Joint Review Committee on Education in Radiologic Technology
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www.jrcert.org

November 2, 2026

Julia Corona, B.S.
Executive Director
Southeastern College - Columbia Campus
581 Columbia Mall Boulevard
Columbia, SC 29223

RE: Program #0689
Previous Accreditation Status: Initial 3 Years
Most Recent Site Visit: 02/2026

Dear Mrs. Corona:

The Joint Review Committee on Education in Radiologic Technology (JRCERT) appreciated the opportunity to evaluate the associate degree radiography program sponsored by Southeastern College - Columbia Campus. The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) 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 continuing accreditation status of the program was considered at the October 16, 2026 meeting of the Joint Review Committee on Education in Radiologic Technology. The program was evaluated according to the **Standards for an Accredited Educational Program in Radiography (2021)**. The JRCERT awards:

PROBATION.

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

The maximum duration that may be awarded by the Joint Review Committee on Education in Radiologic Technology in this category is eight years.

The JRCERT, after reviewing the findings of the site visit team and the program's response to the report of findings, has determined that the program is in non-compliance with **Standards Three, Four, Five,** and **Six:**

Objective 3.1 - Lack of assurance that the sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements. (Provide assurance that current faculty are able to meet identified accreditation requirements and program needs.)

Objective 4.2 - Lack of assurance that the program provides a well-structured curriculum that prepares students to practice in the professional discipline. (Provide assurance that the program's energized laboratory is appropriately integrated into the curriculum.)

Objective 4.4 - Lack of assurance that the program provides timely, equitable, and educationally valid clinical experiences for all students. (Provide assurance that the program's clinical settings demonstrate continued support in providing students with educationally valid clinical experiences.)

Objective 5.1 - Lack of assurance that the program assures the radiation safety of students through the implementation of published policies and procedures. (Provide documentation that the program's policies regarding radiation exposure data acknowledgement have been implemented.)

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 2023 - 2026 credentialing examination pass rate.)

The program's current (2023-2025) credentialing examination pass rate at first attempt within six months of graduation is 60% (25/42).

Objective 6.3 - Lack of assurance that the program has a systematic assessment plan that facilitates ongoing program improvement. (Provide an assessment plan which contains all the required elements, including two assessment tools per student learning outcome.)

Therefore, a progress report documenting compliance with **Objectives 3.1, 4.2, 4.4, 5.1, 6.1,** and **6.3** is required by **December 11, 2026**.

Objective 6.2 - Lack of assurance that the program analyzes and shares its program effectiveness data to facilitate ongoing program improvement. (Provide documentation that program effectiveness data is analyzed and shared with the program's communities of interest.)

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

Objective 6.5 - Lack of assurance that the program periodically reevaluates its assessment process to assure continuous program improvement. (Provide documentation of the periodic reevaluation of the program's assessment process.)

Additionally, a progress report documenting compliance with **Objectives 6.2, 6.4,** and **6.5** is required by **June 25, 2027**.

The progress reports must be submitted via the JRCERT Accreditation Management System (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, the maximum compliance timeframe is 24-months. Therefore, the program must document compliance with all accreditation standards no later than **October 16, 2028** 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 **June 25, 2027**.

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 the denial, withholding, involuntary withdrawal, suspension, revocation, termination of accreditation, or any comparable accrediting action, including withholding initial 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. 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 11.500, the JRCERT has determined that program officials would benefit from a JRCERT-sponsored Outcomes Assessment Workshop. Documentation of the program director's attendance at an Outcomes Assessment Workshop must be submitted no later than **April 16, 2027**. A complete listing of dates and locations for all JRCERT-sponsored seminars and workshops is available at www.jrcert.org/events.

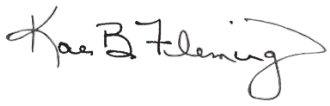
Consistent with JRCERT Policy 10.700 (enclosed), the program must notify currently enrolled and accepted students (this may be done via email), as well as the public via a website posting, of this status within seven days of receipt of this letter. The program is required to submit a representative sample of such notification and list of recipients to the JRCERT no later than **November 9, 2026**.

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

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

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,



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

KBF/TJE/jm
Enc.

copy: Keilani M. Devonish, M.B.A., R.T.(R), Program Director
Melissa Jackson, M.B.A., Campus President
Lisa F. Schmidt, Ph.D., R.T.(R)(M), CRT(R), Site Visit Team Chair
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Accrediting Commission of Career Schools and Colleges
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