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## IN THIS ISSUE:

### MESSAGE FROM THE CHAIR

Anne M. Fisher, CNMT

**W**ith the help of the wonderful staff at the NMTCB, as well as the support of the Board of Directors, my transition to Chair has been very smooth. I would like to thank outgoing Chair April Mann for her leadership during the past year and hope to continue the vision for the future of the NMTCB.

Based on the newly developed strategic plan the NMTCB continues to take on the challenge of evaluating where the organization needs to be in next five (5) years to meet the needs of nuclear medicine technologist community and their changing roles and responsibilities as the field evolves. The NMTCB Board of Directors met in the spring to develop action items to strengthen the various aspects of our profession. While much of this is reviewed throughout this newsletter I am highlighting a few items of special interest.

As we continue to address the challenges and obstacles each nuclear medicine modality (general nuclear medicine, PET, nuclear cardiology, molecular imaging, etc.) faces the NMTCB has determined that we must:

- continue to focus on political action by remaining involved in the promotion of the CARE Bill.
- improve our focus on professional practice issues.
- increase awareness of Nuclear Medicine and Molecular Imaging to the public, to other medical professionals and to prospective students.
- increase visibility and impact through improved liaisons and communications.
- improve interaction and synergy with other organizations in the professional arena (SNM, ASRT, ASNC, etc).
- ensure the quality of care remains high, through supporting continuing education and maintenance of specialty certification.

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

### TABLE OF CONTENTS

MESSAGE FROM THE CHAIR .....	1
EXECUTIVE DIRECTOR'S MESSAGE .....	2
REINSTATEMENT FEE FOR LAPSED CERTIFICATION .....	4
VOICE CREDIT SHARING .....	5
PET IS GOING ON DEMAND .....	5
NEW BOARD MEMBERS .....	6
NMTCB TASK ANALYSIS REPORT 2009 .....	8
NEW EXAMINATION ADMINISTRATION ORGANIZATION FOR SPECIALTY EXAMS .....	9
RENEWAL POLICY CLARIFIED .....	10
HOT TOPICS IN NM ADVOCACY .....	10
CALL FOR DIRECTORS .....	11
HAVE YOU MOVED? .....	12
MEN AND WOMEN OF THE ARMED FORCES .....	12



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

We have received substantial positive feedback on our transition to birth month renewal in order to make it easier for you, the certificant, to maintain your credentials. Please see the article: "Renewal Policy Clarified" on page 10 regarding exactly how this works.

We heard you and listened, so this past year the NMTCB began to offer the Nuclear Cardiology Technology Specialty Exam on demand. The response to this model was the catalyst to move forward with offering the PET exam in this same way. (Please see article: "New Examination Administration Organization for Specialty Exams" on page 9 for more information or contact the office.) I want to thank Robert Pagnanelli and Leesa Ross for all of their efforts to make this happen so successfully.

The NMTCB remains committed to our focus on developing new exams where certification or specialty qualifications are needed. With much discussion the Board has committed to the development of a new specialty certification exam for the Nuclear Medicine Advanced Associate (NMAA). The efforts needed to create this in time for the first graduating class will be substantial and we will be working diligently to make this happen. For more information about the NMAA educational program please go to <http://www.uams.edu/chrp/nuclearadvanced/welcome.asp>.

The NMTCB is a dynamic board and with the end of each year we must say goodbye to Board members as they transition off. With much gratitude we said farewell to Lynnette Fulk, John Radtke and Robert Anger. Each of them made significant contributions to the Board that helped to impact the future of the NMTCB and will continue to do so in years to come. Following these departures we have new arrivals and we welcome our new NMTCB Board members Cindi Lockett-Gilbert, CNMT, PET from Presbyterian Hospital in Charlotte, NC; Greg Passmore, Ph.D., CNMT, from Medical College of Georgia in Augusta, GA; and Angela Bruner, Ph.D., DABR, from Baylor University Medical Center in Dallas, TX. Their knowledge base will provide additional depth to the expertise of the Board.

I am looking forward to my year as Chair of the NMTCB. I would like to take this opportunity to remind all nuclear medicine professions that we must remain active and committed to our profession. No one else is going to look out for us or the quality of service we provide to our patients. Each

of us has the responsibility to nurture and protect the future of our practice. I currently see a lot of positive energy within our field. We must continue to harness and amplify this energy in a positive way.

We welcome all certificants to share their concerns and ideas on issues vital to the nuclear medicine profession by writing to us. This is your newsletter and it's here for you, our certificants, as we plan our future together. Every communication will be given full consideration. Again, many thanks for your support.

## EXECUTIVE DIRECTOR'S MESSAGE

David Perry, CNMT, PET

I'll begin this report with a look back at 2008. Each year, the Board reports examination statistics to Program Directors to use as a measure of their program's success. Perhaps these statistics might prove interesting to certificants as well.

In 2008, the NMTCB certified 1,478 examinees out of a total of 1,712 candidates who sat for the Nuclear Medicine Technology Certification Examination. A total of 1,318 out of 1,437 nuclear medicine technology training program graduates who took the examination for the first time were successful. This represents a 91.7% pass rate, which is statistically consistent with previous years. Program graduates made up 91% of all examinees, which is a slightly higher percentage than in previous years. Of those candidates in this category who passed the examination, 312 (21.7%) Passed with Distinction and 180 (12.5%) Passed with Highest Distinction. All in all, these are very impressive numbers for nuclear medicine programs and their graduates.

The NMTCB permitted 140 candidates to sit for the entry-level examination by virtue of alternate eligibility qualification. Of those, 106 (75.7%) passed, 13 of whom Passed with Distinction and 5 of whom Passed with Highest Distinction. It is important to note that this pathway toward qualification to sit for the examination will end in 2015. Anyone wishing to qualify through the Alternate Eligibility pathway must complete all requirements and the application and fee must be received in the office by December 31, 2015 in order to be considered for approval to sit for the NMTCB examination.

Rounding out the 2008 examination statistics, 135 candidates sat as repeat examinees, meaning they had taken the exam at least one time before. Of those, 54 (40%) passed, one of those Passed with Distinction.

Specialty exams continue to be going strong. A record 78% of candidates who sat for the Nuclear Cardiology Technology (NCT) examination passed in 2008. The NMTCB believes that this is largely due to opening up the NCT exam to on demand testing. No longer being required to wait for that one time per year administration of the exam seems to have resulted in a statistically higher pass rate. The first NCT examination was delivered in 2001 and now a total of 713 individuals hold the certification of Active NCT. For 2009, the NMTCB has announced a new examination delivery vendor for Specialty Exams. We are very excited about this new vendor and we are certain that candidates who take the Specialty Exams will be please with them as well. Please read the details in the article "NMTCB Selects a New Examination Administration Organization for Specialty Exams".

A total of 198 examinees sat for the one time administration of the PET exam in 2008. Of those, 107 (54%) passed. The first PET exam was delivered in 2004 and a total of 544 individuals now hold Active PET certification. The NMTCB is pleased to announce that the PET exam will go on demand in 2009. Please see the related article "PET is Going On Demand" for more details.

The end of 2008 saw the departure of three key Board members for whom I would like to take just a minute to mention. Lynnette Fulk served on the Board for eight years, including one (2005-2006) as Chair. During her two terms as a Board member, the NMTCB implemented the NCT and PET Specialty Exams, as well as the current Ethics, Disciplinary and CE Policies. Lynn served admirably during the past several years as the Chair of both the Credentials and Disciplinary Committees and she contributed greatly to the long term growth and success of the NMTCB. She leaves some big shoes to fill and we will miss her dearly.

Also departing the Board was John Radtke, who served one term as a Director. John joined the Board in 2005. John contributed greatly to the entry-level examination, and was a strong and solid Board member throughout. Unfortunately,

John was unable to join the Board for a second term for personal reasons. We will miss John and wish him well.

Bob Anger likewise felt compelled to leave the Board in November of 2008 for personal reasons. Bob joined the Board in 2003 as a representative appointed by The American Association of Physicists in Medicine (AAPM). In addition to being a whiz at nuclear medicine physics, Bob was a primary source of information from the Nuclear Regulatory Commission (NRC), the Council of Radiation Control Program Directors (CRCPD) and many other related organizations. We wish Bob well as he looks forward to retirement very soon.

The NMTCB was fortunate this year to have several very qualified candidates to help fill the vacancies of Lynn and John. Likewise, the AAPM recommended a very highly qualified and personable candidate to replace Bob. Please read about Cindi Luckett-Gilbert, Greg Passmore and Angela Bruner toward the end of this issue of NMTCB News. Two very key individuals will be retiring from the Board at the end of this year and the NMTCB is seeking applications from interested and qualified individuals to serve on the Board of Directors. Applications are available online at [www.nmtcb.org](http://www.nmtcb.org) and are due by August 15, 2009.

Many new opportunities face the NMTCB in 2009. As all certificants should be aware, we are in the process of transitioning our renewal cycle from January through December to one that tracks with each certificant's birth month. We are transitioning our two-year CE cycle to one that tracks with the birth month as well. These transition efforts are in response to requests from many certificants who are registered/certified by other organizations in addition to the NMTCB. Nearly all other radiology related certification/registration organizations base renewal and the CE cycle on the birth month and the NMTCB is attempting to make things more convenient for our certificants.

The NMTCB is also working to launch a new website. The previous website has served us well but it is time to change our look a little while adding several features that will enhance the experience for our visitors. Please visit our new site, which we expect to launch soon. The NMTCB is expecting to launch a number of other new initiatives which it will announce throughout the rest of the year so keep an eye on that new website for more exciting announcements.

## REINSTATEMENT FEE FOR LAPSED CERTIFICATION

**A**s announced in the last newsletter, the NMTCB has instituted a new reactivation fee effective March 31, 2009. This fee is necessary to cover the additional costs associated with processing a certificant attempting to return from an inactive status due to lapsed certification. Therefore, all certificants who seek to return to Active status from any Inactive status, including Emeritus, Retired, Inactive, CE Probation, Suspension, etc., will be assessed a \$65.00 reinstatement fee.

If you let your certification lapse by failing to renew by the last date of active certification, your certification will not be reactivated until the reinstatement fee and all delinquent renewal fees are paid. If you are placed on probation or suspension for failing to meet the CE requirements, payment of the reinstatement fee is required in addition to meeting the Continuing Education requirements, in order to be reinstated.

**AS A REMINDER,**  
In order to return to Active status after **less than 5 years**, a certificant may reactivate by completing both of the following requirements:

- Paying back dues up to a total of no more than the current examination fee, plus a \$65 reactivation fee, (This includes all certificants who seek to return to Active status from any Inactive status, including Emeritus, Retired, Inactive, CE Probation, Suspension, etc.)

**AND**

- Documentation of completion of 12 continuing education credits for each year he/she was inactive

If you let your certification lapse for **5 years or more**, you are no longer considered a certificant and must pass the entry-level examination in order to reactivate. To reactivate, you must submit a new application to the NMTCB under current eligibility requirements - either as a program graduate or an Alternate Eligibility applicant.

Please keep in mind that if your certification is not Active and in Good Standing, you are considered an "Inactive" certificant, which means you will be assessed the reinstatement fee, among other requirements, to return to Active status. We recommend that you maintain your Active certification status by returning your annual certification renewal to the NMTCB office in a timely manner. You may verify your certification's current status at anytime by going to the NMTCB's [online verification](http://www.nmtcb.org) page available at [www.nmtcb.org](http://www.nmtcb.org).

**ALL Certificants  
who seek to return to ACTIVE status  
from ANY INACTIVE status,  
including Emeritus, Retired, Inactive,  
CE Probation, Suspension, etc.,  
will be assessed a \$65.00 reinstatement fee.**



## VOICE CREDIT SHARING

David Perry, CNMT, PET

**QUESTION:** *What is free and easy, yet saves you time, trouble and money?*

**ANSWER:** *Signing up for VOICE Credit Sharing Program for Technologists with the SNMSTS.*

Nothing is free and easy you say. Well, the VOICE Credit Sharing Program is offered as a free benefit to all members of the SNMSTS and, once you sign in to the SNM website ([www.snm.org](http://www.snm.org)), it literally takes seconds to register. Just click on the "VOICE Credit Sharing Program for Technologists" at the top of the page and select the "Share SNM VOICE with NMTCB". It can't get much easier than that.

Okay, how does it save me time, trouble and money? The NMTCB Continuing Education Policy requires that each certificiant obtain continuing education credit equivalent to one hour per month of the CE cycle, which is typically 24 months. These hours may be obtained at any time during the CE cycle and it is up to the certificiant to maintain a record of all hours obtained and present this documentation to the NMTCB upon demand. Two years is an awfully long time to keep track of a certificate of completion for each CE activity in which you participated. Fortunately, the SNMSTS has a Verification of Involvement in Continuing Education (VOICE) program that will keep track of member's participation in all SNMSTS approved continuing education activities. Such activities not only include CE at the SNM Annual and Midwinter Meetings, but also most CE activities sponsored by local and regional Chapters.

They also include CE available through the Journal of Nuclear Medicine (JNM) and the Journal of Nuclear Medicine Technology (JNMT), and online from the SNM website. Further, many third party organizations such as equipment manufacturers and radiopharmaceutical companies offer CE that is approved through VOICE. The VOICE program will even keep track of CE hours obtained for passing a specialty certification such as the NCT or PET exam, as well as those offered by other organizations. Once CE hours are recorded in the VOICE system, you no longer have to keep track of all of those paper certificates. The NMTCB accepts VOICE transcripts as evidence of participation in continuing education activities. When you are asked by the NMTCB to show compliance

with the CE Policy by submitting documentation of your participation in CE activities, you can do one of two things. (1) You can dig out all of those paper certificates from your last CE cycle. You can write the date, title, approval number and number of hours for each activity on the CE documentation log. Then you can mail or fax your documentation to the NMTCB so that it is received prior to the last day of the CE Audit. Or (2) you can open a letter from the NMTCB congratulating you on having passed the audit as evidenced by the VOICE Credit Sharing Program for Technologists and telling you that no further action is required.

Free and Easy? Check. Save time, trouble and money? Check. I would recommend that you join the 2,400 other nuclear medicine technologists who participate in this program and sign up now.

## PET IS GOING ON DEMAND

Leesa Ross, CNMT, PET

After successfully launching on demand Nuclear Cardiology Technology specialty exam administration in February 2008, the NMTCB has taken another positive step to meeting the needs of our certificiants.

The NMTCB PET specialty examination will be available on demand by summer 2009. For those interested in taking the PET exam this means there is no longer just one date each year on which the exam may be taken—it can be done at almost any time. Applicants still need to allow approximately two months before the desired test date for the processing of their application. Once approved, applicants may make an appointment with a ISO-Quality Testing, Inc. (IQT) testing center in close proximity to their location.

The testing date may be scheduled anytime within six months of approval of the application by the NMTCB. IQT offers some other new features not previously enjoyed by PET candidates including on-site preliminary scoring and a much shorter turn-around for official results. This means no more long waits to know how you scored.

In spite of the added benefits through IQT, the registration fee for the PET specialty examination remains at \$200.



## NEW BOARD MEMBERS

**A**ngela Bruner, PhD is a Senior Medical Physicist, Radiation Safety Officer and the Interim Manager of the Section of Medical Physics & Radiation Safety at Baylor University Medical Center (BUMC) in Dallas, TX. Since



1999, she has taught at the Allied Health School at BUMC, an accredited school for radiological technologists and nuclear medicine technologists. Semester classes she has taught in the past and present include Radiation Biology, Radiation Protection, Nuclear Medicine Instrumentation I & II, Positron Emission Tomography, Computed Tomography, Digital Radiography, Radiological Physics II, and Nuclear Medicine Statistics. She is also the coordinator and an instructor of radiology residents for physics education in preparation for American Board of Radiology board exams, and has assisted in the past with the required 80 hours of didactic training for the Cardiology Fellows as part of their qualifications to become an authorized user of radioactive material in Texas.

Angela is also a member of the Baylor Institutional Review Board (IRB) that reviews all human use research in the Baylor Health Care System in Dallas and Fort Worth. Her primary role on the IRB committee is to review and approve research protocols. Secondly she has acted as a liaison between the IRB and the local hospital radiation safety committees (RSC) for proper review of radiation risk and RSC approvals for all research using radiation.

During her undergraduate days as a Mechanical Engineering major at Georgia Tech in Atlanta she was also a college radio station DJ. Angela alternated quarters at Georgia Tech with work in Tampa, Florida at Johnson & Johnson, mainly working on the design of the Critikon automatic blood pressure monitoring system. Angela Bruner received her Bachelor of Mechanical Engineering (BME) degree from the Georgia Institute of Technology in 1993. She then spent some time working for Johnson & Johnson before returning to graduate school at the University of Florida, in Gainesville, Florida in 1994.

After obtaining her PhD from the Nuclear Engineering School at the University of Florida in 1999 with a major in Medical Physics, Angela moved to Dallas to work at Baylor University Medical Center. She went on to become board certified through the American Board of Radiology in Diagnostic Radiological Physics and Medical Nuclear Physics. Angela is looking forward to spending a large portion of coming days at Baylor assisting with the new federal requirement of accreditation for all NM, PET, CT and MRI systems by 2012, in addition to her current duties in nuclear medicine and radiology. She loves living in Dallas, with her husband of 12 years and her 7 year old daughter.

Angela Bruner is representing the American Association of Physicists in Medicine (AAPM) and is very excited to be a part of the NMTCB Board of Directors.

**C**indi Lockett-Gilbert is the supervisor of PET/CT Imaging at Presbyterian Hospital in Charlotte, NC. In addition to her managerial and technical duties, she serves as the Chair for the Radiology Process Improvement Committee and is a member of the Radiation Safety Committee. Prior to this Cindi worked in Charleston, SC at the Medical University of South Carolina (MUSC) and Roper Hospital's joint venture in PET imaging and has worked as a nuclear medicine technician for over twelve years.



Cindi received her certificate of Nuclear Medicine Technology and her Associate Degree in Science from Midlands Technical College, SC. Her Bachelor of Health Administration was earned from MUSC and her Master of Health Administration was earned at Pfeiffer University. In 2008, Cindi was elected a Fellow of the SNMTS and in 2007 she received the SNMTS President's Distinguished Service Award.

Cindi is currently the SNMTS Advocacy Chair, Nuclear Medicine Advanced Associate Scope of Practice Task Force Chair, and SNMTS Finance Chair as well as member of other committees. She

is a past president of the Southeastern Chapter SNMTS, writes regularly for ADVANCE Magazine, and is a reviewer for the JMNT.

Her hobbies include riding her Harley (especially on NASCAR racetracks), 18<sup>th</sup> century embroidery, Revolutionary War history reenactments, and reading forensic murder mysteries.

To Cindi, being appointed to the NMTCB Board of Directors is one of the ultimate achievements in her profession. "Giving back to nuclear medicine through the NMTCB is where the rubber meets the road."

**G**regory G. Passmore, Ph.D., CNMT is an Associate Professor in the Nuclear Medicine Technology Program at the Medical College of Georgia in Augusta, GA. In the 18 years Dr. Passmore has been at MCG, he has served as Radiological Sciences Department Chair, Nuclear Medicine Technology Program Director, and Clinical Coordinator. His primary teaching responsibilities have been nuclear medicine instrumentation and physics, radiation protection and biology, and research designs and statistical analyses.



Dr. Passmore received both his Bachelor of Science and Master of Science Degrees in Biology at Truman State University in 1976 and 1980 respectively. This academic experience was followed by a service commitment as an Infantry Officer in the US Army. Dr. Passmore found Nuclear Medicine Technology upon his return to civilian life in 1982 and completed his certificate program at the University of Missouri in 1983. Dr. Passmore worked as a staff nuclear medicine technologist in a small regional hospital until he re-entered graduate school, graduating with a Master of Science Degree in Nuclear Engineering-Medical Physics in 1987 from the University of Missouri. Dr. Passmore accepted a teaching position in the Nuclear Medicine Technology Program at the Medical College of Georgia in 1990. He received his Doctor of Philosophy Degree in Science Education - Curriculum and Instruction from the University of Missouri in 1996.

Dr. Passmore has been involved in both clinical and educational research, with 26 publications and 24 presentations at the national and international level. In 2005 he was the recipient of the 2005 Society of Nuclear Medicine Technologist Section Professional Development and Education Fund Pilot Research Grant. The award funded the project: "Testing of DU Collimator for Removal of Tl/Tc Dual-Isotope Cross-talk," the results of which were presented at the 2006 SNM National meeting. Dr. Passmore currently serves on several academic committees, to include the Human Assurance Committee and the Radiation Safety Committee at the Medical College of Georgia. He was a member of executive committee for the local chapter of the American Nuclear Society. Further, he served on the South Eastern Chapter of the SNM-TS education committee, as well as the Association of Educators in the Imaging and Radiological Sciences (AEIRS) Educator's Workforce Development Committee. Additionally, Dr. Passmore served as the editor of the AEIRS journal from 1998-2001, and continues his role as reviewer for the Journal of Nuclear Medicine Technology and Medical Principles and Practice.

Dr. Passmore enjoys spending time with his wife and two children. His hobbies include judging science fairs, reading history books, fishing, and motorcycling. He truly believes that today's technological environment of hybrid modalities reinforces the need for an education process that allows the individual to become both knowledgeable and skillful in order to maintain professional excellence. Dr. Passmore is honored by the appointment to the NMTCB Board of Directors, and is excited by the possibility of contributing to the organization that he has respected since his introduction to the profession.



# NMTCB TASK ANALYSIS REPORT 2009

**Jimel Carpenter, CNMT, NCT  
NMTCB Task Analysis Committee Chair**

Since its inception over thirty years ago, the Nuclear Medicine Technology Certification Board (NMTCB) has endeavored to develop and administer a high quality, nationally recognized certification examination for nuclear medicine technologists. A key focus of the original examination and its successors has been to allow qualified technologists the opportunity to demonstrate their knowledge of relevant topics in the field as it is being practiced today. The NMTCB has a fiduciary responsibility to the profession to maintain high standards of reliability and validity for the examinations it offers. The NMTCB takes this duty very seriously, and continually strives for its examinations to remain relevant yet comprehensive. In keeping with this particular aim, the NMTCB periodically performs a task analysis. In keeping with the goal of remaining relevant, the current task analysis updates will be published in 2009, with the goal of beginning to test on updated content in 2010.

The task analysis procedure has three main components which ultimately manifest in changes to the content of the entry-level nuclear medicine technology examination the NMTCB offers. First the NMTCB develops an instrument, and a random survey is conducted. Second, the results of the survey are analyzed and assessed for their criticality in current practice of nuclear medicine technology. Finally the results of the data analysis are incorporated into the documents that outline the content of the examination. There are three main documents that the NMTCB uses the information from the task analysis to update. They are the task list (TL), the detailed equipment and procedures list (DEPL), and the components of preparedness statement (COPS).

The components of preparedness statement (COPS) document can be most useful to educators and candidates preparing for the examination. The COPS is a detailed description of the basic tasks involving the items listed in the more concise task list (TL). This includes nuclear medicine equipment, procedures, and pharmaceuticals that a nuclear medicine technologist working in a variety of settings could likely be exposed to.

Once in publication the new COPS will be sent to all known nuclear medicine technology educational programs. New programs or those that have had recent changes in location or accreditation should contact the NMTCB directly to ensure timely delivery of updated information. The most current iterations of these documents will also be available on the NMTCB website at [www.NMTCB.org](http://www.NMTCB.org).

The survey instrument that was used to conduct for the task analysis was developed based on the content of the current TL, DEPL, and COPS. It also incorporated items that were considered to be possible additions to the content base. The original survey draft form was sent to a small number of certified nuclear medicine technologists. The questions on the survey required respondents to rate the frequency with which they performed each task. Participants were also asked to indicate the equipment, pharmaceuticals, and procedures that were routinely utilized at their facilities. Equipment, pharmaceuticals, and procedures were not subjected to a frequency scale due to the fact that many by nature are not performed with great frequency, such as I123 MIBG, red cell mass, and others. Once problem areas on the survey were addressed, a revised instrument was sent out to 1200 randomly selected CNMTs. Of the 1200 surveys sent out, 572 were completed and returned by the specified deadline. This yielded an acceptable response rate of 47.7%. The data was analyzed and sorted by psychometric consultant Anthony Knight, and the results were forwarded to the NMTCB task analysis committee for review.

During the spring 2009 NMTCB Board meeting, the results of the survey were presented by the task analysis committee. A discussion was held by the full Board as to the changes to be made to the examination content. A set nominal cutoff was not used in determination of changes to be made to the examination content. The task analysis committee rather relied on a combination of usage of numerical parameters to identify items to be considered for modification. Items on the current examination falling below 15% on the survey were all reviewed for their criticality in current practice of nuclear medicine technology. Items not currently on the examination that scored above 15% were taken into consideration for addition to the examination. From there, expert opinion of task analysis committee, and other Board members further guided the decision of whether items were to be added to, or removed from examination content.

*(Con'd TA Report..., Pg 9, Col.1)*



*(Con'd from TA Report..., Pg 8, Col.2)*

Items that will be removed from the entry-level examination include; hemocytometer, wet film, venogram, schillings test, I125 serum albumin/RISA, I125 lothalamate. The task data results were also discussed and the only active item falling below 15% was the dose calibrator geometry test. It was decided based on criticality that the item would remain on the exam.

Items to be added to the examination content were in the area of computed tomography (CT). Since the advent of the hybrid/fusion imaging technology, our field has become increasingly intertwined with other modalities. The foremost of these is obviously CT. Based on the responses given via the task analysis survey roughly 25% of nuclear medicine technologists surveyed are already performing CT examinations. Many of these are low-dose CT scans, being used solely for attenuation correction or localization in conjunction with a PET or SPECT nuclear medicine imaging system. There are however a significant number of nuclear medicine technologists already performing diagnostic quality CT examinations that may involve the use of contrast agents. For the NMTCB's examination to remain relevant, this trend must certainly be reflected in upcoming nuclear medicine technology certification examinations. It was the consensus of the NMTCB board of directors to retain the integrity of the groupings and the psychometrics of the exam. It was decided to make the following alterations to the task list (TL). Tasks 22 and 23 will be combined into one task (22). The new task 23 will be to Perform and evaluate quality control on the CT imaging system. In addition task 40 will have Oral/IV contrast added to it. The detailed equipment and procedures (DEPL) list will have CT specific content added to include quality control, equipment, computers, procedures, contrast agents, and interventional pharmaceuticals. The components of preparedness statement (COPS) will be altered to reflect the aforementioned changes in the task list. In addition significant additions will be made in task 28 with regard to patient care items that are unique to CT. The other area that will be affected is task 36, where an entire new section will be integrated to include equipment preparation and image acquisition for CT. It is the position of the NMTCB that entry-level nuclear medicine technologists should be thoroughly familiarized with CT imaging technology. Based on the results of the most recent task analysis survey there is a high likelihood that their professional practice will involve performing CT scanning at some point.

The final outcome of the task analysis process is that the NMTCB examination still accurately demonstrates the knowledge required to practice effectively in the profession. There are however, a few antiquated concepts that will be removed from the examination content base. Furthermore, an exciting new trend has emerged with the continued growth of hybrid imaging. CT has already become part of what many nuclear medicine technologists have been doing for the past few years. PET/CT, SPECT/CT, and other hybrid modalities will only continue to become a more integral part of who we are as healthcare professionals. We will continue to see rapid growth in these and other areas as new dual modality technologies find their way into the various settings in which nuclear medicine technologists practice.

## NMTCB SELECTS A NEW EXAMINATION ADMINISTRATION ORGANIZATION FOR SPECIALTY EXAMS

**Robert Pagnanelli, CNMT, NCT**

**T**he NMTCB voted to approve the Nuclear Cardiology Technologist exam administered by ISO-Quality Testing, Inc. (IQT) effective January 2009. Financially this transition will allow the registration fee to remain modest compared to other imaging examinations. Behind the scenes, administrative changes to the existing examinations as well as the addition of new examinations will be much smoother than the previous process.

To the candidates, the most visible change will be the often requested preliminary result available at the testing center at the completion of the exam. This score will be verified by our office and official documentation will be mailed to the candidate as it was previously. Additionally, should you fail the exam you will receive a breakdown of scoring in each content area so you can better prepare in the future.

The mission of ISO-Quality Testing, Inc. (IQT) is to provide secure, user-friendly, high quality, reasonably-priced computerized examination delivery services to credentialing bodies, and the candidates which they examine, at available secure and monitored locations around the world. To examination candidates, IQT offers a straightforward and timely administrative process for

*(Con'd New Exam Admin..., Pg 10, Col.1)*

(Con'd from *New Exam Admin...., Pg 9, Col.2*)  
registering, and scheduling the examination;  
secure and standardized testing conditions;  
and pleasant and knowledgeable customer service from  
the interaction with any ISO-Quality representa-  
tive.

NCT candidates and the NMTCB have been  
very pleased with the service provided by IQT  
during the past few months. We look forward to a  
continuous and growing relationship between ISO-  
Quality Testing, Inc. and the Nuclear Medicine  
Technologist Certification Board.

## RENEWAL POLICY CLARIFIED

**D**uring this past renewal season, we received  
several calls and emails, from certificants  
and employers, asking about the NMTCB  
"Grace Period" policy and how it works.

To be succinct, the ***NMTCB does not  
allow for a grace period regarding certification.***  
NMTCB policy has always been that certification is  
good through the date printed on the certification  
card. After that date, certification has lapsed  
unless it has been successfully renewed.

This policy remains unchanged so, for  
example, certificants whose certification is good  
through July 31, 2009 must meet all of the require-  
ments to renew before July 31<sup>st</sup> or their certifica-  
tion will lapse and they will be subject to the  
reactivation policy described elsewhere in this  
newsletter.

**Typically, the requirements to renew  
include:**

- (a) **answering all four of the required ethics  
questions;**
- (b) **providing adequate explanation for any  
"yes" answers to the ethics questions;**
- (c) **signing the renewal application; and**
- (d) **paying in full all renewal fees, including  
those assessed for specialty  
certification.**

***Your certification will lapse if you fail to  
meet all of these requirements prior to the  
close of business on the last date of certifica-  
tion.***

Again, ***there is NO grace period.*** Certifica-  
tion is due on or before the last date of certifica-  
tion. This date is printed on the certification card  
and is also available on our Online Verification page  
and in the Certificant Directory, both available on  
our website.

For currently active certificants, renewal  
may be completed by mail or online at  
[www.nmtcb.org](http://www.nmtcb.org). We recommend that you renew  
well before your last date of certification. We also  
recommend that you verify that your renewal has  
been successful by checking online before your  
last date of certification.

If you have any questions or find any  
apparent discrepancies, please call our office right  
away at (404) 315-1739.

## HOT TOPICS IN NM ADVOCACY

Marcia L. Hess Smith, CNMT

### THE CARE BILL

The Care Bill is alive and well. The Care Bill  
stands for ***the Consistency, Accuracy, Responsi-  
bility and Excellence in Medical Imaging and Radia-  
tion Therapy*** Bill and promotes basic educational  
and certification standards for health care workers  
who administer radiologic procedures in every  
state in the union. In March a large group of

**CONSISTENCY** representatives from all of the  
**ACCURACY** radiological fields, including NM,  
**RESPONSIBILITY** gathered in Washington DC to  
**EXCELLENCE** meet with their state House and  
Senate representative to lobby for

co-sponsorship support for the bill. You may be  
asked to support this bill in "virtual" marches  
through grass route efforts by the professional  
organizations. Please consider taking time to write  
a letter or send an email to your Senator or Con-  
gressional Representative and support the efforts  
to promote quality and safety in our imaging and  
therapy professions.

### MIPPA

In July 2008, the Medicare Improvements  
for Patients and Providers Act of 2008 (MIPPA)  
was approved by Congress and put into law.  
MIPPA requires an accreditation of the technical  
component by 2012, for Medicare reimbursement  
for advanced diagnostic imaging services, including  
MRI, CT and nuclear medicine/PET. Accreditation  
entities have yet to be identified by the Secretary

of Health and Humans Services, but MIPPA will take effect by 2012. This primarily affects outpatient imaging clinics and not hospital departments. The accreditation organization(s) must have criteria to evaluate medical personnel, medical directors, supervising physicians, equipment, safety procedures, and quality assurance programs.

MIPPA also establishes a two-year, voluntary demonstration program to test the use of appropriateness criteria for advanced diagnostic imaging. Referring physicians can voluntarily submit their names to be chosen. This project is designed to assess the appropriate use of imaging services.

### TJC REVISES STANDARD

The Joint Commission recently published a revision to its hospital accreditation standard MM 05.01.07 that previously read "for hospitals that use Joint Commission accreditation for deemed status purposes: In-house preparation of

radiopharmaceuticals is done by, or under the direct supervision of, an appropriately trained registered pharmacist or doctor of medicine or osteopathy."

The new language reads "for hospitals that use Joint Commission accreditation for deemed status purposes: In-house preparation of radiopharmaceuticals is done by, or under the supervision of, an appropriately trained registered pharmacist or doctor of medicine or osteopathy.

Removing the word "direct" allows in-house preparation of radiopharmaceuticals to continue WITHOUT the restriction of an appropriately trained registered pharmacist or doctor of medicine or osteopathy, to be in the hot laboratory when radiopharmaceuticals are being prepared. The obvious burden to patient care in on-call situations would have been devastating if this had not been rectified.



## CALL FOR DIRECTORS

**T**he **N**uclear **M**edicine **T**echnology **C**ertification **B**oard (**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](mailto:board@nmtcb.org). Applications are also available on the NMTCB website at [www.nmtcb.org](http://www.nmtcb.org) under the tab "Resources".

**Completed applications received by August 15, 2009 will be reviewed at the fall NMTCB Board meeting. The four-year term for the newly elected director begins on January 1, 2010.**



**2009**

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Anne M. Fisher, CNMT

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**Chair Elect**

Chad M. Grant, CNMT

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**Secretary**

Jimel M. Carpenter, CNMT, NCT

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**Treasurer**

Danny A. Basso, CNMT, NCT

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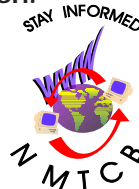
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**ATTENTION**

**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](http://www.nmtcb.org) and choose **“Address Change”** under **Certificants** to make corrections to your contact information.

**MEN AND WOMEN  
OF THE  
ARMED FORCES**

**T**hank you for your service. The NMTCB will waive the requirement for active duty military service personnel to obtain continuing education hours while deployed overseas. To apply for this waiver, download the waiver form ([www.nmtcb.org/MilitaryWaiver%20Form.pdf](http://www.nmtcb.org/MilitaryWaiver%20Form.pdf)), complete it, and send it along with a copy of the deployment orders to the NMTCB office.