

JCJC RADIOGRAPHY PROGRAM STUDENT HANDBOOK PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. During the sophomore year, how many clinical absences are allowed per semester?**
 - A. Two
 - B. Four
 - C. Five
 - D. Three

- 2. What happens if a student arrives late due to ID badge issues?**
 - A. The student will be issued a warning only
 - B. The student will receive a tardy and be required to make up any time lost
 - C. The student will be excused without penalty
 - D. The student will be sent home with no credit

- 3. If exposed to a communicable disease, what should you do?**
 - A. Report it immediately to appropriate clinical personnel, according to clinical affiliate policy.
 - B. Self-monitor for symptoms for 48 hours before reporting.
 - C. Wait for the supervisor to initiate testing.
 - D. Document the exposure and continue work.

- 4. Freshmen early evening rotations consist of floating between which three areas?**
 - A. Diagnostic, Portable, and Reading Room
 - B. Emergency, Portable, and Operating Room
 - C. Diagnostic, Emergency, and Portable
 - D. Diagnostic, Emergency, and Operating Room

- 5. Which ethics topics are emphasized for radiography students?**
 - A. Patient rights and confidentiality, informed consent, professional boundaries, and reporting misconduct.
 - B. Billing and coding procedures.
 - C. Equipment maintenance schedules.
 - D. Research ethics only.

- 6. Which statement best reflects the principal objective of the radiologic technologist?**
- A. Provide services to humanity with full respect for the dignity of mankind.
 - B. Protect patient confidentiality above all else.
 - C. Diagnose and treat disease.
 - D. Maximize speed of examinations.
- 7. The Sophomore evening rotations will consist of floating between which four areas?**
- A. Diagnostic, Emergency, Portable, and Reading Room
 - B. Diagnostic, Emergency, Portable, and Operating Room
 - C. Diagnostic, Emergency, and Portable
 - D. Emergency, Portable, and Operating Room
- 8. Who may administer the Terminal/Recheck Evaluation?**
- A. Qualified Staff Radiographer/Practitioner, a Clinical Instructor, the Clinical Coordinator, or the Program Director
 - B. The Student
 - C. Any Staff Member On Site
 - D. The Program Director Only
- 9. What is the annual dose limit for the lens of the eye?**
- A. 0.5 rem (0.005 Sv)
 - B. 1.5 rem (0.15 Sv)
 - C. 1.0 rem (0.01 Sv)
 - D. 2 rem (0.02 Sv)
- 10. When should patients with possible neck or back injuries be moved?**
- A. After an across-the-table lateral spine is done and cleared by a physician
 - B. Immediately without clearance
 - C. After the patient signs consent
 - D. After completing a shoulder radiograph

Answers

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1. D
2. B
3. A
4. C
5. A
6. A
7. B
8. A
9. B
10. A

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Explanations

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1. During the sophomore year, how many clinical absences are allowed per semester?

- A. Two
- B. Four
- C. Five
- D. Three**

Clinical attendance policies are designed to balance staying flexible for real-life situations with the need to complete the required clinical hours and competencies. The limit of three clinical absences per semester for the sophomore year is set to provide a reasonable cushion for illness or emergencies while ensuring you keep on track with your clinical progression. Staying within this cap helps protect patient care quality and your ability to meet the semester's clinical goals. If absences exceed the limit, the handbook typically outlines consequences such as make-up shifts or progression review, reinforcing the importance of maintaining consistent clinical attendance. A limit that is too strict would make it hard to manage common life events, while a more lenient limit could delay meeting required hours and competencies.

2. What happens if a student arrives late due to ID badge issues?

- A. The student will be issued a warning only
- B. The student will receive a tardy and be required to make up any time lost**
- C. The student will be excused without penalty
- D. The student will be sent home with no credit

When attendance policies tie time in class to accountability, lateness caused by an administrative issue like ID badge problems is still treated as missing part of the class. The best consequence is that the student is marked tardy and must make up the time lost. This keeps accurate track of instructional minutes and reinforces the need to be on time, while recognizing the delay was outside the student's control. Other options would either soften the consequence too much, not address the missed time, or be too punitive for a situation caused by ID issues.

3. If exposed to a communicable disease, what should you do?

- A. Report it immediately to appropriate clinical personnel, according to clinical affiliate policy.**
- B. Self-monitor for symptoms for 48 hours before reporting.
- C. Wait for the supervisor to initiate testing.
- D. Document the exposure and continue work.

Immediate reporting to appropriate clinical personnel and following the affiliate's exposure policy is essential because it starts the formal exposure management process right away. This ensures a prompt assessment of the exposure, documentation of the event, baseline health information, and the potential use of post-exposure prophylaxis or testing if indicated. Acting quickly helps protect both you and patients from potential transmission and keeps you in line with safety regulations and workplace policies. Relying on self-monitoring alone can miss a developing infection, and waiting for someone else to initiate testing or continuing to work after exposure can increase risk and violate policy. Documenting the exposure is important, but it does not substitute for immediate, official reporting and evaluation.

4. Freshmen early evening rotations consist of floating between which three areas?

- A. Diagnostic, Portable, and Reading Room
- B. Emergency, Portable, and Operating Room
- C. Diagnostic, Emergency, and Portable**
- D. Diagnostic, Emergency, and Operating Room

The main idea is that freshmen nursing through the early evening rotations are exposed to a range of imaging settings to build versatility and patient-centered skills. The three areas chosen—Diagnostic, Emergency, and Portable—cover standard department imaging, urgent and trauma imaging in the ER, and bedside imaging using a mobile x-ray unit. Diagnostic radiography teaches you how to obtain quality images in the radiology suite and understand typical image anatomy and positioning. Emergency imaging introduces fast-paced protocols, trauma needs, and coordination with trauma teams. Portable imaging trains you to image patients who can't be moved to the radiology suite, focusing on positioning in restricted spaces and maintaining patient safety during transport and setup. Other options would miss one of these key experiences: leaving out Portable, for example, means you wouldn't practice bedside imaging; including Reading Room isn't a hands-on imaging rotation; including Operating Room adds intraoperative scenarios that aren't typically part of freshmen rotations. The combination of Diagnostic, Emergency, and Portable best aligns with early clinical exposure and builds a solid foundation for radiography practice.

5. Which ethics topics are emphasized for radiography students?

- A. Patient rights and confidentiality, informed consent, professional boundaries, and reporting misconduct.**
- B. Billing and coding procedures.
- C. Equipment maintenance schedules.
- D. Research ethics only.

Ethics education in radiography centers on protecting patients and upholding professional integrity. The essential topics include patient rights and confidentiality to ensure privacy and autonomy, informed consent so patients understand and agree to procedures, professional boundaries to prevent exploitation or harm, and reporting misconduct to maintain safety and accountability in clinical settings. These elements together guide how radiographers interact with patients and colleagues and how they handle ethical dilemmas. Other areas like billing and coding are administrative tasks, equipment maintenance is a technical matter, and while research ethics has broad relevance, it isn't the primary focus of everyday radiography ethics education.

6. Which statement best reflects the principal objective of the radiologic technologist?

- A. Provide services to humanity with full respect for the dignity of mankind.**
- B. Protect patient confidentiality above all else.
- C. Diagnose and treat disease.
- D. Maximize speed of examinations.

Providing services to humanity with full respect for the dignity of mankind is the principal objective guiding radiologic technologists. This emphasis on service and human dignity shapes every interaction and decision: clinicians rely on you to perform imaging with compassion, clear communication, and a respect for patient rights and comfort. It also grounds your commitment to safety—minimizing radiation exposure, protecting privacy, and ensuring informed consent—while delivering high-quality images that enable accurate diagnosis and treatment. Confidentiality matters and is a vital ethical duty, but it serves the broader aim of respectful, trustworthy care rather than standing as the overarching purpose itself. Diagnosing or treating disease is the physician's role, with the technologist's work focused on producing the diagnostic images that support those medical decisions. Speed should never trump accuracy, safety, or patient comfort; efficient care is important, but not at the expense of quality or safety.

7. The Sophomore evening rotations will consist of floating between which four areas?

- A. Diagnostic, Emergency, Portable, and Reading Room
- B. Diagnostic, Emergency, Portable, and Operating Room**
- C. Diagnostic, Emergency, and Portable
- D. Emergency, Portable, and Operating Room

Exposure to four clinical environments is what these rotations aim to provide: Diagnostic, Emergency, Portable, and Operating Room. Diagnostic imaging happens in the radiology department and covers the standard work of acquiring images in a controlled setting. Emergency exposure builds experience with trauma imaging and rapid patient assessment where speed and accuracy are crucial. Portable imaging brings the technology to the patient's bedside, requiring maneuvering around fewer fixed constraints and coordinating with caregivers at the patient's location. Operating Room exposure involves intraoperative imaging, where strict sterile technique, close teamwork with surgeons, and precise coordination are essential. This combination ensures you practice imaging across the main workflow contexts you'll encounter in real patient care, along with appropriate safety and communication practices. Reading Room, while important for image interpretation and study, is not a patient-care rotation site, and omitting either Diagnostic or Operating Room would leave out key experiences, so the four areas listed are the correct set.

8. Who may administer the Terminal/Recheck Evaluation?

- A. Qualified Staff Radiographer/Practitioner, a Clinical Instructor, the Clinical Coordinator, or the Program Director
- B. The Student
- C. Any Staff Member On Site
- D. The Program Director Only

The person who administers a Terminal/Recheck Evaluation must be someone with proper qualifications and authority within the program's clinical education structure. This ensures the evaluation is fair, reliable, and aligned with defined competencies. Qualified evaluators include a Registered Radiographer/Practitioner who is credentialed and competent, a Clinical Instructor who supervises students in the clinical setting, the Clinical Coordinator who oversees clinical education, or the Program Director who has overall program responsibility. These roles have the clinical expertise and familiarity with the program's standards to judge performance accurately and provide meaningful feedback. It wouldn't be appropriate for a student to administer the evaluation, since objective measurement and professional judgment are essential for a credible assessment. Likewise, allowing any staff member on site to administer the evaluation could compromise consistency and alignment with the established rubric if they aren't designated evaluators. Limiting the administration to the Program Director only is too restrictive for practical purposes and does not leverage the broader panel of qualified evaluators who understand the curriculum and competencies.

9. What is the annual dose limit for the lens of the eye?

- A. 0.5 rem (0.005 Sv)
- B. 1.5 rem (0.15 Sv)
- C. 1.0 rem (0.01 Sv)
- D. 2 rem (0.02 Sv)

The lens of the eye is highly radiosensitive, so a dedicated annually allowed dose is set to reduce the risk of cataracts. The traditional occupational limit for the lens is about 0.15 sieverts per year, which equals 150 millisieverts (0.15 Sv = 150 mSv = about 15 rem). This level reflects the need to protect the eye's lens from radiation exposure over time. The other options represent much smaller annual doses and do not match this lens-specific limit. So the correct value is the one that expresses 0.15 Sv per year (0.15 Sv = 150 mSv).

10. When should patients with possible neck or back injuries be moved?

- A. After an across-the-table lateral spine is done and cleared by a physician
- B. Immediately without clearance
- C. After the patient signs consent
- D. After completing a shoulder radiograph

Protecting the spine is the priority when there is possible neck or back injury. Movement should wait until the spine has been evaluated with an across-the-table lateral spine view and cleared by a physician, meaning there's no evidence of an acute injury that would be made worse by movement. This clearance allows safe repositioning and transport. Moving before clearance can risk worsening a spinal injury. Consent or unrelated imaging, like a shoulder radiograph, does not determine when it's safe to move.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://jcjcradprogstudenthb.examzify.com>

We wish you the very best on your exam journey. You've got this!

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