EXHIBIT B

Participant Agreement

Dear Student,

Thank you for your interest in the Radiography Program at Washington Hospital Center Corporation D/B/A MedStar Washington Hospital Center Medical Imaging School of Radiology (MedStar).

Please read below for important guidelines that apply to students who participate in the Radiography program:

- You must remain in good academic standing at each institution to continue in the Radiography program. At MedStar, you must earn a 77% or higher on all courses. Contact the Health Sciences Pre-Admission and ATB Coordinator for more information regarding what it means to remain in "good academic standing".
- While enrolled at **MedStar**, you will be expected to adhere to the **MedStar** Student Handbook and all current policies.
- You must work with both the Health Sciences Pre-Admission and ATB coordinator and Radiography Program faculty to ensure proper course progression is followed.
- During the Radiography component of the Program, you will be supervised by the Radiography Program faculty at MedStar.
- Upon successful completion of each institution's own program, you will be awarded the degree and certificate, as applicable.
- Courses taken during the Radiography component of the Program at MedStar will not be eligible for Financial Aid.

FERPA

FERPA stands for the Family Educational Rights and Privacy Act of 1974, as amended. The act, and regulations implemented by the department of education, regulates the dissemination of student educational records at all colleges and universities that receive federal funds.

Please complete the information and sign the agreement.

College of Southern Maryland and Washington Hospital Center Corporation D/B/A MedStar Washington
Hospital Medical Imaging School of Radiology (MedStar) FERPA Release and Guideline
Acknowledgement

•	l, (print name)	, acknowledge receipt of
	the Guidelines for Radiography Students on (date)	

I will be attending MWHC Medical Imaging School of Radiology (MWHC MISR) starting courses

(which semester - fall, spring, or summer/and year - example Fall 2022).

- I understand that courses taken MWHC Medical Imaging School of Radiology (MWHC MISR) are not eligible for Financial Aid.
- I understand that my Education Records at the College of Southern Maryland are protected. I understand that, subject to certain exceptions provided by law, my records cannot be released to a third party, including my parent(s), without my written permission. I agree to allow Washington Hospital Center Corporation D/B/A MWHC Medical Imaging School of Radiology (MWHC MISR) and the College of Southern Maryland to exchange the following information:
 - o Last Name, First Name.
 - o Course Credits.
 - Course Semester Dates.
 - Attendance Records.
 - o Course Enrollment or Withdrawal Status.
 - Final Grade Report.
 - Student Demographics.

(Student Signature)	(Date)
(Pre-Professional Health Sciences Coordinator Si	gnature)
(Date)	