



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

November 3, 2025

Kristin McManmon, M.H.A., FACHE
President
Ascension All Saints Hospital
3801 Spring Street
Racine, WI 53405

RE: Program 3444

Previous Accreditation Status: 5 Years
Most Recent Site Visit: 04/2024

Dear President McManmon:

After review of the requested additional progress report, the continuing accreditation status of the certificate radiography program sponsored by Ascension All Saints Hospital was considered at the October 24, 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.

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

The board based this decision on the program's non-compliance with **Standard Six** and requests an additional progress report documenting compliance with the following objective:

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

The program is advised that the data analysis process must, at a minimum, include student learning outcome data that is compared to the expected achievement; and documentation of discussion(s) of data analysis including trending/comparing of results over time to maintain and improve student learning. If the program meets its benchmark for a specific student learning outcome, the program should identify how student learning was maintained or improved and describe how students achieved program-level student learning outcomes. If the program does not meet its benchmark for a specific student learning outcome, the program must implement an action plan that identifies the issue/problem, allows for data trending, and identifies areas for improvement. The action plan must be reassessed annually until the performance concern(s) is/are appropriately addressed.

The additional progress report is required by **July 31, 2026**. The progress report 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 objective is 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 **October 18, 2026** 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 **December 3, 2025**.

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 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 10, 2025**.

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

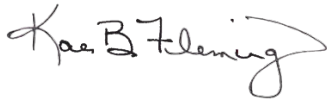
Consistent with JRCERT Policy 11.500 the JRCERT has determined that program officials would benefit from a JRCERT-sponsored Outcomes Assessment Workshop. Documentation of the program director's attendance at an Outcomes Assessment Workshop must be submitted no later than **April 24, 2026**. A complete listing of dates and locations for all JRCERT-sponsored seminars and workshops is available at www.jrcert.org/events.

The program is also 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/JAM/jm
Enc.

copy: Ronald L. Marker, Jr., M.S., R.T.(R), Program Director
Alison McClary, M.B.A., Radiology Manager
Wisconsin Educational Approval Program
USDE
ARRT