telephone
	1026 "A" Ave NE	Cedar Rapids	IA	52402	USA	319-369-7097
	701 10 <sup>th</sup> St SE	CedarRapids	IA	52403	USA	319-398-6055

Tuition charges, fees and other costs payable to the school by a student. [(261B.4(3))]

Program to be Offered in Iowa	Tuition	Fees	Books and Supplies	Other	Total
Radiologic Technology	\$3300/yr	None	None	None	\$3300/yr

Refund policy of the school for the return of refundable portions of tuition, fees, or other charges [(261B.4(4))] If the refund policy is attached, please summarize the policy below.

*Response: Start date to August 1 – 50% tuition refund. After August 1 – no refund. Subsequent semesters, no refund if student attends any portion of one day of the semester for which they have paid tuition. See Attachment A for refund policy from 2011-2012 Student Handbook.*

Degrees granted by the school [(261B.4(5))]

Offered in Iowa [(261B.4(11))]

*Response: Certificate in Radiologic Technology*

Offered outside of Iowa

*Response: None*

Name, business address and telephone number of the chief executive officer of the school: [(261B.4(7))]

Name: Dana D Schmitz, M.Ed., R.T.(R)

Suite: \_\_\_\_\_

Street: 1026 "A" Avenue NE  
City: Cedar Rapids  
State: Iowa  
Zip: 52402  
Country: USA  
Telephone Number (including country or area code): 319-369-7077

Provide a copy or description of the means by which the school intends to comply with 261B.9 [(261B.4(8))]. Code section 261B.9 is as follows:

**261B.9 DISCLOSURE TO STUDENTS.**

Prior to the commencement of a course of instruction and prior to the receipt of a tuition charge or fee for a course of instruction, a school shall provide written disclosure to students of the following information accompanied by a statement that the information is being provided in compliance with this section:

1. The name or title of the course.
2. A brief description of the subject matter of the course.
3. The tuition charge or other fees charged for the course. If a student is enrolled in more than one course at the school, the tuition charge or fee for all courses may be stated in one sum.
4. The refund policy of the school for the return of the refundable portion of tuition, fees, or other charges. If refunds are not to be paid, the information shall state that fact.
5. Whether the credential or certificate issued, awarded, or credited to a student upon completion of the course or the fact of completion of the course is applicable toward a degree granted by the school and, if so, under what circumstances the application will be made.
6. The name of the accrediting agency recognized by the United States department of education or its successor agency which has accredited the school.

Response:

Persons interested in applying for this program are required to attend a Program Conference. At this time, potential candidates are informed of name of course, description of subject matter, tuition, award granted upon graduation, and the name of the accrediting agency. Information shared at this conference is available on the program website at [www.isrt.org/ResourceCenter/mstl.aspx](http://www.isrt.org/ResourceCenter/mstl.aspx). Potential candidates are also instructed to view the online Student Handbook which contains information about all required disclosures listed in Code section 261B.9. For candidates invited to interview for the program, all of this information plus the refund policy is shared during the interview process. Additionally, all accepted students are required to attend Orientation prior to classes beginning and prior to paying tuition. Hard copy Student Handbooks are distributed and the required disclosures are again discussed. A statement indicating compliance with this section of the Code is contained in the Welcome to the handbook. See Attachment B.

Name, address, and telephone number of a contact person in Iowa. [(261B.4(10))]

Name: Ted Townsend  
Suite:  
Street: 1026 "A" Avenue NE  
City: Cedar Rapids  
State: Iowa  
Zip: 52402  
Country: USA

Telephone Number (including country or area code): 319-369-7203

Name, address, and title of the other officers and members of the legal governing body of the school:  
[(261B.4(6))]

Officer Number 1

Name: Paul Schneider, DO

Suite: \_\_\_\_\_

Street: 1948 First Avenue NE

City: Cedar Rapids

State: Iowa

Zip: 52402

Country: USA

Telephone No. (including country or area code): 319-364-0121

For officers 2 or more, add pages as needed:

*See Attachment C for additional officers #2-5.*

Owner Number 2- Owner Number 1

Names and addresses of persons owning more than 10% of the school: [(261B.4(6))]

Name: Mercy Medical Center

Suite: \_\_\_\_\_

Street: 701 10<sup>th</sup> Street SE

City: Cedar Rapids

State: Iowa

Zip: 52403

Country: USA

Telephone Number (including country or area code): 319-398-6011

For owners 2 or more, add pages as needed

*See Attachment D for additional owner #2*

Name all agencies accrediting the institution. For each agency, include **name, address, telephone number, and whether the agency is recognized by the U.S. Department of Education.** [(261B.4(9))] Attach copies of accreditation certificates of status for each agency. If the Iowa location is not accredited, provide accrediting agency certification that the Iowa location will be granted accreditation upon approval by the College Student Aid Commission. **Provide documentation that every location of applicant school is approved by the accrediting agency and in good standing, for all locations throughout the world.** *See Attachment E.*

Accrediting agency 1

Name: Joint Review Committee on Education in Radiologic Technology

Suite: 2850

Street: 20 N. Wacker Drive

City: Chicago

State: Illinois

Zip: 60606-3182

Country: USA

Telephone Number (including country or area code): 312-704-5304

Contact Person: Leslie F. Winter M.S., R.T.(R)

Is this agency recognized by the U. S. Department of Education? [ X ] Yes [ ] No

Accrediting Agency 2

Name: N/A \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone Number (including country or area code): \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Is this agency recognized by the U. S. Department of Education? [ ] Yes [ ] No

Accrediting Agency 3

Name: N/A \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone No. (including country or area code): \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Is this agency recognized by the U. S. Department of Education? [ ] Yes [ ] No

Accrediting Agency 4+

Respond on a separate page:

Describe the procedures followed by the school for permanent preservation of student records. [(261B.4(12))]

Response: Some student records are maintained permanently. These include financial aid records, grade transcripts, competency attainment records, health records from the time of admission, radiation dosimetry reports, disciplinary action reports, and application files for accepted students. All of these records are maintained in hard-copy format in the office of the Program Director. This area is locked at all times when no one is present in the office. In addition, radiation dosimetry reports, grade transcripts, financial aid records, and competency documentation records are maintained in electronic format on a network drive which is routinely backed up to an off-site location for safety.

Provide the contact information to be used by students and graduates who seek to obtain transcript information.

Name: Dana Schmitz, Program Director \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: 1026 "A" Avenue NE \_\_\_\_\_  
City: Cedar Rapids \_\_\_\_\_  
State: IA \_\_\_\_\_  
Zip: 52402 \_\_\_\_\_  
Country: USA \_\_\_\_\_  
Telephone Number (including country or area code): 319-369-7097 \_\_\_\_\_

List the states and approval or registration agencies for all states in which the school operates or maintains a presence.

State	Agency Name	Address	Contact Person	Telephone Number
NONE				

Describe the academic and instructional methodologies and delivery systems to be used by the school and the extent to which the school anticipates each methodology and delivery system will be used,, including, but not limited to, classroom instruction, correspondence, internet, electronic telecommunications, independent study, and portfolio experience evaluation. [(261B.4(13))]

Response: The majority of the curriculum is delivered in a traditional classroom setting, consisting of lecture, small-group projects, and discussion. A small number of the lecture-based classes are accompanied by a lab section which consists of demonstrations by the faculty, practice sessions with students and faculty, and return demonstrations by the students. Worksheets, study guides, videos, PowerPoint presentations all enhance the classroom instruction. These classes serve to evaluate the students' abilities in the cognitive and psychomotor domains. There are no independent study courses and no portfolios are required. No courses are offered as distance education, correspondence, or on-line experiences. The clinical portion of the program is obtained in the radiology department of Mercy Medical Center and St. Luke's Hospitals. These clinical experiences are performed within accreditation agency guidelines in terms of supervision by registered Radiologic Technologists, as well as program faculty. The clinical portion primarily serves as assessment of the psychomotor and affective domains. Competencies are completed by students in a laboratory setting and on actual patients in the clinical setting for radiologic exams as well as patient care skills.

Provide the name of every other State of Iowa agency required to approve the applicant school in Iowa, the school's contact person at the agency and the current status of that approval. Attach documentation in the form of a letter or certificate for each agency.

Agency Name	Contact Person	Telephone Number	Approval Status
None			

Is the school subject to a limitation, suspension or termination (LST) order issued by the U.S. Department of Education?

Yes  No

If yes, explain below.

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Provide the name and contact information for a U. S. Department of Education official who can verify the LST statement.

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you:  
Enroll students in Iowa?  Yes  No  
Employ Iowa faculty?  Yes  No

Do you intend to:  
Enroll students in Iowa?  Yes  No  
Employ Iowa faculty?  Yes  No *I do not understand this question the way it is written.*

Describe current operations or plans to enroll students in Iowa or employ Iowa faculty.

Response: We currently do enroll Iowa students and employ Iowa faculty. We actively recruit students and faculty in Iowa. We have no plans to change this in any way. We do some minor student recruiting activities in neighboring states but rarely have we had students from out of state. We have had no faculty turnover in the past ten years so have not had to recruit faculty.

Name, address, and telephone number of full-time employees in Iowa.  
*See Attachment F for full-time employees in Iowa listing #2-3.*  
*See Attachment G for brief CV of each full-time employee.*

Name: Dana Schmitz, M.Ed.R.T.(R)  
Suite: \_\_\_\_\_  
Street: 2390 Wolf Run  
City: Hiawatha  
State: Iowa  
Zip: 52233  
Country: USA  
Telephone Number (including country or area code): 319-369-7077

Will your school comply with Iowa Code section 261B.7 limiting the use of references to the Secretary of State, State of Iowa, or College Student Aid Commission in promotional material (See the Iowa Code for details)

Yes  No

Will your school comply with the requirements of Iowa Code section 261.9(1)"e" to "g"? [

(See the Iowa Code for details.)  Yes  No

Response: The program currently has policies in place to meet 261.9(1)"e" and "f". These policies are in the Campus Crimes and Security Policies and Procedures Manual, pg.9-10. See Attachment H. A draft policy for 261.9(1)"q" has been created and will appear in the 2012-2013 Student Handbook. See Attachment I.

Does the school agree to file annual reports that the Commission requires from all Iowa colleges and universities?

Yes  No

Attached a copy of the applicant school's most recent audit prepared by a certified public accounting firm no more than 12 months prior to the application and state below where, in the audit report, there is evidence that the auditor is providing an unqualified opinion.

Response: Attachment J documents the most recent audit report dated December 31, 2010 by BKD, CPAs and Advisors. Page 5 of this document indicates evidence of an unqualified opinion. The December 2011 audit is not yet available.

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Describe how students will be provided with access to learning resources, including appropriate library and other support services requisite for the schools' degree programs.

Response: The primary learning resources available to students are computers, radiographic images, and anatomical skeletons, although a variety of textbooks are also available. There are computers located in each of the two classrooms, in the radiology department of each sponsoring hospital, and in the medical library of each hospital. Additionally, St. Luke's has an Internet Café and wireless internet is available throughout both hospitals so students could use personal laptop computers outside normal school hours from anywhere in the hospitals. Students may use any computer located within the hospitals and are given log-in access at both hospitals to do so. The students routinely utilize the internet and software programs as study tools as opposed to using printed materials (textbooks). The Program Director retains some software programs that can be loaded onto classroom computers or available for student checkout. Additionally, many textbooks that the students purchase have an accompanying software packet that students may utilize. The Medical Library at both sponsoring hospitals contains numerous reference materials published within five years, although the students rarely utilize this resource. A large assortment of radiographic images and anatomical skeletons are available in both classrooms as well. Students routinely check out these items to use as study tools outside of normal school hours.

Provide evidence that faculty within an appropriate discipline are involved in developing and evaluating curriculum for the program(s) to be registered in Iowa.

Response: As evidenced in the Curriculum Vitae Attachment G, all three faculty members are Registered Radiologic Technologists credentialed by the American Registry of Radiologic Technologists. Additionally, all graduated from accredited Radiologic Technology programs for their professional education. The Program Director holds a Bachelor's Degree in Post-Secondary Education as well as a Master's Degree in Education. The Program Director has primary responsibility for developing and evaluating curriculum. However, the Clinical Coordinators also assist in this process. As also evidenced in their Curriculum Vitae, they hold Bachelor of Science degrees in Health Arts. These credentials combined with their professional experience make all faculty members more than qualified to develop and evaluate curriculum. Their qualifications exceed the accrediting agency's standards. There are no other individuals outside the program that develop and evaluate curriculum.

Provide evidence that the school has adequate physical facilities appropriate for the program(s) to be offered and are located in the state. Include a copy of a signed agreement for a facility purchase or lease or option to purchase or lease. Please include a photograph of the location.

Response: Since this program is owned/operated by Mercy Medical Center and St. Luke's Hospital, we are physically within the structure of both hospitals which are both long-standing hospitals. Each hospital maintains a classroom at its respective facility. Each classroom is appropriately designed, contains ample space, and is equipped with the essentials of an effective classroom. These items include standard classroom equipment such as a computer, LCD overhead projector, chalk and white boards, tables and chairs. Additionally, each classroom contains an ample amount of anatomic skeletons and radiographic accessories such as cassettes, calipers, sensitometers, etc. A non-energized laboratory was installed in 2008. The accessories and supplies (positioning aids) used in the laboratory have primarily been donated by the two sponsoring hospitals as these items have been replaced within the departments. Office space provided to all faculty members is adequate for their roles, supplying a secure place for records as well as a private place for student conferencing.

Include a statement, signed by the chief executive officer of the applicant school, on school letterhead, demonstrating the school's commitment to the delivery of programs located in Iowa, and agreeing to provide alternatives for students to complete programs at other institutions if the applicant school closes the program before students have completed their courses of study.

Statement may be in an attached document.

See Attachment K for statement.

Provide an organizational plan that shows the location and physical address, telephone number, fax number and contact information for all internet-based and site-based educational locations, administrative, and service centers operated by the applicant and any parent organization.

*Response:*

Mercy Medical Center, 701 10<sup>th</sup> Street SE, Cedar Rapids, IA, 52403, 319-398-6055 (telephone), 319-398-6461 (fax) Contact: Roxann Pospisil.

St. Luke's Hospital, 1026 "A" Avenue NE, Cedar Rapids, 52402, 319-369-7097 (telephone), 319-368-5721 (fax) Contact: Dana Schmitz.

Provide documentation showing the school's policy for the resolution of student and graduate comments and complaints. Provide complete contact information to which complainants may be referred.

Response: Graduate surveys are completed and results compiled. These results are presented to the Governing Committee for review. If issues are identified, the Governing Committee has the responsibility and authority to determine the appropriate course of action. No written policy exists for graduate survey results. They are highly valued by the committee, however, as a source of feedback viewed as opportunity for potential improvements. Students are notified of the grievance procedure for complaints via the Student Handbook. See Attachment L. Students are also notified that they have the right to contact the JRCERT, the accrediting agency with concerns. This is also included in the Student Handbook. See Attachment M.

Provide a copy of a current Certificate of Authority provided by the applicant's home state and the Iowa Secretary of State.

N/A

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Provide the U.S. Department of Education cohort default rate for each associated organizational entity for which the U.S. Department of Education reports a cohort default rate.

*Response: 2009-0% cohort default rate*

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Provide the average debt upon graduation of individuals completing programs at each branch location and the entire organization,

*Response: Average debt upon graduation was \$19,904 for 2011 graduates.*

Provide the U. S. Department of Education cohort graduation rate for each branch location and the total organization, showing rates for graduates of diploma, two-year, and four-year, programs if those rates are reported to the U. S. Department of Education National Center for Education Statistics.

2008 graduates – 86%, 2009 graduates – 100%, 2010 grads – 100%

**SIGNATURE**

**Applicant School Chief Executive Officer**

Dana D. Schmitz, M.Ed., R.T.(R)  
Name

Program Director/CEO  
Title

  
Signature

2/6/12  
Date

**If any information in this application changes between the time of application Commission action, the school must inform the Commission by filing an Amended Application clearly indicating the information which is being amended. Amendments must be received before the Commission takes action.**