



Joint Review Committee on Education in Radiologic Technology
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December 1, 2025

Jodi Coombs, M.B.A., R.N.
Chief Executive Officer
St. Christopher's Hospital for Children
160 E. Erie Avenue
Philadelphia, PA 19134-1095

RE: Program #3132

Previous Accreditation Status: 3 Years
Most Recent Site Visit: 02/2025

Dear Ms. Coombs:

After review of the requested progress report and the annual report, the continuing accreditation status of the certificate radiography program sponsored by St. Christopher's Hospital for Children was considered at the November 18, 2025 meeting of the Joint Review Committee on Education in Radiologic Technology (JRCERT). The JRCERT is the only agency recognized by the United States Department of Education (USDE) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. Specialized accreditation awarded by the JRCERT offers institutions significant value by providing peer evaluation and by assuring the public of quality professional education in the radiologic sciences. The program was evaluated according to the **Standards for an Accredited Educational Program in Radiography (2021)**. The JRCERT took the following action:

PROBATION.

The board also considered the substantive change, addition and deletion of two or more courses; deletion of more than 10% of existing clock hours, and took the following action:

APPROVAL OF SUBSTANTIVE CHANGE.

This substantive change was effective November 18, 2025.

Consistent with JRCERT Policy 10.100, this accreditation action is not subject to appeal.

As previously identified in the JRCERT award letter dated June 16, 2025, the board requested a second progress report on the program's non-compliance with **Standard Three - Objective 3.4** and **Standard Six - Objectives 6.2** and **6.4**. Additionally, based on the 2025 Annual Report, the board found **Objective 6.1** to be non-compliant and must now be addressed in the second progress report.

Objective 3.4 - Lack of assurance that the sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed. (Provide assurance that evaluation results have been shared with all faculty.)

Objective 6.1 - Lack of assurance that the program maintains the following program effectiveness data: Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation. (Provide the 2022-2026 credentialing examination pass rate.)

The program's current five-year (2021-2025) average credentialing examination pass rate at first attempt within six months of graduation is 62% (23/37).

Objective 6.2 - Lack of assurance that the program analyzes and shares its program effectiveness data to facilitate ongoing program improvement. (Provide documentation of the program's analysis and sharing of program effectiveness data, including documentation of the program's action plan to address the unmet credentialing examination pass rate benchmark.)

Objective 6.4 - Lack of assurance that the program analyzes and shares student learning outcome data to facilitate ongoing program improvement. (Provide documentation that the program's student learning outcome data is analyzed, and the data is shared with the program's communities of interest.)

The requested progress report originally required by June 19, 2026 is now required by **September 18, 2026**. The progress report must be submitted via the JRCERT Accreditation Management Systems (AMS) and will be considered by the Board of Directors at the next available meeting after submission. Based on evaluation of the progress report, the Board of Directors will determine the appropriate accreditation action. An additional progress report may be required if the objectives are not adequately addressed.

Consistent with JRCERT Policy 11.400 and based on the areas of noncompliance, the Board of Directors are maintaining the previously identified 24-month compliance timeframe. Therefore, the program must document compliance with all accreditation standards no later than **June 9, 2027** or request a [good cause extension](#) identifying mitigating circumstances hindering the attainment of this outcome for consideration by the JRCERT Board of Directors.

Consistent with JRCERT Policy 11.400, Procedure 11.406B, programs cannot request an increase in program/clinical capacity with a Probationary Accreditation or Administrative Probationary Accreditation status.

In addition, consistent with JRCERT Policy 12.200, the JRCERT requires the program to submit a teach-out plan/teach-out agreement no later than **September 18, 2026**.

As required by the USDE and consistent with the maximum compliance timeframes set forth in JRCERT Policy 11.400, when the JRCERT Board of Directors determines that a program has failed to document compliance with the Standards and has not satisfactorily addressed the identified deficiencies, the existing accreditation status will be withdrawn. Such involuntary withdrawal of accreditation is considered an adverse accreditation action. The JRCERT defines an adverse action as involuntary withdrawal of accreditation. Involuntary withdrawal of accreditation will generally, but not necessarily, occur after a Probationary Accreditation status has been awarded. The board may take adverse action prior to the expiration of the maximum compliance timeframe. Probationary status, as well as an adverse accreditation action, requires written notification to the United States Secretary of Education, the appropriate state licensing or authorizing agency, appropriate institutional and/or other accrediting agencies, and the public.

Consistent with JRCERT Policy 10.700 (enclosed), the program must notify currently enrolled and accepted students (this may be done via email), as well as the public via a website posting, of this status within seven days of receipt of this letter. The program is required to submit a representative sample of such notification and list of recipients to the JRCERT no later than **December 8, 2025**.

Additionally, the program must publish a copy of this award letter on its website.

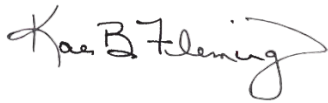
As identified in JRCERT correspondence dated March 5, 2025, the "New Program Official eLearning Plan" must be completed by the acting program director no later than **January 2, 2026**, consistent with JRCERT Policy 11.500.

The program is advised that consistent with JRCERT Policy 11.600, the JRCERT reserves the right to conduct unannounced site visits of accredited programs. The sponsoring institution would be responsible for the expenses of any onsite evaluation.

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The Joint Review Committee on Education in Radiologic Technology Directors and staff encourage you and the program faculty to continue your efforts in developing a quality educational program. If we can be of further assistance, do not hesitate to contact the office.

Sincerely,

A handwritten signature in black ink, reading "Kae B. Fleming". The signature is fluid and cursive, with the first name "Kae" and last name "Fleming" clearly legible.

Kae B. Fleming, Ed.D., R.T.(R)
Chair

KBF/TJE/jm
Enc.

copy: Jeffrey Goldstein, B.S.A.H., R.T.(R), Acting Program Director
Vivek Patel, M.H.A., RVT, RDCS, Director of Radiology
Pennsylvania Department of Education/Bureau of Postsecondary and Adult Education
USDE
ARRT