PART Z

MEDICAL CREDENTIALING

Sec. Z.1 - Purpose and Scope.

This Part provides for the credentialing of individuals in medical radiation technology. Unless specifically exempt in accordance with Z.3, an individual may not legally perform medical radiation technology without valid accreditation, or without the expressed written approval of the Agency during such time as an application may be pending.

The provisions of this Part are in addition to, and not in substitution for, other applicable provisions of these regulations.

Sec. Z.2 - Definitions.

"Accreditation" means the process by which the Agency grants permission to persons meeting the requirements of the Act and the Agency's rules and regulations to engage in the practice of administering radiation to human beings.

"ACRRT" means the American Chiropractic Registry of Radiologic Technologists, 52 W Colfax Street, Palatine, IL 60067, Phone (847) 705-1178, web site: www.acrrt.com.

"Act" means (cite State Radiation Control Act or other appropriate enabling legislation here).

"Advanced practice nurse" means a person who practices in accordance with the provisions set forth in the Nurse Practice Act of 2007 (cite appropriate reference).

"Agency" means (cite appropriate state Agency).

"Applies ionizing radiation" means the acts of using ionizing radiation for diagnostic or therapeutic purposes. Specifically included are those tasks that have a direct impact on the radiation burden of the patient, which if performed improperly would result in the re-administration of radiation.

"Approved program" means a formal education program in the respective discipline of radiography, nuclear medicine technology or radiation therapy that is accredited by one or more of the following:

(1) Joint Review Committee on Education in Radiologic Technology;

(2) Joint Review Committee on Educational Programs in Nuclear Medicine Technology;

(3) Regional Institutional Accrediting Agencies;

(4) Conjoint Secretariat of the Canadian Medical Association;

(5) Australian Institute of Radiography.

“ARRT” means the American Registry of Radiologic Technologists, 1255 Northland Drive, St. Paul, MN 55120, Phone (651) 687-0048, web site: www.arrt.org.

“Authorized user” means a licensed practitioner who is identified as an authorized user on a license or equivalent permit issued by the Agency, Nuclear Regulatory Commission or Agreement State that is authorized to permit the medical use of radioactive material.

“Board” means (cite appropriate state advisory board or committee).

“Bone densitometry” means the science and art of applying x-radiation to human beings for determination of site specific bone density.

“CBRPA” means the Certification Board for Radiology Practitioner Assistants, 225 DuPont St, PO Box 1626, Lander, WY 82520, Phone (307) 335-5201, web site: www.cbrpa.org.

"Chiropractic radiography" means the science and art of applying x-radiation to human beings for diagnostic evaluation of skeletal anatomy.

“Chiropractic radiographer” means a person other than a licensed practitioner who performs medical radiation procedures and applies x-radiation to the human body for diagnostic evaluation of skeletal anatomy, while under the general supervision of a licensed chiropractor.

“Computed tomography” means the production of a tomogram by the acquisition and computer processing of x-ray transmission data.

“Continuing education activity” means a learning activity that is planned, organized and administered to enhance the professional knowledge and skills underlying professional performance that a technologist uses to provide services for patients, the public or the medical profession. In order to qualify as continuing education, the activity must be planned, be organized and provide sufficient depth and scope of a subject area.

“Continuing education credit” or “CE credit” means a unit of measurement for continuing education activities. One continuing education credit is awarded for one contact hour (50 minutes). Activities longer than one hour are assigned whole or partial credits based on the 50-minute hour. Activities less than 30 minutes receive no credit.

“Credentialing” means any process whereby a State government or non-governmental agency or association grants recognition to an individual who meets certain predetermined qualifications.

“CT” (See “Computed tomography”).

“Director” means (cite the title of the Agency’s responsible individual).

"Ionizing radiation" means gamma rays, x-rays, alpha and beta particles, high speed electrons, neutrons, protons and other nuclear particles; but not sound of radio waves, or visible, infrared or ultraviolet light (see definition in Act).

"In vitro" means isolated from the living organism.

"In vivo" means occurring within the living organism.

"Licensed practitioner" means a person licensed or otherwise authorized by law to practice medicine, dentistry, osteopathy, chiropractic or podiatry.

"Limited diagnostic radiographer" means a person, other than a licensed practitioner, who, while under the general supervision of a licensed practitioner, applies x-radiation for diagnostic purposes. Radiographic procedures are limited to one or more of the following anatomical regions: chest, extremities, skull/sinus, spine or foot/ankle. Specific radiographic examinations appropriate to each type of limited radiography accreditation may be found in Appendix A of this Part. However, a limited diagnostic radiographer may not perform any radiographic exams for a portable x-ray service provider.

"Medical radiation technology" means the science and art of performing medical radiation procedures involving the application of ionizing radiation to human beings for diagnostic and therapeutic purposes. The specialized disciplines of medical radiation technology are medical radiography, nuclear medicine technology, radiation therapy technology, chiropractic radiography, limited diagnostic radiography and radiologist assistant.

"Medical radiographer" means a person, other than a licensed practitioner, who, while under the general supervision of a licensed practitioner, applies x-radiation to any part of the human body and who, in conjunction with radiation studies, may administer contrast agents and related drugs for diagnostic purposes.

"Medical radiography" means the science and art of applying x-radiation to human beings for diagnostic purposes.

"NMTCB" means the Nuclear Medicine Technology Certification Board, 3558 Habersham at Northlake, Bldg. I, Tucker, GA 30084-4009, Phone (404) 315-1739, web site: www.nmtcb.org.

"Nuclear medicine advanced associate" means a person, other than a licensed practitioner, who as a nuclear medicine technologist with advanced training and certification, performs a variety of activities under the direct, general or personal supervision of a licensed practitioner, who is also an authorized user of radioactive material, in the areas of patient care, patient management, clinical imaging and invasive or therapeutic procedures. The nuclear medicine advanced associate may not interpret images, make diagnoses or prescribe medications or therapies.

"Nuclear medicine technologist" means a person, other than a licensed practitioner, who administers radiopharmaceuticals and related drugs to human beings for diagnostic purposes, performs in vivo and in vitro detection and measurement of radioactivity and administers radiopharmaceuticals to

human beings for therapeutic purposes. A nuclear medicine technologist may perform such procedures only while under the general supervision of a licensed practitioner who is licensed to possess and use the radiopharmaceuticals involved.

"Nuclear medicine technology" means the science and art of in vivo and in vitro detection and measurement of radioactivity and the administration of radiopharmaceuticals to human beings for diagnostic and therapeutic purposes.

"PET" (See "Positron emission tomography").

"Physician assistant" means a person who practices in accordance with the provisions set forth in the Physician Assistant Practice Act of 1987 (cite appropriate reference).

"Podiatric" means radiographic examination of the toes, foot, ankle, calcaneus, distal tibia/fibula, but does not include the knee joint.

"Portable x-ray service provider" means a registrant who, under a physician's authorization, provides diagnostic x-ray procedures with hand-held or mobile radiographic equipment in a patient's place of residence.

"Positron emission tomography" means a nuclear medicine imaging technique which produces a three-dimensional image of functional processes in the body by detecting pairs of gamma rays emitted indirectly by a positron-emitting radionuclide**.**

"Radiation therapist" means a person, other than a licensed practitioner, who performs procedures and applies ionizing radiation emitted from x-ray machines, particle accelerators, or sealed radioactive sources to human beings for therapeutic purposes while under the general supervision of a licensed practitioner who is licensed, as required, to possess and use radioactive materials.

"Radiation therapy technology" means the science and art of applying ionizing radiation emitted from x-ray machines, particle accelerators and sealed radioactive sources to human beings for therapeutic purposes.

"Radiologist assistant" means a person, other than a licensed practitioner, who as a medical radiographer with advanced-level training and certification, performs a variety of activities under the direct, general or personal supervision of a radiologist, certified by the American Board of Radiology or the American Osteopathic Board of Radiology, in the areas of patient care, patient management, clinical imaging and interventional procedures. The radiologist assistant may not interpret images, make diagnoses or prescribe medications or therapies.

"Radiology" means the branch of medicine that deals with the study and application of imaging technology to diagnosis and treat disease.

"Recognized Continuing Education Evaluation Mechanism" or "RCEEM" means a mechanism for evaluating the content, quality and integrity of an educational activity. The evaluation shall include a review of education objectives, content selection, faculty qualifications, and educational methods and materials. Among the requirements for qualification as a RCEEM, an organization shall be

national in scope, non-profit, radiology based and willing to evaluate CE activity developed by any technologist within a given discipline. Organizations with current RCEEM status include:

(1) American College of Radiology

(2) American Healthcare Radiology Administrators

(3) American Institute of Ultrasound in Medicine

(4) American Roentgen Ray Society

(5) American Society of Nuclear Cardiology

(6) American Society of Radiologic Technologists

(7) Association of Vascular and Interventional Radiographers

(8) Canadian Association of Medical Radiation Technologists

(9) Medical Dosimetrist Certification Board

(10) Radiological Society of North America

(11) Society of Diagnostic Medical Sonography

(12) Section for Magnetic Resonance Technologist of the International Society for Magnetic Resonance in Medicine

(13) Society of Nuclear Medicine and Molecular Imaging Technologist Section

(14) Society of Vascular Ultrasound.

“Single photon emission computed tomography” means a nuclear medicine tomographic imaging technique using gamma rays.

“SPECT” (See “Single photon emission computed tomography”).

“Supervision” means responsibility for and control of, quality, radiation safety and protection, and technical aspects of the application of ionizing radiation to human beings for diagnostic and/or therapeutic purposes. For the purposes of this Part, supervision shall consist of one of the following:

(1) Personal - the required individual must be in attendance in the room during the performance of the procedure.

(2) Direct - the required individual must be present in at least an adjacent area and immediately available to furnish assistance and direction throughout the procedure.

(3) General - the procedure is furnished under the overall direction and control of a licensed practitioner whose presence is not required during the performance of the procedure.

Sec. Z.3 - Exemptions.

a. Nothing in this Part shall be construed to limit or affect in any respect, the practice of persons properly licensed under other statutes or regulations with respect to their professions.

b. The Agency shall, upon application therefore or upon its own initiative, grant such exemptions or exceptions from the requirements of this Part as it determines are authorized by law and will not result in a hazard to public health and safety.

c. Exemptions to this Part shall include:

i. A student enrolled in an approved program applicable to his/her profession who, as a part of his/her course of study, applies ionizing radiation to human beings while under the direct supervision of a licensed practitioner or medical radiation technologist who holds an active license or accreditation with the Agency.

ii. A licensed practitioner who is licensed or otherwise authorized by law to practice medicine, osteopathy, dentistry, chiropractic or podiatry.

iii. A licensed physician assistant or advanced practice nurse who, under the direct or personal supervision of a responsible physician, performs delegated interventional fluoroscopic procedures.

iv. An accredited nuclear medicine technologist or radiation therapist who, certified in CT by the ARRT, performs CT radiographic exams.

v. An accredited nuclear medicine technologist who performs CT radiographic exams as part of a PET/CT or SPECT/CT combination exam.

vi. A person employed as a dental assistant or dental hygienist who performs radiography under the general supervision of a licensed dentist.

vii. A nurse, technician or other assistant who, under the general supervision of a licensed podiatrist, performs radiographic exams of the foot or ankle.

viii. A nurse, technician or other assistant who, under the general supervision of a licensed practitioner, performs bone densitometry.

Sec. Z.4 - Categories and Types of Accreditation.

a. The Agency shall accredit individuals in the practice of Medical Radiation Technology in one or more of the following specific categories:

i. Medical Radiography;

ii. Nuclear Medicine Technology;

iii. Radiation Therapy Technology;

iv. Radiologist Assistant;

v. Nuclear Medicine Advanced Associate;

vi. Chiropractic Radiography; and

vii. Limited Diagnostic Radiography.

b. The Agency shall issue and recognize the following types of accreditation:

i. Active Status Accreditation - for persons who have passed an examination as indicated in Z.5.

ii. Temporary Accreditation - for persons who have completed an approved program in medical radiography, nuclear medicine technology or radiation therapy technology and are eligible for the examination specified in Z.5. Temporary Accreditation shall convey the same rights as Active Status Accreditation.

iii. Conditional (grandfathered) Accreditation Type I - for persons who were employed in medical radiation technology for 24 months prior to (effective date of the rule), and who otherwise did not meet the qualifications of accreditation. Issuance shall be contingent upon submission of a written Statement of Assurance that the person is competent to apply ionizing radiation to human beings. A Statement of Assurance submitted to the Agency in accordance with this Section shall specify the nature of the equipment and procedures the individual is competent to utilize. The Statement of Assurance shall be provided by a licensed practitioner under whose general supervision the individual is employed or has been employed. Conditional Accreditation Type I issued pursuant to this Section shall be specific to the procedures and equipment indicated in the Statement of Assurance. The Agency shall not issue Conditional Accreditation Type I as provided for in this Section after (cite a specific date in which grandfathering will be closed, usually 2 or 3 years after the effective date of the rule). However, Conditional Accreditation Type I issued on or before (cite date grandfathering closed) is renewable in accordance with Z.8**.**

iv. Conditional (community hardship) Accreditation Type II - for persons for whom it has been determined that a community hardship exists. When making such a determination the Agency will consult placement services or County or Local Health Departments, and evaluate the availability of alternative radiology services and trained personnel. In addition, the Agency will require the employer or perspective employer to demonstrate that recruitment of qualified personnel, at competitive

compensation, has been attempted and unsuccessful. Conditional Accreditation Type II will only be issued, if based on information submitted and obtained the Agency determines that qualified personnel cannot be recruited, and that the people in the locality would be denied adequate health care because of the unavailability of appropriately accredited individuals.

v. Limited Diagnostic Radiography Accreditation - for persons who have passed examinations as indicated in Z.5g.

Sec. Z.5 - Examination Requirements. Persons who seek active or limited accreditation in medical radiation technology shall pass the appropriate examination as specified below:

a. Medical Radiography. The American Registry of Radiologic Technologists (R) (ARRT).

b. Nuclear Medicine Technology.

i. The American Registry of Radiologic Technologists (N) (ARRT).

ii. The Nuclear Medicine Technology Certification Board (NMTCB).

iii. The American Society of Clinical Pathologists (NM) (ASCP).

c. Radiation Therapy Technology. The American Registry of Radiologic Technologists (T) (ARRT).

d. Radiologist Assistant.

i. The American Registry of Radiologic Technologists (RRA) (ARRT).

ii. Certification Board for Radiology Practitioner Assistants (RPA) (CBRPA).

e. Nuclear Medicine Advance Associate. The Nuclear Medicine Technology Certification Board (NMAA) (NMTCB).

f. Chiropractic Radiography**.** The American Chiropractic Registry of Radiologic Technologists (ACRRT).

g. Limited Diagnostic Radiography. The American Registry of Radiologic Technologists (ARRT) Examination for the Limited Scope of Practice in Radiography.

i. The exam will cover general radiography topics and, depending on the type of limited radiography sought, specific questions related to radiography of the chest, extremities, skull/sinus, spine, or podiatric applications.

ii. All exams will be scheduled through the Agency.

iii. The passing score shall be 65 percent for any combination of sections of the exam.

Sec. Z.6 - Application for Accreditation.

a. Any person applying to the Agency for initial accreditation or renewal of accreditation in medical radiation technology shall:

i. Submit a complete and legible application form;

ii. Pay the appropriate application fee in accordance with Z.12a; and

iii. Provide evidence that he/she has met the requirements for the given category and status of accreditation that is sought.

b. Persons applying for Active Status Accreditation shall submit evidence of registration, Board certification, or other examination as appropriate pursuant to Z.5.

c. Persons applying for accreditation in Limited Diagnostic Radiography (i.e., limited chest, extremities, skull/sinus, spine or podiatry) shall submit evidence that they have passed the required examinations specified in Z.5g.

d. Persons applying for Temporary Accreditation shall submit evidence of graduation from an approved program.

e. Persons applying for accreditation as a radiologist assistant shall submit a letter of agreement/delegation from a radiologist certified by the American Board of Radiology or the American Osteopathic Board of Radiology. An example letter may be found in Appendix B of this Part.

f. Persons applying for accreditation as a nuclear medicine advanced associate shall submit a letter of agreement/delegation from a licensed practitioner who is also an authorized user. An example letter may be found in Appendix C of this Part.

g. The duration of issuance of Active Status, Temporary (which is non renewable), Conditional Type I, Conditional Type II or Limited Diagnostic Radiography Accreditation shall be 2 years, and shall entitle the individual to privileges consistent with the category and status of accreditation indicated unless the accreditation is suspended or revoked in accordance with Z.11.

h. [The Agency shall refuse to issue or renew accreditation to any individual if the Agency has evidence that the applicant is delinquent in the repayment of an educational loan guaranteed by the (cite State Student Assistance Commission, and legal citation of Act)].

i. [The Agency shall refuse to issue or renew accreditation to any individual if the Agency has evidence that the applicant is delinquent in the payment of child support orders pursuant to the provisions and procedures set forth in (cite Act)].

Sec. Z.7 - Notification of Address / Name Changes.

a. All persons who have received accreditation from the Agency shall promptly notify the Agency of any change in their designated mailing address and of any change in name due to marriage or any other reason. Notification to the Agency shall be made in writing, by telephone or fax, or through the Agency's Internet Web Site (if applicable).

b. Failure to forward such information to the Agency shall not be considered to be a valid cause for delaying any subsequent administrative proceedings involving the individual or excuse the individual from complying with any other rules or regulations administered by the Agency.

Sec. Z.8 - Requirements for Renewal of Accreditation**.**

a. An individual shall make application for renewal of accreditation on or before the expiration date of accreditation. Accreditation shall lapse if not renewed within this time period.

b. The expiration date of a renewed accreditation that has been renewed on or before the expiration date of the previous accreditation shall be 2 years from the expiration date of the previous accreditation. For renewal of accreditation that has lapsed, the expiration shall be 2 years from the last day of the month in which the application for renewal is processed.

c. Each applicant shall submit a complete and legible application with the fee for renewal of accreditation in accordance with Z.12. The submission of a timely and sufficient application for renewal shall hold the prior accreditation valid until such time as the Agency acts to grant or deny renewal of accreditation. The Agency will grant or deny renewal of accreditation within 90 days after receipt of an application for renewal or the expiration date of the current accreditation, whichever is later.

d. Renewal of Conditional Accreditation Type I (grandfathering) shall be specific to the equipment and procedures indicated in the most recent Statement of Assurance that has been presented to the Agency.

e. Renewal of Conditional Accreditation Type II (community hardship) shall be based on a re-evaluation by the Agency of a condition of community hardship.

f. All applicants for renewal shall meet the requirements for continuing education as specified in Z.9.

Sec. Z.9 - Continuing Education Requirements for Renewal.

a. The required effort in continuing education credits for each category of medical radiation technology is as follows:

i.	Medical Radiography	-	24 CE credits
ii.	Nuclear Medicine Technology	-	24 CE credits

iii. Radiation Therapy Technology - 24 CE credits

iv. Radiologist Assistant - 50 CE credits

v. Nuclear Medicine Advanced Associate - 48 CE credits

vi. Chiropractic Radiology - 24 CE credits

vii. Limited Diagnostic Radiography - 12 CE credits

b. The options for meeting CE requirements are:

i. Activities approved by a RCEEM.

ii. Approved academic courses offered by a post-secondary educational institution that are relevant to the radiologic sciences and/or patient care. Courses in the biologic sciences, physical sciences, communication (verbal and written), and mathematics, computers, management or education methodology are considered relevant. Credit will be awarded at the rate of 12 CE credits for each academic quarter or 16 CE credits for each academic semester credit.

iii. Advanced CPR certification (Advanced Life Support, Instructor or Instructor Trainer) through the Red Cross, the Heart Association or the American Safety and Health Institute will be awarded 6 CE credits.

iv. Technologists may also meet CE requirements (24 credits) by passing an additional primary or post-primary (advance level) exam, approved or acceptable to the ARRT or NMTCB. A listing of approved or acceptable exams is available from the ARRT, NMTCB or the Agency.

c. All technologists accredited by the Agency are required to maintain proof of participation in CE activities. This proof may be in the form of a certificate or an itemized list from an ARRT approved record keeping mechanism. All documentation shall include:

i. Name of participant,

ii. Dates of attendance,

iii. Title and content of the activity,

iv. Number of contact hours for the activity,

v. Name of the sponsor,

vi. Signature of the instructor or an authorized representative of the sponsor issuing the

documentation, and

vii. A reference number and the identification of the RCEEM that approved it.

d. Technologists seeking renewal will be required to attest that they have acquired the required number of CE credits. Within 30 days after receipt of this attestation, the Agency may perform an audit in which the individual will be asked to provide copies of documentation of CE. Failure to respond to the Agency's audit request and/or failure to provide acceptable documentation may result in a refusal to renew accreditation as provided in Z.11.

e. Technologists who are registered with ARRT, NMTCB, or CBRPA and who are in compliance with CE requirements or on CE probation at the time of renewal with the Agency will be considered in compliance with the CE requirements of this Part.

Sec. Z.10 - Nonrenewal of Accreditation.

a. The Agency shall not renew an individual's accreditation if he/she fails to present satisfactory evidence that he/she possesses the necessary qualifications for accreditation, and that he/she has participated in an approved continuing education program in accordance with Z.9.

b. If the Agency does not find satisfactory evidence that the individual meets these requirements, the Agency shall, within 90 days after receipt of the application for renewal of accreditation or the expiration date of the current accreditation, whichever is later, send the individual a Notice of Intent Not to Renew Accreditation. This notice shall include the areas of deficiency and the individual's rights as set forth in this Section.

c. The individual, at any time while an application is pending, may submit additional information to the Agency in order to establish that the identified areas of deficiency have been met or corrected. If the applicant does not provide additional information to the Agency within the time frame specified in the Notice of Intent Not to Renew Accreditation, the Agency shall issue a Notice of Accreditation Denied.

d. An individual's current credential shall be invalid as of the date of his/her receipt of a Notice of Accreditation Denied. After the Agency has sent the Notice of Accreditation Denied, the individual may request a hearing within 30 days in accordance with [cite the appropriate provision of the Agency's Administrative Procedure Rule]. The individual shall have the burden of proof.

e. If an individual's accreditation is not renewed, he/she shall have the right at any time to submit an application for renewal of accreditation. The application shall be reviewed and processed in accordance with the requirements of this Section, except that an individual may not legally apply ionizing radiation to human beings until and unless the Agency has acted to grant the application for renewal of accreditation.

Sec. Z.11 - Suspension, Revocation and Denial of Accreditation.

a. The Agency may act to suspend or revoke an individual's accreditation, or refuse to issue or renew accreditation, for any one or a combination of the following causes:

i. Knowingly causing a material misstatement or misrepresentation to be made in the application for initial accreditation or renewal of accreditation if such misstatement or misrepresentation would impair the Agency's ability to assess and evaluate the applicant's qualifications for accreditation under this Part;

ii. Knowingly making a false material statement to an Agency employee during the course of official Agency business;

iii. Willfully evading the statute or regulations pertaining to accreditation, or willfully aiding another person in evading such statute or regulations pertaining to accreditation;

iv. Performing procedures under or representing as valid to any person either a certificate of accreditation not issued by the Agency, or a certificate of accreditation containing on its face unauthorized alterations or changes that are inconsistent with Agency records regarding the issuance of such certificate;

v. Having been convicted of a crime that is a felony under the laws of this State or conviction of a felony in a federal court, unless such individual demonstrates to the Agency that he/she has been sufficiently rehabilitated to warrant the public trust;

vi. Exhibiting significant or repeated incompetence in the performance of professional duties;

vii. Having a physical or mental illness or disability that results in the individual's inability to perform professional duties with reasonable judgment, skill and safety;

viii. Having an actual or potential inability to practice medical radiation technology with reasonable skill and safety on patients or other individuals due to the use of alcohol, narcotics or stimulants;

ix. Applying ionizing radiation to a human being when not operating in each particular case under the direction of a duly licensed practitioner or to any person or part of the human body other than specified in the law under which the practitioner is licensed;

x. Interpreting a diagnostic image for a physician, patient, the patient's family or the public;

xi. Performing in a way that deviates from accepted professional conduct;

xii. Having had a similar credential by another state or the District of Columbia suspended or revoked if the grounds for that suspension or revocation are the same or equivalent to one or more grounds for suspension or revocation set forth in this Section;

xiii. Failing to repay an educational loan guaranteed by [if applicable, cite appropriate Student Loan Commission and statute];

xiv. Failing to meet child support orders as provided in [if applicable, cite appropriate statute]. The action will be based solely upon the certification of delinquency made by [note appropriate State Agency], or the certification of violation made by the court. Further process, hearing, or re-determination of the delinquency or violation by the Agency shall not be required [if applicable, cite appropriate statute];

xv. Failing to respond to an audit request by the Agency for documentation of continuing education; and

xvi. Failing to pay a fee or civil penalty properly assessed by the Agency.

b. If, based upon any of the grounds in subsection (a) of this Section, the Agency determines that action to suspend or revoke accreditation, or refusal to issue or renew accreditation, is warranted, the Agency shall notify the individual and shall provide an opportunity for a hearing in accordance with [cite appropriate Administrative Proceedings rule]. An opportunity for a hearing shall be provided before the Agency takes action to suspend or revoke an individual's accreditation unless the Agency finds that an immediate suspension is required to protect against immediate danger to the public health or safety [cite immediate danger provision of Act or Statute], in which case the Agency shall suspend an individual's accreditation pending a hearing.

c. If the Agency finds that revocation or refusal to issue or renew accreditation is warranted, the usual action shall be suspension or denial of accreditation for up to one year. The term of suspension or denial may be reduced by the (Agency Director), based upon evidence presented, if the conditions leading to the Suspension Order can be cured in less than one year. However, if the Agency finds that the causes are of a serious or continuous nature, such as past actions that posed an immediate threat to public health or safety, deficiencies that cannot be cured within one year or frequent child support arrearages (if applicable), the Agency shall revoke the individual's accreditation or deny the application.

d. When an individual's accreditation is suspended or revoked, the individual shall surrender his/her credential to the Agency until the termination of the suspension period or until re-issuance of the accreditation.

e. An individual whose accreditation has been revoked may seek reinstatement of accreditation by filing a petition for reinstatement with the Agency one year or more after the beginning of the revocation period. The individual shall be afforded a hearing in accordance with [cite appropriate Administrative Proceedings rule] and shall bear the burden of proof of establishing that the accreditation should be reinstated due to rehabilitation or other just cause.

Sec. Z.12 - Fees.

a. The fees for initial or renewal of accreditation in all categories, Active, Conditional, Temporary or Limited Status shall be "[cite schedule of fees]" per application and shall be non-refundable.

b. The examination fee for Limited Diagnostic Radiography Accreditation shall be "[cite schedule of fees]" for the categories of Chest, Extremities, Spine, Skull and Sinuses, Podiatric or any combination thereof.

c. The appropriate application fees must accompany the application when filing with the Agency. An application is filed on the date it is received and stamped by the Agency.

Sec. Z.13 - Civil Penalties.

a. The Agency shall assess civil penalties, in accordance with subsections (c) and (d) of this Section against any registrant or licensee who allows an individual to perform medical radiation procedures without valid accreditation, unless the individual performing the medical radiation procedures is specifically exempt from accreditation requirements as specified in Z.3.

b. Prior to assessing civil penalties, the Agency shall confirm the violation of the accreditation requirements by:

i. Observation of the violation;

ii. Obtaining records, documents, or other physical evidence;

iii. Obtaining statements from either the employer, or the employee which confirm the existence of the violation; or

iv. Obtaining statements from third parties, e.g., patients or co-workers that corroborate the allegation that a violation has occurred.

c. Civil penalties shall be assessed against any registrant or licensee who allows an individual to perform medical radiation procedures without valid accreditation as follows:

i. First violation by an individual who is fully qualified for accreditation but has failed to apply for initial or renewal of accreditation at the time the violation is discovered:

(1)	In violation 30 days or less	$200
(2)	In violation 31 through 90 days	$300
(3)	In violation greater than 90 days	$500

ii. First violation by a person who is not qualified for accreditation at the time the violation is discovered is $1000.

iii. Second and subsequent violations shall be assessed civil penalties using the factors set forth in [cite Agency's rule for the assessment of civil penalties, not specifically specified above].

d. Civil penalties shall be assessed against any individual involved in presenting falsified accreditation certificates or any other documents used to meet accreditation qualifications using the factors set forth in [cite Agency's rule for the assessment of civil penalties, not specifically specified above].

e. The Agency may commence administrative proceedings for the assessment and collection of civil penalties by sending a Notice of Violation. The Notice shall give the registrant, licensee or individual an opportunity to pay the penalty without further action from the Agency.

f. Failure to abate an accreditation violation or to pay the civil penalty as directed shall cause the Agency to issue an Order [cite appropriate Administrative Proceedings rule]. The Order may contain a provision prohibiting the use of any source of radiation at the facility of the registrant or licensee until such time as the violation has been abated and all assessed civil penalties have been paid.

PART Z

APPENDIX A

LIMITED DIAGNOSTIC PROCEDURES BY TYPE OF LIMITED ACCREDITATION

a. Limited Diagnostic - Chest

PA Upright	Lateral Upright	AP Lordotic
AP Supine	Lateral Decubitus	Obliques

b. Limited Diagnostic Radiography - Extremities

Fingers	Hand	Wrist
Forearm	Elbow	Humerus
Shoulder	Clavicle	Scapula
Toes	Foot	Ankle
Tibia / Fibula	Knee	Patella
Femur		

c. Limited Diagnostic Radiography - Spine

Cervical Spine	Thoracic Spine	Lumbar Spine
Sacroiliac Joints	Sacrum	Coccyx

d. Limited Diagnostic Radiography - Skull and Sinuses

Skull	Paranasal Sinuses	Mandible
Facial Bones		

e. Limited Diagnostic Radiography - Podiatric

Foot	Ankle

PART Z

APPENDIX B

EXAMPLE LETTER OF AGREEMENT FOR RADIOLOGIST ASSISTANT

(Date)

Name of State Program Manager, Title
Technology Accreditation Program
State Agency
Street Address
City, State Zip

Re: (Name of Applicant)

Dear:

This letter is to serve as acknowledgement that (insert full name of applicant) will be employed by (Name of Radiology Group or Facility) under my supervision. (Insert name of applicant) will, as a radiologist assistant, perform a variety of activities in the areas of patient care, patient management, clinical imaging and interventional procedures. It is also recognized that (he/she) may not interpret images, make diagnosis or prescribe medications or therapies.

I am a radiologist, licensed by the State of ( ) as a physician, and certified by the American Board of Radiology or the American Osteopathic Board of Radiology (select the appropriate Board).

Sincerely,

Physician's Name (Typed)

PART Z

APPENDIX C

EXAMPLE LETTER OF AGREEMENT FOR NUCLEAR MEDICINE

ADVANCED ASSOCIATE

(Date)

Name of State Program Manager, Title
Technology Accreditation Program
State Agency
Street Address
City, State Zip

Re: (Name of Applicant)

Dear:

This letter is to serve as acknowledgement that (insert full name of applicant) will be employed by (Name of Physician Group or Facility) under my supervision. (Insert name of applicant) will, as a nuclear medicine advance associate, perform a variety of activities in the areas of patient care, patient management, clinical imaging and invasive or therapeutic procedures. It is also recognized that (he/she) may not interpret images, make diagnosis or prescribe medications or therapies.

I am a physician, licensed by the State of ( ), whose name appears as an authorized user on a license (insert license#/name) issued by (Agency/NRC) that permits the medical use of radioactive material.

Sincerely,

Physician's Name (Typed)

2021
RATIONALE

PART Z

MEDICAL CREDENTIALING

Section Z.2 was revised to reflect the new name for the “Society of Nuclear Medicine Technologist” to the “Society of Nuclear Medicine and Molecular Imaging Technologist”. The revision was made to item (13) under the definition of "Recognized Continuing Education Evaluation Mechanism".

2012
RATIONALE

PART Z

MEDICAL CREDENTIALING

Background and History

Medical radiologic technologists are medical personnel who perform diagnostic imaging examinations with x-ray and radioactive pharmaceuticals, and administer radiation therapy treatments. Individuals performing imaging examinations are responsible for accurately positioning patients and ensuring that a quality diagnostic image is produced, with minimal radiation exposure. These individuals work closely with physicians who interpret medical images to either diagnose or rule out disease or injury. For the images to be interpreted correctly, the imaging exam must be performed properly. Radiologic technologists who perform radiation therapy procedures deliver high doses of radiation to treat cancer and other diseases.

The need for regulation of these individuals to ensure some acceptable level of education or competency is universally recognized. However, current laws regulating medical radiation technologists vary widely from state to state. Eight states (Alabama, Alaska, Georgia, Idaho, Missouri, North Carolina, Oklahoma, South Dakota) and the District of Columbia have no regulations, and five states (Colorado, Michigan, Nevada, New Hampshire, and Wisconsin) have partial regulations which only pertain to specific modalities such as mammography, therapy or CT. Efforts at the state level to provide for legislative authority to initiate medical credentialing or upgrade existing regulations vary.

In order to achieve some type of nationwide uniformity of basic educational and credentialing standards, the American Society of Radiologic Technologists (ASRT) introduced legislation in the 1999 Congressional session. The legislation, now known as the Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy (CARE) bill would apply to all 50 states, and is envisioned to ensure that patients undergoing all types of radiologic procedures have the same assurance of quality as those receiving mammograms under the provisions of the Mammography Quality Standards Act. However, despite the best efforts of the ASRT, and the Alliance for Quality Medical Imaging and Radiation Therapy, a group of 20 radiologic science organizations representing more than 750,000 imaging technologists, radiation therapists and medical physicists, the legislation has not yet been enacted.

Regulation of medical radiologic technologists has long been the responsibility of the states. This Part is intended to assist any state in initiating, expanding or standardizing their regulatory efforts in this area.

Specific Provisions

Sec.Z.2 - Definitions.

Accreditation - states will need to determine a specific name for their credentialing process, accreditation, credentialing, certification, licensure, etc., for which this definition can be interchangeable.

Act - appropriate enabling legislation will be required for enactment of this Part.

Applies ionizing radiation - Care needs to be given with to what extent this definition will be applied, or whether specific tasks, such as positioning the patient or film are included. A liberal interpretation could result in limiting the activities of the medical dosimetrist or physicist, or even service engineers or darkroom techs. This is unnecessary. Applies ionizing radiation means energizing the x-ray beam, and who ever does so takes full responsibility for the exposure.

Approved program - is defined as a formal education program accredited by one of the mechanisms listed in the definition. Since states can count on the integrity of this process, there is no further need to review or approve any of these programs.

Board - enabling legislation will create an advisory board or committee to assist the state program in promulgating or revising its regulations. Typically, members will consist of physicians and technologists who practice in the fields of diagnostic radiography, nuclear medicine and therapy, additional physicians who do not specialize in radiology, a chiropractic physician, medical physicist, and anyone else deemed appropriate.

Limited diagnostic radiographer - the statement at the end of this definition prohibits these individuals from performing any radiographic exam for a portable x-ray service provider (also defined). Such companies are Medicare certified and provide portable x-ray services, primarily to nursing homes. Part 486.104(a) of the Medicare Standard for Portable X-ray Machine Service Providers requires that the x-ray machine operator basically have an educational background that would allow them to be eligible for the ARRT radiography exam (additional standards for individuals whose training was completed prior to 1960 or 1966 are no longer considered relevant). However, this particular prohibition, as worded, will disallow the use of any accredited limited diagnostic radiographer (even those with the documented education) to be employed as such by a portable x-ray service provider. This was done with the additional realization that the high ethical standards of conduct required of all ARRT radiographers would severely restrict the opportunities for fraud and abuse that have been documented among some of these providers.

Sec.Z.3 - Exemptions.

Dentists - the vast majority of the x-ray units in these offices are rather simple, with low radiation output and small beam sizes. Although a few of the Cone Beam CT (CBCT) units are beginning to appear in these offices, they are small and compact, with exposure levels significantly lower than that of a regular CT unit (approximately twice the exposure of a panoramic procedure for a typical full field view). As such, even with the occasional CBCT unit, an exemption of this group is appropriate, included in the proposed CARE bill and well established among the various regulatory programs. As such, any attempt to do otherwise will be strongly opposed.

Podiatrist - these individuals may also lobby to have operators of their units exempt. Like dental x-ray units, they are of low output, and confined to radiographs of the foot and ankle. Any fluoroscopic applications in a podiatric office would be performed by the practitioner. If desired, exemption language is included in Z.3.

Physician assistants / advanced practice nurses - state laws grant physicians the authority to delegate a broad range of tasks to these individuals. However, state laws and regulations governing other professions or areas of health care may contradict this legal authority. This then results in these individuals being either exempted from operator or accreditation requirements (similar to licensed practitioners) to prohibitions against their use of any x-ray or fluoroscopic equipment. The purpose of Part Z is to protect the public from individuals who are not adequately trained to use ionizing radiation safely. However, one must also recognize and acknowledge a supervising physician's ability to plan for the proper utilization of these individuals in a manner that is consistent with their training and experience, the physician's delegatory decision process, the policies of applicable facilities and the needs of the patients seen in the practice. As such, it appears reasonable to consider and include a specific exemption, for interventional fluoroscopic procedures performed under the direct or personal supervision of a responsible physician, for these individuals. This particular position is also supported by ACR Technical Standard For Management of the Use of Radiation in Fluoroscopic Procedures (Revised 2008, Resolution 6), and in particular Section III (E) which states: "Other ancillary personnel who are qualified and duly licensed or certified under applicable state law may, under the supervision of a radiologist or other qualified physician, perform specific interventional fluoroscopic or other image guided procedures. Supervision by a radiologist or other qualified physician must be direct or personal, and must comply with local, state, and federal regulations." The support of the ACR in this matter will effectively mute any objections from other professional societies. However**,** if adequate radiation safety training becomes an issue of concern**,** (the ACR notes that the individual should have received formal training in radiation management) regulatory language should then be considered to allow physician assistants and advanced practice nurses authorization to perform interventional fluoroscopic procedures upon completion of a radiation safety course that can reasonably be completed by a working medical professional.

In June, 2011 the Committee received an email for the ARRT's Director of Government Affairs noting that the ARRT, ACR, ASRT and the American Association of Physician Assistants are in agreement that anyone operating a fluoroscope should be properly educated and that should include 40 hours of didactic and 40 hours of clinical training in addition to passing a valid fluoroscopy exam. However, in reviewing this matter the Committee still believes that any additional training/education or exam requirement is unnecessary for the following reasons: the exemption is limited to interventional fluoroscopic procedures while under the personal (in the room) or direct (immediately available) supervision of the responsible physician. As such, if the physician is present during the procedure, why would the individual's training or competency become in issue? If it is, and brought to the attention of the radiology manager, who is that individual going to contact to correct the matter, the hospital's medical physicist and radiology staff or the state regulatory agency?

Nuclear medicine and therapy technologist (CT) - Nuclear medicine and therapy technologists are now being allowed (with appropriate education, training and clinical experience) to sit for the ARRT CT certification exam. Successful applicants are now requesting a regulatory change (must be

radiographers) in order to perform these examinations. Since they have passed the CT exam one cannot argue that they are unqualified. As such, Part Z needed to be modified in order to accommodate them. This was done by proposing an exemption (from the radiography requirement) for these individuals, which will also eliminate the need for a separate accreditation category (and fee). Although the vast majority of radiographers, who may represent around 85% of all technologists, and the professional societies representing them will not be enamored with this proposal, it cannot be successfully challenged on a health or safety basis (they're qualified). However, this expected reaction of the radiographers can also be tempered by every ones realization that the decision to allow non-radiographers to sit for the CT certification exam was made by the ARRT, with the concurrence of the ASRT.

PET/CT and SPEC/CT - this section is also proposing an exemption (from the radiography requirement) for an accredited nuclear medicine technologist to operate the CT component of a PET/CT or SPEC/CT unit when used in the dual combination mode, without any additional education of certification requirements. This position does not appear to pose any health or safety concerns and will again eliminate the need for an additional accreditation category (fusion imaging specialist) and fee. If necessary, consideration can be given to requiring these individuals to also complete a typical manufacturer's training course for new CT operators. Such courses are usually 15 hours in length, and include equipment operation, contrast media, sectional anatomy and CT radiation protection. Any requirement that the CT portion of the exam must be performed by an accredited radiographer is impractical and unwarranted.

Bone densitometry - this section also proposes an exemption for individuals, who under the general supervision of a licensed practitioner perform bone densitometry. In examining this issue there appears to be universal agreement that the radiation exposure to the operator and patient is minimal, and that the operator has little control over the overall quality of the exam. Although proper positioning may be an issue, especially with repeat or follow-up exams, it is a matter that can be easily addressed by the responsible physician. As such regulating the operator does not appear to be a health or safety issue, and may in fact limit its availability. The ASRT has taken a position that individuals performing bone densitometry exams should be credentialed. However, in order to effectively challenge this exemption, one would have to demonstrate to the regulatory agency that an operator exemption for bone densitometry would result in undue hazard to public health and safety, which appears unlikely.

Sec. Z.5 - Examination Requirements**.**

Radiologist assistant - two separate certification pathways exist for the radiologist assistant, the Registered Radiology Assistant (R.R.A.) through the ARRT, and the Radiology Practitioner Assistant (RPA) through the CBRBA. The American College of Radiology has expressed concerns over the recognition of the CBRPA certification, specifically, the lack of oversight from national organizations and scope of practice issues**.** The ASRT and the ACR are also continuing with efforts at the state level to pass legislation which will exclude the RPA pathway, even in states in which no RPAs are employed or reside. They were successful in doing so in Oklahoma, even though this state has no legislation addressing overall medical credentialing. The CPRPA apparently intends to challenge the laws in each state that does so.

Presently, the ACR, ASRT, CPRPA and the Society of Radiology Physician Extenders (SPRE), which is composed of both R.R.A. and RPA members, are cooperating to pass legislation in the U.S. Congress that would recognize an RA as either an R.R.A. certified by the ARRT, or an RPA certified by the CBRPA. Once passed, this bill would then allow Medicare reimbursement for RA procedures and supervision levels that are defined in existing state law. Again, all groups involved, ACR, ASRT, ARRT, CBRPA and the SPRE are presently supporting this legislative effort.

A number of states have already recognized the dual certification pathway and the number of CBRPA certified individuals greatly outnumber those certified by the ARRT, of which the majority are RPAs who completed the R.R.A. exam. Since the CBRPA is established and viable, in this regulatory approach the dual certification pathway is recommended, unless existing state statute specifically excludes.

In this regulatory approach the required supervising board certified radiologist will have complete control of the individual's duties and responsibilities. Additionally, the facility's credentialing committee and/or medical staff and the board certified radiologist will also determine the role delineation of each individual and the level of supervision required, which will be formalized in a letter of delegation or agreement with the Agency. The ACR continues to strongly disagree with this particular approach, and has requested that the scope of practice and supervision requirement be specified by rule. However, in an ARRT document reflecting entry-level clinical activities (role delineation) for radiologist assistants (RRA), the ARRT notes that any exclusion of a procedure is not intended to limit the procedures performed by a radiologist assistant, provided that appropriate education, training, and competence assessment has been documented. The document further notes that the actual level of radiologist supervision for the radiologist assistant in practice will depend on the individual's experience as well as state, insurer, institutional, and employer requirements. This further complicates any desire by a regulatory body to specify by rule the procedures which can be performed and the level of supervision required, especially for a field in which the number and types of procedures are rapidly expanding. However, professional standards (ASRT Practice Standards and the CBRPA Standards of Practice) for these individuals will keep pace with this evolution. States referencing such national standards rather than a list of specific procedures will build flexibility into their regulatory mechanism. Due to the training and knowledge of the board certified radiologist involved, it is unlikely that any individual would be allowed to perform a radiological procedure without adequate supervision or appropriate training or competence assessment. As such any additional regulatory efforts in further controlling or defining this specific relationship with the radiologist assistant, and the exams which can be performed, appear unwarranted.

Chiropractic radiography - individuals performing radiographic exams in a chiropractor's office must be either a radiographer, chiropractic radiographer or an appropriately accredited limited diagnostic radiographer (usually spine, extremity).

Limited diagnostic radiography exam - this particular exam was developed and is administered by the ARRT. It is a computer based exam, which is available at some 200 test centers throughout the United States. The exam consists of a core module containing 100 questions on radiation protection, equipment operation and quality control, image production and evaluation and patient care and education. There are also specific questions (20) relating to radiography of the chest, extremities (25), skull/sinuses (20), spine (25), and podiatric region (20). The passing score requirements vary widely from state to state. However, in a December 1994 publication, the ARRT recommended to

all licensing states that, for simplicity and consistency (and ease in reciprocity), they adopt a single passing score of 65% for any combination of the exam. This recommendation has been adopted, and results in the passing criteria noted below:

Chest	CH (20) + Core (100) ≥ 78
Extremity	EX (25) + Core (100) ≥ 81
Skull/Sinuses	SK (20) + Core (100) ≥ 78
Spine	SP (25) + Core (100) ≥ 81
Podiatric	PD (20) + Core (100) ≥ 78

States should recognize that the 65 percent combo passing criteria will generate numerous comments from various groups and individuals noting that this proposed passing criteria is either too high or too low. Various scoring scenarios will also be raised, and in particular the possibility that a test applicant could score an 81 on the core section, and miss all of the questions in the specific groups. In such a scenario, the state will still issue a full, limited accreditation (it appears inconceivable that one could score so highly on the core section and miss all other questions). Nevertheless, it should be noted that the ARRT is no doubt familiar with all these various exam scenarios, and still stands by its recommendation.

Additionally, recommendations will be made that these individuals must first complete a training program, specified by rule, before being eligible to sit for the exam. Although there is no consistency in the education provided to limited exam applicants, and training requirements vary greatly from state to state, the ARRT took this into consideration when they established the minimum passing score necessary for a borderline candidate to demonstrate competency. As such, one's educational background or experience should be irrelevant, and one only needs to demonstrate the required competency by passing the exam.

In summary, there will be two main issues associated with this discussion. The health and safety issue as to whether the 65 combo score is an acceptable passing score, and the issue as to whether as a regulatory agency, one wishes to make it more difficult for limited applicants to enter into this field. Based on the organization's experience and reputation, it is unlikely that anyone will question the validity of the ARRT exam. Implementing the ARRT recommended scoring criteria should also make the state's position in this matter beyond reproach.

Podiatric radiographers - unless exempted, individuals performing radiographic exams in a podiatrist's office will need to be either a radiographer or an appropriately accredited limited diagnostic radiographer (having passed the podiatric or extremity exam). In order to utilize the limited exam, states will need to enter into a contract with the ARRT.

Sec.Z.6 - Application for Accreditation**.**

Many states are now refusing to issue or renew licenses or accreditations if applicants are delinquent in the repayment of an educational loan or child support. If applicable, the appropriate rule and citation should be noted in this section.

Persons applying for active status accreditation as a radiographer, nuclear medicine technologist, therapist, radiologist assistant, nuclear medicine advance associate or chiropractic radiographer must

submit evidence of registration, certification, etc., from the appropriate organization. This will demonstrate that at some point, they were eligible to sit for and then passed the required exam. However, they are not required to maintain their registry or certification at the time of initial application or renewal. Although this is often a job requirement, and few individuals may choose not to, it cannot be a regulatory requirement. Despite its desirability, states have not been able to require membership in professional societies or organizations as a condition for the issuance of accreditation.

Sec. Z.7 - Initial Issuance of Accreditation**.**

Individuals may not legally perform medical radiation technology without valid accreditation, or without the expressed written approval of the Agency during such time as an application may be pending (receipt of completed application, documentation of qualifications, the required fee and no other outstanding issues). This written approval can be issued by e-mail or fax to the individual's supervisor and is good for a period of 10 days, which is sufficient for the Agency to process, print and mail the required certificate of accreditation.

Conditional Accreditation Type I (grandfathering) - any state that wishes to initiate a program for the credentialing of medical radiation technologist will not be successful in doing so without a grandfathering provision for those presently working in the field, for the last 24 months, before the rule became effective. This grandfathering period (which is negotiable) would then be open for perhaps 2 or 3 years, before closing. However, once issued, it will be renewable, in accordance with Sec.Z.8. Attempts to require any type of documented training program or competency exam for these individuals will only provide additional fodder for opponents of medical credentialing (its not grandfathering), and will not be successful.

As proposed, numerous potentially unqualified individuals may be credentialed simply upon receipt of a statement from a licensed practitioner that they are competent, and have worked in the field for the past two years. However, there will be no implied guarantee to any of these individuals that they would be able to work anywhere within the state, as "conditions of employment" (ARRT registered, etc) will still apply.

As regulators and stakeholders it is sometimes necessary to look at an issue with a bigger lens (where do we wish to be in 20 to 30 years). This is almost impossible to do, but necessary. Illinois required credentialing of medical radiation technologist in 1984, with a grandfathering provision which was inserted in the enabling legislation (it would not have passed without). Grandfathering closed in Illinois in 1990. Since the program's inception, Illinois has issued a total of 1402 grandfathered credentials. However, as of September 2011, out of 14,200 active accreditations there are now only 128.

It is important for new credentialing states to recognize that this grandfathering feature will be a very contentious and unsettling issue for thousands of their technologists who are qualified by virtue of education and certification to perform these procedures. Their understanding and support of this item is crucial and required (they will later become the program's strongest supporters). They and all other stakeholders must also come to recognize that without this feature, efforts to accomplish initial credentialing of medical radiation technologists will continue to fail.

Conditional Accreditation Type II (community hardship) - if necessary, new credentialing states may also wish to consider and utilize this particular type of accreditation if conditions within their state appear applicable (Alaska) and to counter arguments from opponents of credentialing that the unavailability of qualified individuals will have a detrimental effect on the health care in a given locality, which is already isolated and underserved. Effective resistance to this feature can be muted by the state's adherence to a strict, structured determination criterion as specified in Z.7a.v.

Sec. Z.9 - Requirements for Renewal of Accreditation.

The requirements for renewal are specific in this section (completed application and fee). It also contains a requirement for continuing education (CE), which is specified in Section Z.9.

CE is a mandatory requirement for any individual who wishes to renew or reinstate their professional registry (ARRT) or certification (NMTCB/CBRPA). As such, the vast majority of the technologists in any given state will be complying with this requirement. Its rationale is that with advancing technology and changing job duties, technologists need to continually update their knowledge and skills to remain competent and prevent professional obsolescence. These are worthy goals for professional societies. However, from a regulatory position, CE will not assure competency, nor is one's failure to obtain the required CE a health or safety issue (one cannot argue that a technologist is a hazard to their patient if that have not completed the required hours of CE for renewal). As such, states will need to decide as to whether CE should be a regulatory requirement for renewal of accreditation.

If CE is required, a record keeping mechanism to ensure compliance for each individual is strongly discouraged. Per Z.9d, technologists seeking renewal will attest on the renewal application that they have the required number of CE credits. Within 30 days of receipt of these attestations the Agency would then randomly select 10 percent of the respondents for a CE audit, and ask the individuals selected to provide copies of their CE documentation (failure to respond to this audit request or provide acceptable documentation may result in a refusal to renew, as noted in Z.11xv). Technologists registered/certified with the ARRT, NMTCB or CBRPA, who are in compliance with CE requirements or on CE probation need not be required to produce CE documentation if they are selected for the CE audit (each of these individuals is already subject to a 10% random CE audit by their respective certification bodies).

In addition, if CE is required, please note that the registry's CE biennium is based on the technologist's birth month, whereas the state's accreditation period will be based on when the individual first applied. These two periods will rarely overlap, but is rectified by the inclusion of Section Z.9e.

Sec. Z.11 - Suspension, Revocation and Denial of Accreditation.

This section, as well as the Z.13 (civil penalties) must contain the standard due process provisions that vary somewhat from state to state (right to a hearing, appeal mechanisms, etc).

Sec. Z.13 - Civil Penalties.

Not all states have implemented civil penalties, and some other states may choose not to apply civil penalties to accreditation violations. In either case, the assessment of civil penalties against registrants or licensees who allow individuals to perform medical radiation procedures without valid accreditation will act as a strong deterrent, and should be seriously considered. However, for violations of 30 days or less, by policy, states may wish to cite the violation, without assessing a civil penalty.

Appendix A - Radiographic Procedures by Type of Limited Accreditation.

States should note that the projections listed in the Appendix are anatomic structures which are specifically covered on the ARRT Limited Scope of Practice in Radiography examination. In adding any additional projections (ribs, hips, pelvic, etc), states will need to realize that these will not be specifically covered in the exam. However, there are presently 20 questions on the chest exam and 25 each for the extremity and spine exam. If the ARRT agreed to cover any additional projection, it might only add one specific question to the total. As such, if a limited exam applicant passes the core, chest, extremity and/or spine sections, arguments might be made that they could adequately perform a rib or perhaps a pelvic exam (neither of which is listed in Appendix A), without a health or safety concern. Adding any additional projections is a matter that needs to be thoroughly discussed with the state's Advisory Committee, as well as the consequences of not doing so (a limited chest radiographer who performs a rib exam).

Medical Dosimetrists.

The Committee was asked to consider a credentialing mechanism which would allow any board certified medical dosimetrist to perform brachytherapy. After discussions with members of the American Association of Medical Dosimetrist (AAMD), which included how they define brachytherapy therapy, the following response was obtained:

For a certified medical dosimetrist, brachytheraphy includes, but is not limited to, the following activities: treatment planning associated calculations, source assay, and source inventory and source preparation.

As such it is the Task Group's consensus that the certified medical dosimetrist is considered qualified to do all of the above listed tasks, with the exception of administrating ionizing radiation to a patient. However, it is also recognized that presently, unless specifically prohibited by state statute or rule, NRC regulations allow other individuals to administer ionizing radiation to patients provided it is done so under the supervision of an authorized user.

Although this issue may need to be revisited at a later date, Part Z as currently proposed will specifically prohibit any individual who is not a physician or accredited medical radiation therapist from applying ionizing radiation to a patient.

Matters for Future Consideration.

As currently proposed, the radiologist assistant can only work under the supervision and authorization of a board certified radiologist. However, a number of other specialty physicians (orthopedic, urology and cardiology) are beginning to inquire about the possibility of utilizing these

individuals in a manner similar to that of a radiologist. At some point this option may need to be further explored.