



3558 Habersham at Northlake
Building I
Tucker, GA 30084-4009
P: 404.315.1739
F: 404.315.6502
www.nmtcb.org

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IN THIS ISSUE: NUCLEAR MEDICINE ADVANCED ASSOCIATE (NMAA)

MESSAGE FROM THE CHAIR

Chad Grant, CNMT



With my transition to the position of Chair of the NMTCB, I would be remiss to not acknowledge the contributions of several individuals. First, I would like to thank Anne Fisher, CNMT for her hard work

and leadership as Chair last year. Anne led several initiatives that will help shape the future of the NMTCB for years to come. Additionally, I want to thank Dan Basso, CNMT, NCT and April Mann CNMT, NCT as they completed their second and final term as Directors of the NMTCB.

Dan and April served on the NMTCB Board of Directors from 2001 through 2009. Additionally, Dan served as Chair of the Board from October 2006 through September 2007 and April resided as Chair from October 2007 through September 2008. In addition, both individuals were instrumental to the development, implementation and continued success of the nuclear cardiology technologist specialty exam. The nuclear cardiology specialty examination would not have been possible without their efforts and the broad role they both played on the Board of Directors was historic. The contributions of both Dan and April will not be forgotten as the current Directors strive to continue the vision and path that they helped create.

(Con'd Chair..., Pg 2, Col.1)

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(Con'd from Chair..., Pg 1, Col.2)

As the New Year begins, I also want to acknowledge and welcome Angela Foster, CNMT and Nancy McDonald-DeLoatch, CNMT, NCT to the NMTCB Board of Directors. Angela is a certified nuclear medicine technologist from the Omaha, Nebraska area and brings significant experience to this position. Nancy is from Jacksonville, Florida, has been active in the nuclear medicine community for several years and is among the first technologists to become NCT certified. I speak on behalf of my fellow Directors as I welcome both Angela and Nancy and look forward to their successful future with the NMTCB.

As I begin my tenure as Chair, one of my first objectives was to review the NMTCB strategic objectives from our most recent planning session. While the healthcare industry adapts to the inevitable changes in the foreseeable future, the NMTCB is also positioned to adapt to the future needs of certificant by focusing on three key areas. First, the NMTCB will address the changes and scope of practice within this dynamic field by maintaining up to date task analysis reviews, evaluating the role of technologists in emerging modalities and modifying the Board profile, as appropriate, to meet the needs of the organization. Next, operational effectiveness of the NMTCB will be a major area of emphasis as both internal and external communications will be improved and examination performance and options will be regularly evaluated and optimized. Lastly, the NMTCB is committed to increased outreach and involvement with nuclear medicine program directors, professional organizations, regulatory agencies and the general public in an effort to support professional practice issues and to promote excellence in the field of nuclear medicine and molecular imaging technology. While not an inclusive list, significant progress has been made on these key initiatives and is evidenced by the recent publication of the task analysis report and computed tomography

related content changes to the entry level NMTCB exam, the announcement by the NMTCB to begin development of the Nuclear Medicine Advanced Associate exam, focused involvement in legislative activities and dedication to enhanced communication with nuclear medicine program directors and students. These are all exciting initiatives that will definitely impact the field of nuclear medicine moving forward.

I have sat on the Board of Directors for several years now and have had the opportunity to take part in many initiatives. One of the most rewarding activities has been my position as Chair of the Examination Committee where I have the privilege to oversee the item writing process and exam updates each year. I again look forward to this role in the upcoming year along with my position as Chair. I owe much of the credit of my previous accomplishments to the helping hands of Dave Perry, the Executive Director, and the NMTCB staff. This team is an integral part of our success. For any individuals who want to participate and take an active role with the NMTCB to support the field of nuclear medicine, I encourage you to search opportunities to engage local organizations in support of the profession, participate in item writing activities for any of the three exams or seek out other activities that promote the mission and vision of excellence in the field.

I am truly honored to be given the chance to serve on the NMTCB Board of Directors as Chair for 2010. I am grateful for the opportunity and look forward to an unforgettable experience.



EXECUTIVE DIRECTOR'S MESSAGE



David Perry, CNMT,
PET

2010 is yet another year of transition for us at the NMTCB.

First, we must say goodbye to two long serving

and very productive Board members, April Mann and Danny Basso. Each served eight years on the Board, both served a year as the NMTCB Chair and without the two of them, the NCT exam may never have been launched. We will miss them.

At the same time, we are very pleased to welcome two new Board members, Nancy McDonald DeLoatch and Angela Foster. Both were chosen from among a field of very qualified candidates and we are happy to have them as members of the Board. Look on page 5 to see a short biography of our two new Board members.

Our Chair this year is Chad Grant. His first article as chair starts on our front page. Supporting him on the Executive Committee are Chair-Elect Robert Pagnanelli, Secretary Leesa Ross and Treasurer Anne Fisher. We are very pleased to serve with these fine officers.

As of the end of January, there are 23,747 active Certified Nuclear Medicine Technologists. Of those, 677 are also NCT certified, 517 are also PET certified and 47 hold CNMT, NCT and PET credentials. In addition, there are 39 NCT certified technologists and 52 PET technologists who do not also hold CNMT certification. There

are also 3 active NCT and PET certified technologists who are not also CNMT's.

During 2009, a total of 1,416 examinees took the entry-level nuclear medicine technology exam. This total is down quite a bit from previous years. Of those, 1,319 (89.9%) passed the exam and 147 (10.1%) failed. This pass rate is very similar to previous years.

The Nuclear Cardiology Technologist (NCT) exam has been on-demand since February 2008. During the 2009 calendar year, 82.5% of all candidates passed the NCT exam. This percentage is somewhat higher than it was when the NCT was only offered once per year.

The PET exam has been offered on-demand since early June 2009. During the 2009 calendar year, 55% of all candidates taking the PET exam have passed.

This pass rate is approximately the same as

when it was offered once per year.

The NMTCB Continuing Education Policy is available online at www.nmtcb.org/policies/contedPolicy.php.

In response to your requests, several new CE approval organizations have been added to the policy. It is important to note that the NMTCB accepts all Specialty exams offered by the NMTCB, ARRT and AHRA as being the equivalent of 24 hours of continuing education. Also, the NMTCB and the SNMTS have teamed up to offer certificant/members the opportunity to participate in the VOICE Credit Sharing Program. Before a certificant who has signed up for this program is audited for compliance with the CE Policy, his or her record with the SNM is checked. If the record shows that the CE requirement has been met, the certificant is sent an "audit complete" letter and is not required to

(Con'd Executive Directors..., Pg 4, Col. 1)

The Future is in Your Hands



(Con'd from Executive Directors..., Pg 3, Col.2)

submit additional documentation. Everyone else must submit documentation of all of the continuing education hours compiled in order to meet the CE requirement.

There have been some posts seen on the internet recently suggesting that there are ways to circumvent the CE requirements of the NMTCB and other credentialing organizations. First off, it is important to understand that the NMTCB does not accept documentation of continuing education that cannot be fully traced back to one of the approval organizations listed in our CE Policy. Secondly, it is a violation of our Ethics and Disciplinary Policies for a certificant to falsify his/her CE documentation. In most cases, it is probably not worth losing one's credential to avoid having to participate in CE activities.



Work is under way developing a Content Outline for the Nuclear Medicine Advanced Associate (NMAA) exam and a preliminary budget has been developed and will be presented to the Board for approval at the Spring 2010 meeting. Development of a meaningful certification exam will require support from the nuclear medicine community and we are looking for Item Writers to participate in a Spring 2010 event.

Please contact us at board@nmtcb.org if you are interested. Please provide a short description of your history in nuclear medicine, any degrees or specialty certification you hold and what contribution you think you can make to the development of the NMAA exam.

The NMTCB will once again be in the Exhibition Hall at the SNM Annual Meeting in Salt Lake City in June. We are always honored to have certificants stop by the booth so that we

may meet you personally. If you have any questions or comments about the Board's activities, please feel free to stop by the booth. On behalf of the Board of Directors and the NMTCB staff, I wish you a safe and pleasant summer.



UNITED STATES PHARMACOPEIA (USP) <797>

Cindi Luckett-Gilbert, CNMT, PET

The United States Pharmacopeia (USP) is a non-government organization that sets standards for the quality, purity, strength, and consistency of certain products critical to the public health. These standards cover prescription medications, food ingredients, dietary supplements, and healthcare products manufactured and sold in this country. The USP is also the advisor to the government of such standards.

USP standards are not enforced by the USP. State Boards of Pharmacy enforce USP standards in most states. As we know, the state radiation program comes in and inspects nuclear medicine departments looking for compliance with laws and regulations set forth by the state. Also, the State Board of Pharmacy, the same group that surveys hospital pharmacy laboratories, can come and inspect your hot lab for compliance if the lab falls under the hospital

pharmacy license. If that group has been given authority by the state, it can enforce USP standards. In states where this is not authorized there is no enforcement. However that may not stop hospital pharmacies from trying to make their operations compliant with USP standards. At this time there is no mention of the Joint Commission enforcing <797>.

One of the USP standards that has raised much discussion among the nuclear medicine community recently is USP <797>. The goals of USP<797> are to reduce chance of infection to patients from unsafe preparations techniques and to better protect staff working in pharmacies in the course of their exposure to pharmaceuticals. Yet, USP<797> can affect more than just pharmacy staff, it can affect all health care professionals. Nuclear medicine technologists do not have to register as pharmacy techs and can still work under the supervision of the nuclear medicine physician without having that designation but USP<797> does have an influence on our practice.

The standards surrounding USP<797> affecting nuclear medicine are the classifications of nuclear medicine radiopharmaceuticals by their method of compounding. These methods are classified in four different categories: high risk, medium risk, low risk (with expiration times of 12 hours or less), and immediate use. High risk and medium risk compounding typically does not take place in the practice-based nuclear medicine hot lab. These high risk compounding methods include the preparation of I-131 capsules and In-111 white blood cell labeling, and are most often performed in nuclear medicine pharmacies. Low risk compounding includes the preparation of most Tc-99m kits such as DTPA or MAA in a clean environment as described by USP<797>. The immediate use exemption means just that; if a radiopharmaceutical meets certain criteria the table top 'shake and bake' kits are exempt from the nuclear medicine

technologist having to garb up and make these kits under certain "clean room" requirements.

For a kit preparation to be considered for an immediate use exemption, ALL 3 of the following criteria must be met: the elapsed time between the first poke into the vial and the injection into the patient cannot be longer than 60 minutes; only 2 pokes into the vial are allowed; and only 3 or fewer sterile ingredients can be injected into the vial.

There are still some unanswered questions about the immediate use exemption, however. Consider the tagging of red blood cells. Using a typical kit, there are two syringes to inject into the vial in addition to blood, Tc-99m, and in some instances, ECD to prohibit clotting in the syringe. Can tagging red cells fall under the immediate use exemption or not? There are many opinions and interpretations from other groups but there has not been a decision from the USP yet. What this means is that there is a possibility that NMTs will not be allowed to make tagged red blood cell kits on call unless in a clean environment (gowns, sterile gloves, no make-up, clean room, etc.) Any day a decision is expected and announcements will be made at that time.

Read up by viewing www.usp.org, do a search for USP<797> and click on "FAQs" on the website.



NEW BOARD MEMBERS



**Angela
Foster,
CNMT**

Angela is a nuclear medicine technologist in a high volume cardiology clinic in Omaha, NE where she also serves as a clinical site instructor for the University of Nebraska Medical Center.

Angela is the past-president of the local nuclear medicine subchapter. She obtained her nuclear medicine training at the University of Iowa (GO HAWKS!) under the direction of Tony Knight, to whom she is eternally grateful for the opportunities he has given her and for the professional leadership that has motivated her in her career development.

Outside of nuclear medicine, Angela is married to a wonderful husband who teaches and coaches wrestling and they have three lively children, two daughters ages 9 and 2, and a 4 year old son. Her hobbies include cooking, gardening, spending as much time outdoors as possible, and running.



**Nancy
McDonald
DeLoatch,
CNMT,
NCT**

Nancy did her nuclear medicine training at Duke University Medical Center and specialized in nuclear cardiology while working at the University of North Carolina Memorial Hospital. As the program director for the School of Nuclear Medicine Technology at the University of Medicine and Dentistry of New Jersey, she designed both the certificate and baccalaureate degree nuclear medicine technology training programs which were JRCNMT accredited shortly thereafter.

Nancy has established two successful outpatient cardiology practices. She has been employed at St. Luke's Cardiology, Division B for nine years where she has been active in research, patient care and management. Nancy remains active in SNM, SNMTS, ASNC and the local Society of Florida Nuclear Medicine Technologists (FNMT).

She has planned many educational programs for the FNMT and serves as the Nuclear Cardiology Specialty Representative to the SNMTS National Council of Representatives. Nancy has often been formally recognized by her peers and her students for her tremendous contributions to nuclear medicine technology education.

NUCLEAR MEDICINE ADVANCED ASSOCIATE (NMAA)

Martha Pickett, CNMT

The first master's level degree program for the new career pathway for nuclear medicine technologists has accepted the first class of students and began classes in the Fall, 2009. This new profession, called Nuclear Medicine Advanced Associate (NMAA), will help meet the growing demand for advanced imaging practitioners as new procedures are developed and as the range and utilization of imaging procedures expand.

The program is currently offered through a consortium of three universities: the University of Arkansas for Medical Sciences (UAMS), Saint Louis University and the University of Missouri–Columbia. The program runs for five semesters of full-time enrollment, although part-time tracks are also offered. The program is designed for distance-learning and is delivered using a combination of online instruction and clinical instruction at facilities affiliated with UAMS and the consortium partners. This educational model takes advantage of technology to allow experienced nuclear medicine technologists to update their knowledge and upgrade their skills in their current work place without the burden of relocating. For more information about the program, visit <http://www.uams.edu/chrp/nuclearadvanced/default.asp>.

The SNM has approved a comprehensive set of clinical competencies and a curriculum guide for prospective program directors, and most recently, adopted a Scope of Practice for the NMAA. The NMTCB is now undertaking the development of a national certification examination for the NMAA.

Students in the first NMAA class represent a broad spectrum of technologist practice. Their places of employment and primary source of clinical instruction include in a large,

comprehensive university setting, a small, rural community hospital, a large urban hospital, and outpatient clinics. Many of the students have multiple credentials, and on average, have nine years of nuclear medicine experience prior to enrolling in the NMAA program. Most of them have leadership positions in their clinical departments and take an active role in professional associations.

So, from their perspective, what is it like to be an NMAA student? How do they view their future roles? We asked their opinions on these and other questions and they provide some valuable insights to future NMAA students.

What do you expect your clinical responsibilities will be when you complete the NMAA program? What does your physician expect you will be doing? How will you help your physician's practice?

- At this point in my career, I already had a high level of independence in directing an outpatient PET and nuclear medicine department. I expect I will continue with existing responsibilities with an expansion on these to allow greater departmental operational efficiency. I think the NMAA will be useful as an initial set of eyes when reviewing exams and offering a preliminary screening. Whether the screening product will be bullet points or in a report format, and, the extent to which they are used by the final interpreter, are yet to be determined and will, most likely, be dependent on the personality of the final interpreter.
- Clinical responsibilities will vary widely from one facility to another. For instance, especially in smaller

facilities, an NMAA may be able to get that x-ray for comparison on their own without trying to contact the radiologist who is at another facility and isn't able to hand write the order for the x-ray or other complimentary exam. Or the technologist may be able to inject a patient for a sentinel node without trying to match his/her schedule with that of the radiologist. NMAAs may be employed in cardiac clinics to supervise stress tests, not just perform the technical aspects of nuclear medicine. In larger facilities the NMAA may play a more active role in therapies, giving the radiologist more time to perform other duties. They may also perform fewer traditional procedures and may spend more time directly assisting the Radiologist.

- I believe my clinical responsibilities will be twofold; first, assisting the Radiologist by determining appropriateness, quality, and preliminary interpretation of the exam; second, by performing the procedures within Nuclear Medicine, such as stress testing, that traditionally required a physician to be present. Also, since we are combined with an entire imaging department, I will be expected to handle the situations that are more medical than technical (i.e. code team, BP's, syncope, blood sugar checks, etc.).
- As an NMAA I expect my clinical responsibilities to include performing cardiac stress tests without a cardiologist present. I expect to order additional studies that may further help diagnose the patient. I expect to write prescriptions for medications needed, calculate and administer I-131 ablation doses, give preliminary results to referring physicians, and possibly perform lumbar puncture procedures.

How does being an NMAA intern differ from being a technologist?

- There is more time spent examining images with associated historical data and developing an understanding which has moved me beyond a technologist reviewing images with a mindset of taking additional views to that of producing a coherent final report which will include accurate communication of the pathology or lack thereof. Additional time is invested in physical exam technique and learning how to find clinical clues which aide in a more accurate completed exam. I am learning to communicate with referring physicians using their terminology.
- Being an NMAA intern is different for many reasons, but the biggest is probably how you approach patients, their tests and their conditions. The NMAA intern develops a much broader view of the scope of what is really happening to the patient, physically-such as what the patient is enduring test wise and pathology wise, and what is happening at the molecular level. The NMAA has a better understanding of the disease process and its effects on the patient. The NMAA begins to understand things from a physician's perspective, such as, what do all these tests mean? What are they indicating about this patient, how will they affect my tests and how should I alter my tests to get the best results? The NMAA also looks beyond the completion of the Nuclear Medicine exam to decide what might be the next step for this patient. Is the diagnostic question sufficiently answered, or could there be something else hiding in there? What test should be next? Is this condition acute, chronic, permanent, treatable with medications or surgery, etc? Instead of seeing this patient and this test from the perspective

of when they enter the department until 10 min after they leave, you begin to see it from the onset of symptoms or before, all the way through to the end more clearly than simply are they going to live or die.

- With the advent of the NMAA, I believe there are now three levels of expertise that will define nuclear medicine, excluding the physician level. On level one there is the technologist who performs his/her duties as they should, checks with the radiologist on every decision, and is not much involved with the final product of the exam. On level two the technologist is a “super technologist” with minimal supervision, can change dynamics of the test under the direction of standing protocol, does not have to involve the radiologist on every decision, and wants to be involved in the final product of the exam whether in talking with the radiologist about the results, or following up with the doctors office. On level three I see the NMAA/NMAA intern who, under the auspices of a radiologist, works without direct supervision, can change the dynamics of tests when necessary, makes decisions concerning testing and outcome and is involved in the final product of the exam through interpretation, correlation, recommendation, and follow-up.
- Being an NMAA intern is different than being a technologist. The level of education is higher and expectations are greater. I like the new level of demand as far as what is expected of my job description. As an NMAA, you have to go deeper into your patient assessment. Things that you normally would not ask as a technologist becomes common everyday questions that you feel are necessary to fully evaluate the patient.

What has it been like to be an NMAA student intern, keeping up with assignments and continuing with your clinical responsibilities?

- The NMAA program has been very demanding and consumes a large amount of time attempting to elevate knowledge and skill. As with all programs, documentation requires much effort. Organization is huge in coordinating and balancing employer expectations and the demands of the program. Having been a traditional student many years ago, I am still adapting to the weighted self study nature of an internet based program.
- It is difficult at times to keep up, to feel like you are keeping your head above water. Other times you simply know you are not. However, there is great satisfaction and pleasure in learning and coming to better understand of the things you deal with daily. If there wasn't, education would soon cease to exist. It is like climbing a mountain. The climb is at times an unpleasant experience, although it can also have its easy moments and times of peace and tranquility. However, the climber knows there is something at the top that makes it all worth while. Otherwise, why climb in the first place? What that something is may be different for different people. Some may like the view, others the sense of accomplishment. It is the same with this program. Some may simply want to be an NMAA; others may just want to stretch themselves and further their knowledge, and they choose the NMAA route to accomplish this. Whatever the reason it doesn't matter. One must have the determination to make the climb regardless of the obstacles.

Those with that determination will view those obstacles as minor hindrances that become stepping stones that will make us stronger. Those who do not possess that determination will see them as impenetrable walls and never reach the top. The real question isn't what's it like, but rather how bad do you want it? Some days you will want it more than other days. That being said, I have to admit that even though it is hard, I love it. I have learned so much already that I would never have learned otherwise. The body is amazing, so much more than you ever learn in NMT school. I love to learn, and this is an endless smorgasbord of information.

- In my first semester I signed up for full-time, not really knowing what to expect. Now full-time school is hard for anyone working a full time job, but when you add 4 kids, clinical responsibilities, documentation, extra e-mail account, checking for assignments on a computerized blackboard everyday, and AMA style formats, exhaustion sets in. I made it through, but felt as if I was not retaining all the information I wanted to and neglecting my family at the same time. I decided that this is not a race. It is more important to take time with the information being presented, therefore, in the second semester I went part-time. I feel a lot less pressure and also have more time to go in depth with my reading assignments and spend time with my family, whereas in the first semester I felt like *Astro* on the treadmill in the *Jetsons* - struggling to keep up. The up side whether part time or full time is that the clinicals can be done during the work period, which is advantageous for the working technologist. This is a good way to incorporate freshly learned elements into a professional practice. I see myself doing this all the time whether through improving

history taking, or checking patients' lungs prior to a pharmacological stress test through auscultation.

- This by far has been way more intense than going to nuclear medicine school. At first I was a little frustrated at how fast the pace was going and how demanding the course was. It wasn't until the Mid-Winter SNM meeting when a mentor of mine plainly stated, "Well, would you want to go to a course that everyone could pass?" that made me realize what I was doing was worth it.

What recommendations would you have for future NMAA students in preparation for enrolling in a program?

- Having almost twenty years of clinical experience and being one who independently pursues a greater understanding of nuclear medicine has definitely been an advantage. I believe having been active in our professional organizations has helped me form relationships and developed a greater understanding of nuclear medicine. You must also have a strong relationship with your employer. The relationship between me and my employer is valuable beyond measure. Their total support has ultimately allowed me the flexibility, confidence, and foundation to grow clinically.
- First, I think the answer goes back to the answer in question 3. Do you really want it and why? I see some people looking at getting into the health care field and I'm wondering why they are there. They don't care about the profession, they are just seeking the status of being a nurse, EMT, or some other part of the healthcare team. Some just don't know what else they want to do. It is a noble profession, but you

have to want to be there. The status part that outsiders perceive drops off after about 5 min, then you had better want to be there doing the work. I don't think this is such an issue by the time one is looking to be a mid-level provider. By that time one has been tried by the fire. However, I think there are a few that still have agendas. If you want to be there you will do great. If you are just there for an agenda or because you don't know what else to do, it will be difficult and you will make others around you miserable (which you don't care about if you have an agenda). Beyond that, you just need to see how reputable a school is. How is their pass rate? What sorts of rotations do they offer? Do they try to expose you to everything or just enough to pass your boards? What's the waiting list like? Do they have a good reputation in the medical community or just a so-so one? What are the prerequisites? Start taking what you can. Interview NMAAs. Call the Program Director and speak with him or her at length about the program and show some real interest, not just things like when does it start, how much does it cost, how long will it take, what's the pay scale, etc. I had already started learning to read EKGs and things like that long before I even applied. I did that because I was interested, but in so doing you demonstrate that you really want to learn and be there. Also, find out what all NMAAs actually do. I am always surprised at the number of people that get into a program and do not know about the profession. For example, I have heard x-ray students say, "I didn't know x-ray techs had to do barium enemas or go to surgery". How can you miss that? Know what you are getting yourself into before you apply. You won't know everything ahead of time, but you should know some things. Other ideas include compare

programs, read professional sites like the SNM, ARRT, etc that contain info. Read the roles and responsibilities and the white paper about NMAAs. You are looking to further your education. Start by doing homework before you enroll. The more you know ahead of time the fewer surprises there will be later. And the more you learn ahead of time the less you have to learn later. I had an NMT teach me the isotopes, half lives, energy levels, etc before I started NMT school. There are no secrets, find out all you can and be sure your heart is in it.

• **I have made a little check list of things that would be beneficial in the preparation in becoming an NMAA intern. The prospective student will need:**

- o A diverse background in working history such as location (hospital vs. clinic), patients (cultural, age, religious, degree of illness), and clinical experience (general, PET, therapy, SPECT).
- o A good steady place of employment that will support and nurture you furthering your education.
- o A good working relationship with radiologists and/or physicians that will take the time to mentor you throughout your NMAA schooling career. They are also the ones who encourage you to develop your new skills, and give honest feedback to learn from.
- o A very supportive family. If there is a spouse and /or children involved everyone must be on the same page. Find a balance between your family, work, and school.

- o A reason. The most important thing to remember is to do this for you. There may be no pay raises for awhile, or departments in your area that want an NMAA. You must do this for you, weighing all the benefits and sacrifices before making the decision to enroll.
- o Commitment!
- I would recommend to future NMAA students that they have plenty of time to devote to their studies. This program is extremely time-consuming. In order to get the full benefit of the program, you will need to give it your undivided attention.

THE BEST OF TIMES, THE WORST OF TIMES

Nancy McDonald-DeLoatch, CNMT, NCT

For NMT students getting ready to graduate, it is indeed the best of times and the worst of times. The job market that was relatively hearty and lucrative when they started their training 2-4 years ago has all but disappeared. What happened?

We had a severe technologist shortage a decade ago and we pulled together to alleviate it. Schools trained more qualified professionals, semi-retired technologists came back to work, and techs worked harder, longer, and smarter, sometimes doing the jobs of 2 people.

Few could foresee the downturn in the economy, the fall of the stock market, or the cuts in healthcare reimbursement. Many retirement age technologists watched their 401ks melt away and find they have to stay in the workforce longer. The uncertainty of the world's financial state has slowed the growth of departments and scared many facilities into hiring freezes. If the cardiology cuts

go through next month, many private practices that have nuclear cardiology services may have to downsize or close their doors leaving even more technologists looking for work. In Florida alone, there will be potentially over 200 new graduates looking for jobs between 2010 and 2011. A quick look at six websites that list national opportunities revealed about 20 full time jobs and even fewer part time/per diem positions. What to do?

Be flexible about location and willing to move or travel. Don't expect the high salaries or sign on bonuses of yesteryear. Be willing to take per diem or part time work just to get experience and your foot in the door. If you have the opportunity to cross train in another modality, take it. Becoming credentialed is important now more than ever before when looking for a position in imaging, preferably in multiple specialties. Be patient and persevere, the worst of times will eventually give way to better times.





2010

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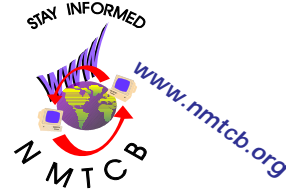
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ANNOUNCEMENTS



Always check the NMTCB website www.nmtcb.org or call the NMTCB office (404/315-1739) for the most current information.

MIPPA UPDATE

Have you heard about MIPPA (Medicare Improvements for Patients and Providers Act)? MIPPA applies to the ‘advanced imaging’ modalities nuclear medicine, PET, CT, and MR. It states that in order for most Independent Diagnostic Testing Facilities (IDTFs) performing advanced imaging studies to be reimbursed with federal dollars (Medicare), they must be accredited before January 1, 2012. Diagnostic x-ray, fluoroscopy, and ultrasound are not included as part of the MIPPA legislation.

CMS recently announced the three organizations that will be accrediting the IDTFs covered under this Act. They are the Intersocietal Commission for the Accreditation of Nuclear Laboratories (ICANL), the American College of Radiology (ACR), and the Joint Commission (TJC). It is not too early to begin the accreditation process.

HAVE YOU MOVED? Please keep your NMTCB file up to date by making sure your contact information is accurate. Updating the NMTCB with your current information takes just a couple of minutes online and will assure you that you receive important notices from us. Please visit www.nmtcb.org and choose “**Address Change**” under **Certificants** to make corrections to your contact information.

CALLING FOR DIRECTORS

The Nuclear Medicine Technology Certification Board (NMTCB) is seeking applicants to serve on its Board of Directors. This is an excellent opportunity to become involved in one of the more challenging and important areas of your profession – establishing standards of professional competency.

Interested certified nuclear medicine technologists (CNMT) may request an application form, and may direct any questions to David Perry, Executive Director at 800/ 659-3953 or board@nmtcb.org. Applications are also available on the NMTCB website at www.nmtcb.org under the tab “Resources”.

Completed applications received by August 15, 2010 will be reviewed at the fall NMTCB Board meeting. The four-year term for the newly elected director begins on January 1, 2011.

