



RADIOGRAPHY EXAMINING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Valerie Payne (608) 266-2112
July 29, 2020

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions of the Board.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-3)**
- B. Approval of Minutes of July 31, 2019 (4-9)**
- C. Conflicts of Interest**
- D. Introductions, Announcements and Recognition**
 - 1) Tim Szczykutowicz, Radiologic Physicist Member (Will Replace: Marshall) – 7/1/2024
- E. 9:00 A.M. PUBLIC HEARING: Scope Statement SS 021-19 – RAD 7, Relating to Requirements for License and Permit Renewal Reinstatement (10)**
 - 1) Review and Respond to Public Comments
- F. Administrative Rule Matters – Discussion and Consideration (10)**
 - 1) Proposals for RAD 7, Relating to Requirements for License and Permit Renewal Reinstatement **(11-21)**
 - 2) Proposals for RAD 2 and 3, Relating to Requirements for Licenses and Permits **(22-107)**
 - 3) Pending or Possible Rulemaking Projects
 - a. Update on Rules Revising RAD 1 and 4, Relating to Scope of Practice
 - b. 2019 American Society of Radiologic Technologists Practice Standards for Medical Imaging and Radiation Therapy
- G. Administrative Matters – Discussion and Consideration**
 - 1) Department, Staff and Board Updates
 - 2) Annual Policy Review **(108)**
 - 3) Election of Officers, Appointment of Liaisons and Alternates, Delegation of Authorities **(109-115)**
 - 4) 2020 Meeting Dates **(116)**
 - 5) Board Members – Term Expiration Dates

- a. Donald Borst – 7/1/2021
- b. Paul Grebe – 7/1/2023
- c. Tracy Marshall – 7/1/2020
- d. Heidi Nichols – 7/1/2020

H. Discussion and Consideration of Items Added After Preparation of Agenda

- 1) Introductions, Announcements and Recognition
- 2) Nominations, Elections, and Appointments
- 3) Administrative Matters
- 4) Election of Officers
- 5) Appointment of Liaisons and Alternates
- 6) Delegation of Authorities
- 7) Education and Examination Matters
- 8) Credentialing Matters
- 9) Practice Matters
- 10) Legislative and Policy Matters
- 11) Administrative Rule Matters
- 12) Liaison Reports
- 13) Board Liaison Training and Appointment of Mentors
- 14) Informational Items
- 15) Division of Legal Services and Compliance (DLSC) Matters
- 16) Presentations of Petitions for Summary Suspension
- 17) Petitions for Designation of Hearing Examiner
- 18) Presentation of Stipulations, Final Decisions and Orders
- 19) Presentation of Proposed Final Decisions and Orders
- 20) Presentation of Interim Orders
- 21) Petitions for Re-Hearing
- 22) Petitions for Assessments
- 23) Petitions to Vacate Orders
- 24) Requests for Disciplinary Proceeding Presentations
- 25) Motions
- 26) Petitions
- 27) Appearances from Requests Received or Renewed
- 28) Speaking Engagements, Travel, or Public Relation Requests, and Reports

I. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

J. Deliberation on Division of Legal Services and Compliance Matters

- 1) Stipulations, Final Decisions and Orders**
 - a. 18 RAD 007 – Stephanie A. Rouse, RTR (**117-123**)
- 2) Administrative Warnings**
 - a. 18 RAD 002 – R.A.S. (**124-125**)
 - b. 19 RAD 005 – K.J.K. & R.T.R (**126-127**)
- 3) Case Closings**
 - a. 19 RAD 002 – Unknown (**128-130**)

K. Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) DLSC Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petitions for Summary Suspensions
- 7) Petitions for Designation of Hearing Examiner
- 8) Proposed Stipulations, Final Decisions and Orders
- 9) Proposed Interim Orders
- 10) Administrative Warnings
- 11) Review of Administrative Warnings
- 12) Case Closings
- 13) Proposed Final Decisions and Orders
- 14) Matters Relating to Costs/Orders Fixing Costs
- 15) Board Liaison Training
- 16) Petitions for Assessments and Evaluations
- 17) Petitions to Vacate Orders
- 18) Remedial Education Cases
- 19) Motions
- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

L. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

M. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

N. Open Session Items Noticed Above Not Completed in the Initial Open Session

O. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

NEXT MEETING: DECEMBER 9, 2020

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer at 608-266-2112 or the Meeting Staff at 608-266-5439.

**RADIOGRAPHY EXAMINING BOARD
MEETING MINUTES
JULY 31, 2019**

PRESENT: Donald Borst, Paul Grebe, Tracy Marshall, Heidi Nichols

STAFF: Yolanda McGowan, Executive Director; Dale Kleven, Rule Coordinator; Kimberly Wood, Program Assistant Supervisor-Advanced; and other Department staff

CALL TO ORDER

Donald Borst, Chairperson, called the meeting to order at 9:04 a.m. A quorum of four (4) members was confirmed.

ADOPTION OF AGENDA

MOTION: Heidi Nichols moved, seconded by Tracy Marshall, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF DECEMBER 12, 2018

MOTION: Tracy Marshall moved, seconded by Heidi Nichols, to approve the Minutes of December 12, 2018 as published. Motion carried unanimously.

ADMINISTRATIVE UPDATES

Election of Officers

Chairperson

NOMINATION: Donald Borst nominated himself for the Office of Chairperson.

Yolanda McGowan, Executive Director, called for nominations three (3) times.

Donald Borst was elected as Chairperson by unanimous voice vote.

Vice Chairperson

NOMINATION: Donald Borst nominated Tracy Marshall for the Office of Vice Chairperson.

Yolanda McGowan, Executive Director, called for nominations three (3) times.

Tracy Marshall was elected as Vice Chairperson by unanimous voice vote.

Secretary

NOMINATION: Tracy Marshall nominated Heidi Nichols for the Office of Secretary.

Yolanda McGowan, Executive Director, called for nominations three (3) times.

Heidi Nichols was elected as Secretary by unanimous voice vote.

2019 ELECTION RESULTS	
Chairperson	Donald Borst
Vice Chairperson	Tracy Marshall
Secretary	Heidi Nichols

Appointment of Liaisons and Alternates

2019 LIAISON APPOINTMENTS	
Credentialing Liaison(s)	Donald Borst <i>Alternate: Tracy Marshall</i>
Education and Exams Liaison(s)	Heidi Nichols <i>Alternate: Donald Borst</i>
Monitoring Liaison(s)	Heidi Nichols <i>Alternate: Paul Grebe</i>
Professional Assistance Procedure (PAP) Liaison(s)	Tracy Marshall <i>Alternate: Paul Grebe</i>
Legislative Liaison(s)	Donald Borst <i>Alternate: Heidi Nichols</i>
Travel Liaison	Donald Borst <i>Alternate: Tracy Marshall</i>
Practice Question Liaison(s)	Heidi Nichols <i>Alternate: Donald Borst</i>
Rules Liaison(s)	Donald Borst <i>Alternate: Tracy Marshall</i>
Website Liaison	Donald Borst
Screening Panel	Donald Borst, Tracy Marshall <i>Alternate: Heidi Nichols</i>

Delegation of Authorities

Document Signature Delegations

MOTION: Tracy Marshall moved, seconded by Heidi Nichols, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

MOTION: Heidi Nichols moved, seconded by Paul Grebe, in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director or DPD Division Administrator, the authority to sign on behalf of a board member as necessary. Motion carried unanimously.

Delegated Authority for Urgent Matters

MOTION: Paul Grebe moved, seconded by Heidi Nichols, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Monitoring Delegation

MOTION: Heidi Nichols moved, seconded by Donald Borst, to adopt the “Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor” as presented in the July 31, 2019 agenda materials pages 13-14. Motion carried unanimously.

Delegation of Authority to Credentialing Liaison

MOTION: Heidi Nichols moved, seconded by Donald Borst, to delegate authority to the Credentialing Liaison(s) to serve as a liaison between DSPS and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them except that potential denial decisions shall be referred to the full Board for final determination. Motion carried unanimously.

Delegation of Authority to DSPS When Credentialing Criteria is Met

MOTION: Donald Borst moved, seconded by Heidi Nichols, to delegate credentialing authority to DSPS to act upon applications that meet all credentialing statutory and regulatory requirements without Board or Board liaison review. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: Heidi Nichols moved, seconded by Donald Borst, that the Department’s Attorney Supervisors, DLSC Administrator, or their designee, are authorized to serve as the Board’s designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential. Motion carried unanimously.

Voluntary Surrenders

MOTION: Tracy Marshall moved, seconded by Heidi Nichols, to delegate authority to the assigned case advisor to accept or refuse a request for voluntary surrender pursuant to Wis. Stat. § 440.19 for a credential holder who has a pending complaint or disciplinary matter. Motion carried unanimously.

Education and Examination Liaison Delegation(s)

MOTION: Donald Borst moved, seconded by Heidi Nichols, to delegate authority to the Education and Examination Liaison(s) to address all issues related to education and examinations. Motion carried unanimously.

Authorization for DSPS to Provide Board Member Contact Information to National Regulatory Related Bodies

MOTION: Donald Borst moved, seconded by Paul Grebe, to authorize DSPS staff to provide national regulatory related bodies with all Board member contact information that DSPS retains on file. Motion carried unanimously.

Optional Renewal Notice Insert Delegation

MOTION: Heidi Nichols moved, seconded by Paul Grebe, to designate the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to provide a brief statement or link relating to board-related business within the license renewal notice at the Board's or Board designee's request. Motion carried unanimously.

Legislative Liaison Delegation

MOTION: Tracy Marshall moved, seconded by Paul Grebe, to delegate authority to the Legislative Liaisons to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

Travel Delegation

MOTION: Heidi Nichols moved, seconded by Paul Grebe, to delegate authority to the Travel Liaison(s) to approve any board member travel. Motion carried unanimously.

Board Member – Term Expiration Date

MOTION: Heidi Nichols moved, seconded by Donald Borst, to recognize and thank Michele Goodweiler for her 4 years of dedicated service to the Board and State of Wisconsin. Motion carried unanimously.

PUBLIC HEARING: CR 19-084 – RAD 1 and 4, Relating to Scope of Practice

MOTION: Donald Borst moved, seconded by Heidi Nichols, to accept all Clearinghouse comments for Clearinghouse Rule CR 19-084, relating to scope of practice. Motion carried unanimously.

MOTION: Heidi Nichols moved, seconded by Donald Borst, to authorize the Chairperson, the highest-ranking officer, or the longest serving member of the board, in order of succession, to approve the Legislative Report and Draft for Clearinghouse Rule CR 19-084, relating to scope of practice, for submission to the Governor's Office and Legislature. Motion carried unanimously.

MOTION: Tracy Marshall moved, seconded by Paul Grebe, to authorize the Chairperson, the highest-ranking officer, or the longest serving member of the board, in order of succession, to approve the Adoption Order for Clearinghouse Rule CR 19-084, relating to scope of practice. Motion carried unanimously.

LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

Adoption Order: CR 18-073, Relating to Continuing Education

MOTION: Donald Borst moved, seconded by Paul Grebe, to approve the Adoption Order for Clearinghouse Rule CR 18-073, relating to continuing education. Motion carried unanimously.

Notice of Preliminary Hearing on Statement of Scope SS 021-19, Relating to Requirements for Licensure and Permit Renewal and Reinstatement

MOTION: Heidi Nichols moved, seconded by Donald Borst, to approve the Notice of Preliminary Hearing on Statement of Scope for SS 021-19, relating to requirements for license and permit renewal and reinstatement. Motion carried unanimously.

Scope Statement for RAD 2 and 3, Relating to Requirements for Licenses and Permits

MOTION: Donald Borst moved, seconded by Tracy Marshall, to approve the Scope Statement revising RAD 2 and 3, relating to requirements for licenses and permits, for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. Motion carried unanimously.

MOTION: Donald Borst moved, seconded by Heidi Nichols, that if the Board is directed under s. 227.136 (1), Stats., to hold a preliminary public hearing and comment period on the Scope Statement revising RAD 2 and 3, the Chairperson is authorized to approve the notice required under s. 227.136 (2), Stats. Motion carried unanimously.

CLOSED SESSION

MOTION: Heidi Nichols moved, seconded by Paul Grebe, to convene to Closed Session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (s. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Donald Borst, Chairperson, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Donald Borst-yes; Paul Grebe-yes; Tracy Marshall-yes; and Heidi Nichols-yes. Motion carried unanimously.

The Board convened into Closed Session at 10:15 a.m.

DELIBERATION ON DLSC MATTERS

Administrative Warnings

17 RAD 004 – K.J.C.

MOTION: Tracy Marshall moved, seconded by Paul Grebe, to issue an Administrative Warning in the matter of K.J.C., DLSC Case Number 17 RAD 004. Motion carried unanimously.

Proposed Stipulations, Final Decisions, and Orders

18 RAD 004 – Emma C. Newkirk, R.T.

MOTION: Heidi Nichols moved, seconded by Paul Grebe, to adopt the Finding of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Emma C. Newkirk, R.T., DLSC Case Number 18 RAD 004. Motion carried unanimously.

18 RAD 005 – Krista A. Wasielewski, R.T.

MOTION: Heidi Nichols moved, seconded by Paul Grebe, to adopt the Finding of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Krista A. Wasielewski, R.T., DLSC Case Number 18 RAD 005. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Heidi Nichols moved, seconded by Donald Borst, to reconvene in Open Session. Motion carried unanimously.

The Board reconvened in Open Session at 10:42 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Heidi Nichols moved, seconded by Paul Grebe, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the closed session motions stand for the purposes of the affirmation vote.)

RATIFICATION OF EXAMINATION RESULTS AND RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Heidi Nichols moved, seconded by Tracy Marshall, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Donald Borst moved, seconded by Heidi Nichols, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:45 a.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dale Kleven Administrative Rules Coordinator		2) Date When Request Submitted: 7/17/20 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Radiography Examining Board			
4) Meeting Date: 7/29/20	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 9:00 A.M. Public Hearing: Scope Statement SS 021-19 – RAD 7, Relating to Requirements for License and Permit Renewal and Reinstatement 1. Review and Respond to Public Comments Administrative Rule Matters – Discussion and Consideration 1. Proposals for RAD 7, Relating to Requirements for License and Permit Renewal and Reinstatement 2. Proposals for RAD 2 and 3, Relating to Requirements for Licenses and Permits 3. Pending or Possible Rulemaking Projects a. Update on Rules Revising RAD 1 and 4, Relating to Scope of Practice b. 2019 American Society of Radiologic Technologists Practice Standards for Medical Imaging and Radiation Therapy	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: 			
11) Authorization			
<i>Dale Kleven</i>		<i>July 17, 2020</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATEMENT OF SCOPE

Radiography Examining Board

Rule No.: Chapter RAD 7

Relating to: Requirements for License and Permit Renewal and Reinstatement

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only):

N/A

2. Detailed description of the objective of the proposed rule:

The objective of the proposed rule is to create ch. RAD 7 to specify the requirements for renewal and reinstatement of a license as a radiographer or a limited x-ray machine operator permit.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

Current rules are silent concerning the requirements for renewal and reinstatement of a license as a radiographer or a limited x-ray machine operator permit. Although s. 462.05, Stats., contain the requirements for renewal of a license or permit, these provisions do not specify the requirements for late renewal or reinstatement of a license or permit that has not been renewed within 5 years when the license or permit holder has unmet disciplinary requirements, or the license or permit has been revoked or surrendered.

The proposed rule would create new policy concerning the requirements for late renewal and reinstatement of a license as a radiographer and a limited x-ray machine operator permit. If the rules are not updated, these requirements will remain unclear.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

Section 15.08 (5) (b), Stats., provides that an examining board, such as the Radiography Examining Board, "shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains . . ."

Section 440.08 (3) (b), Stats., provides authority for the Radiography Examining Board to promulgate rules requiring the holder of a credential who fails to renew the credential within 5 years after its renewal date to complete requirements to restore the credential, in addition to the applicable requirements for renewal established under chs. 440 to 480, Stats., that the Board determines are necessary to protect the public health, safety, or welfare. The rules may not require the holder to complete educational requirements or pass examinations that are more extensive than the educational or examination requirements that must be completed to obtain an initial credential from the Board.

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

70 hours

Rev. 3/6/2012

6. List with description of all entities that may be affected by the proposed rule:

Individuals applying for late renewal or reinstatement of a license as a radiographer or a limited x-ray machine operator permit.

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

The proposed rule will have minimal to no economic impact on small businesses and the state's economy as a whole.

Contact Person: Dale Kleven, Administrative Rules Coordinator, DSPSAdminRules@wisconsin.gov, (608) 261-4472

Approved for publication:


Authorized Signature


Date Submitted

Approved for implementation:

Authorized Signature

Date Submitted



Wisconsin Society of Radiologic Technologists

12-11-19

Mr. Dale Kleven
Administrative Rules Coordinator
Department of Safety and Professional Services
Division of Policy Development
P.O Box 8366

The Wisconsin Society of Radiologic Technologists (WSRT) is the professional organization of radiologic technologists in the state of Wisconsin. The WSRT represents approximately 7,000 registered radiologic professionals. The WSRT is in strong support of the licensure of radiologic technologists and issuance of permits to qualified limited x-ray machine operators (LXMO). Chapter 462 of Wisconsin State Statutes was enacted in 2010 to ensure that patients receive only safety-conscious, cost-effective, and quality diagnostic imaging throughout the state.

Background:

Chapter 462 and its current rules were created to reflect the Articles of the Rules and Regulations of the American Registry of Radiologic Technologists (ARRT), representing the highest standards of radiologic practices and patient care. Wisconsin law ascribes to **ARRT Articles I-Certification and Registration, Article II -Qualifications for Certification and Registration, and to Article III Certification and Registration Process** to qualify for the Wisconsin radiographer license. **Articles IV and V, Qualifications for Continued Certification and Registration and the Certification and Registration Renewal Processes**, respectively, speak directly to maintaining one's ARRT certification, and therefore, eligibility for the Wisconsin radiographer license.

Recommendation:

The WSRT is in support of the creation of a Statement of Scope for RAD 7, related to requirements for late renewal and reinstatement of a license for radiographer and a permit for the limited x-ray machine operator. In this endeavor, the WSRT advocates that the ARRT Rules serve as the template for this new policy. The **ARRT Rules in Section 5.03- Failure to Renew Certification and Registration** describe the ramifications of failing to comply with ARRT requirements to maintain one's registered status, including discontinuation of registration and certification. **ARRT Article VI, Qualifications for Reinstatement of Certification and Registration** details the methods for a registered technologist to restore their ARRT credentials, and therefore requalify for the Wisconsin radiographer license. The proposed state RAD 7

should naturally reflect **the ARRT Article VI** requirements, as Chapter 462 recognizes ARRT radiographer credentialing and registration as the qualifier for the Wisconsin radiographer license. The LXMO permittee should be held to the standards of **ARRT Article VI, Section 6.03 (a)(b)(c)(d).Education and/or Examination Requirements for Reinstatement where applicable.** This includes substituting 12 CE credits for the 24 required of the registered radiographer, according to the time periods described. Also the LXMO is not bound by ARRT Continuing Qualification Requirements CQR (10 year time limitations) in ARRT Article II Section 2.07). However, the board should consider that failure to request LXMO reinstatement more than 12 months after the CE biennium date should not be allowed without successful re-examination. This recommendation is in line with guidelines currently set for the radiographer by the ARRT. The LXMO practices radiography the same as a radiographer in all respects, limited to their scope of practice. The state and Radiography Examining Board should allow no lesser standard of radiologic practice among the two levels of patient care.

To be eligible for the Wisconsin LXMO permit Chapter 462 requires passage of the Limited X-ray Machine Operator examination developed by the American Registry of Radiologic Technologists (RAD 3.03), limited to the specific regions of the body of the applicant's practice, specified in the law. For renewal of the LXMO permit, **Chapter RAD 5 CONTINUING EDUCATION** requires that the LXMO (and radiographer) "at the time of making an application for renewal of a license or permit, sign a statement on the application certifying the continuing education requirements under s. RAD 5.01 (1) or (2) have been satisfied." (**RAD 5.01 (1) and (2)** recognize the 24 hour continuing education (C.E) credit and 12 hour C.E credit for the radiographer and LXMO permittee respectively). **Chapter 462 Rad 5.01 (4) Credit for ARRT certification** states "the board shall accept active certification from the ARRT." As designed in the law, the ARRT serves as the automatic mechanism verifying compliance with credentialing requirements of the registered technologist which qualifies for the Wisconsin radiographer license. The LXMO is not credentialed by the ARRT, but rather permitted by the state to practice on a limited scope. The renewal of the LXMO permit relies on the applicant to maintain records of their 12 ARRT-approved continuing education credits attained in the previous biennium. Currently there is no automatic mechanism for positive verification by the state board of compliance with this LXMO continuing education requirement. Only under **RAD 5.04** "the board shall audit for compliance" with the CE requirements an individual who is "under investigation by the board for alleged misconduct." While it is noble to rely on the veracity of the individual, it would be ideal if the board had a simple method to verify the educational credits attained for the renewal of the LXMO permit under normal circumstances. Chapter 462 was enacted to ensure compliance with established high standards of radiologic care, in the interest of patient safety, regardless of the setting and scope of practice the radiography is performed.

Thank you for the opportunity to provide input on the proposed section RAD 7 of Chapter 462.

Respectfully submitted,

Sandra Helinski RTR, QM, MR
WSRT Legislative Committee Chairperson
1213 South 64 Street, West Allis, WI 53214

CHAPTER 440

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

	SUBCHAPTER I GENERAL PROVISIONS		
440.01	Definitions.	440.63	Persons providing practical instruction in schools.
440.02	Bonds.	440.635	Persons providing practical instruction in specialty schools.
440.03	General duties and powers of the department.	440.64	Regulation of schools and specialty schools.
440.032	Sign language interpreting.		SUBCHAPTER VII CREMATORY AUTHORITIES
440.035	General duties and powers of examining boards and affiliated credentialing boards.	440.70	Definitions.
440.04	Duties of the secretary.	440.71	Registration; renewal.
440.042	Advisory committees.	440.73	Authorization forms.
440.043	Behavioral health review committee.	440.75	Liability of a person who directs the cremation of human remains.
440.045	Disputes.	440.76	Revocation of authorization.
440.05	Standard fees.	440.77	Delivery and acceptance of human remains.
440.052	Initial credential fee reduction.	440.78	Cremation requirements.
440.055	Credit card payments.	440.79	Deliveries of cremated remains.
440.06	Refunds and reexaminations.	440.80	Disposition of cremated remains.
440.07	Examination standards and services.	440.81	Records.
440.071	No degree completion requirement to sit for examination.	440.82	Exemptions from liability.
440.075	Military service education, training, instruction, or other experience.	440.83	Electronic transmission permitted.
440.08	Credential renewal.	440.84	Rules.
440.09	Reciprocal credentials for service members, former service members, and their spouses.	440.85	Discipline.
440.11	Change of name or address.	440.86	Penalties.
440.12	Credential denial, nonrenewal and revocation based on tax or unemployment insurance contribution delinquency.	440.87	Exceptions.
440.121	Credential denial, nonrenewal, and revocation based on incompetency.		SUBCHAPTER VIII SUBSTANCE ABUSE COUNSELORS, CLINICAL SUPERVISORS, AND PREVENTION SPECIALISTS
440.13	Delinquency in support payments; failure to comply with subpoena or warrant.	440.88	Substance abuse counselors, clinical supervisors, and prevention specialists.
440.14	Nondisclosure of certain personal information.		SUBCHAPTER IX CEMETERY AUTHORITIES, SALESPERSONS AND PRENEED SELLERS
440.15	No fingerprinting.	440.90	Definitions.
440.19	Voluntary surrender of license, permit, or certificate.	440.905	General duties and powers of board.
440.20	Disciplinary proceedings.	440.91	Cemetery authorities and cemetery salespersons.
440.205	Administrative warnings.	440.92	Cemetery preneed sellers.
440.21	Enforcement of laws requiring credential.	440.93	Disciplinary actions and proceedings.
440.22	Assessment of costs.	440.945	Cemetery monuments.
440.23	Cancellation of credential; reinstatement.	440.947	Disclosures and representations for certain sales.
440.25	Judicial review.	440.95	Penalties.
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a client in any legal setting or setting related to treatment, as defined in s. 51.01 (17), involving mental health, as determined by the department after receiving advice from the committee.

(b) *Interpretation in legal settings.* No sign language interpreter—advanced hearing, sign language interpreter—intermediate deaf, or sign language interpreter—advanced deaf licensee may provide sign language interpretation services to a client in any legal setting, as determined by the department after receiving advice from the committee, unless he or she is also authorized, including under a provisional status, by the supreme court to act as a qualified interpreter in court proceedings under s. 885.38 (2).

(c) *Interpretation in mental health settings.* 1. No sign language interpreter—intermediate deaf licensee may provide sign language interpretation services to a client in any setting related to treatment, as defined in s. 51.01 (17), involving mental health, as determined by the department after receiving advice from the committee.

2. Beginning on September 1, 2023, no sign language interpreter—advanced hearing or sign language interpreter—advanced deaf licensee may provide sign language interpretation services to a client in any setting related to treatment, as defined in s. 51.01 (17), involving mental health, as determined by the department after receiving advice from the committee, unless the licensee satisfies requirements established by the department by rule after receiving advice from the committee.

(5) LICENSE RENEWAL. The renewal dates for licenses granted under sub. (3) are specified in s. 440.08 (2) (a) 68c. Renewal applications shall be submitted to the department on a form provided by the department and shall include the renewal fee determined by the department under s. 440.03 (9) (a) and evidence satisfactory to the department that the person's certification or membership specified in sub. (3) that is required for the license has not been revoked or invalidated.

(5m) IDENTIFICATION CARDS. The department, after receiving advice from the committee, may promulgate rules requiring all interpreters licensed under sub. (3) to have an identification card with them at all times while providing sign language interpretation services to clients for compensation. The department shall issue the identification card in the format determined by the department. The identification card issued to a licensee for purposes of this subsection shall satisfy all of the following conditions:

(a) Include all of the following:

1. The interpreter's full name.
2. The interpreter's licensure category, whether sign language interpreter—intermediate hearing, sign language interpreter—advanced hearing, sign language interpreter—intermediate deaf, or sign language interpreter—advanced deaf.
3. Any applicable licensure restriction.
4. A statement whether the interpreter is authorized by the supreme court to act as a qualified interpreter in court proceedings under s. 885.38 (2) and whether that authorization is provisional.
5. Any other information required by the department.

(b) Be color-coded based on the interpreter's licensure category identified under par. (a) 2. An intermediate license shall be yellow. An advanced license shall be green.

(6m) SIGN LANGUAGE INTERPRETERS ADVISORY COMMITTEE.

(a) The secretary shall appoint an advisory committee under s. 440.042 that shall be called the sign language interpreters advisory committee. The committee shall consist of the secretary or a designee and the following 8 members:

1. Five deaf or hard of hearing individuals who are or have been clients of a sign language interpreter, at least one of whom is a graduate of a residential school for the deaf or hard of hearing and at least one of whom is a graduate of a private or public school that is not a residential school for the deaf or hard of hearing.
2. Two interpreters licensed under this section, at least one of whom holds a license under sub. (3) (c) to (f).

3. One individual who is not deaf or hard of hearing and who has obtained, or represents an entity that has obtained, sign language interpreter services for the benefit of another who is deaf or hard of hearing.

(b) The committee shall do all of the following:

1. Advise the department on all of the following:
 - a. Matters related to the department's enforcement of this section.
 - b. Granting exemptions under sub. (2) (c).
 - c. Licensure requirements under sub. (3).
 - d. Promulgating the rules defining the scope of practice under sub. (4m).
 - e. Promulgating the rules relating to identification cards under sub. (5m).
 - f. Promulgating the rules governing professional conduct under sub. (7) (b).
2. Consult with the department concerning investigations under sub. (8).

(c) The committee shall submit to the secretary, upon request of the secretary not more often than annually, a report on the operation of the committee.

(7) RULE MAKING. (a) The department may not promulgate rules that impose requirements for granting a license that are in addition to the requirements specified in sub. (3).

(b) The department, after receiving advice from the committee, may promulgate rules governing the professional conduct of individuals licensed under sub. (3). The rules shall incorporate the rules of professional conduct adopted by the National Association of the Deaf, or its successor, and the Registry of Interpreters for the Deaf, or its successor, or a substantially equivalent organization, as determined by the department after receiving advice from the committee.

(7m) SUBMITTING COMPLAINTS. The department shall facilitate the submission of complaints concerning alleged violations of this section or rules promulgated under this section, including by accepting complaints submitted by mail.

(8) DISCIPLINARY PROCEEDINGS AND ACTIONS. Subject to the rules promulgated under s. 440.03 (1), the department may make investigations and conduct hearings to determine whether a violation of this section or any rule promulgated under this section has occurred and may reprimand a person who is licensed under sub. (3) or may deny, limit, suspend, or revoke a license granted under sub. (3) if it finds that the applicant or licensee has violated this section or any rule promulgated under this section.

(9) PENALTY. A person who violates this section or any rule promulgated under this section may be fined not more than \$200 or imprisoned for not more than 6 months or both.

History: 2009 a. 360; 2019 a. 17; s. 35.17 correction in (3) (c) (intro.).

Cross-reference: See also chs. SPS 200 to 202, Wis. adm. code.

440.035 General duties and powers of examining boards and affiliated credentialing boards. (1m) Each examining board or affiliated credentialing board attached to the department or an examining board shall:

(a) Independently exercise its powers, duties and functions prescribed by law with regard to rule-making, credentialing and regulation.

(b) Be the supervising authority of all personnel, other than shared personnel, engaged in the review, investigation or handling of information regarding qualifications of applicants for credentials, examination questions and answers, accreditation, related investigations and disciplinary matters affecting persons who are credentialed by the examining board or affiliated credentialing board, or in the establishing of regulatory policy or the exercise of administrative discretion with regard to the qualifications or discipline of applicants or persons who are credentialed by the examining board, affiliated credentialing board or accreditation.

(c) Maintain, in conjunction with their operations, in central locations designated by the department, all records pertaining to the functions independently retained by them.

(d) Compile and keep current a register of the names and addresses of all persons who are credentialed to be retained by the department and which shall be available for public inspection during the times specified in s. 230.35 (4) (a). The department may also make the register available to the public by electronic transmission.

(2) Except as otherwise permitted in chs. 440 to 480, an examining board or affiliated credentialing board attached to the department or an examining board may require a credential holder to submit proof of the continuing education programs or courses that he or she has completed only if a complaint is made against the credential holder.

(2m) (a) In this subsection, “controlled substance” has the meaning given in s. 961.01 (4).

(b) The medical examining board, the podiatry affiliated credentialing board, the board of nursing, the dentistry examining board, or the optometry examining board may issue guidelines regarding best practices in prescribing controlled substances for persons credentialed by that board who are authorized to prescribe controlled substances.

(c) 1. The medical examining board, the podiatry affiliated credentialing board, the board of nursing, the dentistry examining board, and the optometry examining board shall, by November 1, 2018, and annually thereafter, submit a report to the persons specified in subd. 2. that does all of the following:

a. Details proactive efforts taken by the board to address the issue of opioid abuse. The board shall specify whether the board has required, or otherwise encouraged, continuing education related to prescribing controlled substances for persons credentialed by that board who are authorized to prescribe controlled substances.

b. Sets goals for addressing the issue of opioid abuse, as that issue pertains to or implicates the practices of the professions regulated by the board.

c. Describes the actions taken by the board so that the goals described in subd. 1. b. that were identified in the board’s previous reports under this paragraph can be achieved, whether those goals have been achieved, and, if the goals have not been achieved, the reasons therefor.

2. A report under subd. 1. shall be submitted to all of the following:

a. Any committee, task force, or other body or person designated by the governor.

b. To the appropriate standing committees of the legislature with jurisdiction over health issues under s. 13.172 (3).

History: 1977 c. 418 ss. 25, 793, 929 (41); 1979 c. 32 s. 92 (1); 1979 c. 34; 1989 a. 56 s. 259; 1991 a. 39; 1993 a. 107; 1997 a. 27, 191, 237; 2015 a. 269; 2017 a. 59, 262.

440.04 Duties of the secretary. The secretary shall:

(1) Centralize, at the capital and in such district offices as the operations of the department and the attached examining boards and affiliated credentialing boards require, the routine housekeeping functions required by the department, the examining boards and the affiliated credentialing boards.

(2) Provide the bookkeeping, payroll, accounting and personnel advisory services required by the department and the legal services, except for representation in court proceedings and the preparation of formal legal opinions, required by the attached examining boards and affiliated credentialing boards.

(3) Control the allocation, disbursement, and budgeting of the funds received by the examining boards and affiliated credentialing boards in connection with their credentialing and regulation, including the reimbursement of board members for actual and necessary expenses, including travel expenses, incurred in the performance of their duties.

(4) Employ, assign and reassign such staff as are required by the department and the attached examining boards and affiliated credentialing boards in the performance of their functions.

(5) With the advice of the examining boards or affiliated credentialing boards:

(a) Provide the department with such supplies, equipment, office space and meeting facilities as are required for the efficient operation of the department.

(b) Make all arrangements for meetings, hearings and examinations.

(c) Provide such other services as the examining boards or affiliated credentialing boards request.

(6) Appoint outside the classified service an administrator for any division established in the department and a director for any bureau established in the department as authorized in s. 230.08 (2). The secretary may assign any bureau director appointed in accordance with this subsection to serve concurrently as a bureau director and a division administrator.

(7) Unless otherwise specified in chs. 440 to 480, provide examination development, administration, research and evaluation services as required.

History: 1977 c. 418 s. 26; 1979 c. 34; 1981 c. 20; 1985 a. 29; 1987 a. 27; 1989 a. 316; 1991 a. 39; 1993 a. 102, 107; 1995 a. 333; 2003 a. 270; 2011 a. 32; 2017 a. 329.

440.042 Advisory committees. **(1)** The secretary may appoint persons or advisory committees to advise the department and the boards, examining boards, and affiliated credentialing boards in the department on matters relating to the regulation of credential holders. A person or an advisory committee member appointed under this subsection shall serve without compensation, but may be reimbursed for his or her actual and necessary expenses incurred in the performance of his or her duties.

(2) Any person who in good faith testifies before the department or any examining board, affiliated credentialing board or board in the department or otherwise provides the department or any examining board, affiliated credentialing board or board in the department with advice or information on a matter relating to the regulation of a person holding a credential is immune from civil liability for his or her acts or omissions in testifying or otherwise providing such advice or information. The good faith of any person specified in this subsection shall be presumed in any civil action and an allegation that such a person has not acted in good faith must be proven by clear and convincing evidence.

History: 1993 a. 16 ss. 3269, 3299; 1993 a. 107; 1997 a. 156; 1999 a. 32; 2005 a. 292; 2015 a. 192.

440.043 Behavioral health review committee. **(1)** The secretary shall appoint an advisory committee under s. 440.042 to provide advice concerning behavioral health. The advisory committee shall semiannually conduct a review of the requirements for obtaining a credential under s. 440.88 or ch. 457 or for other credentials related to behavioral health.

(2) The advisory committee shall accept comments from the public related to its review under sub. (1). Before conducting a review under sub. (1), the department shall publish a class I notice under ch. 985 and shall publish notice on its Internet site announcing the opportunity for public comment.

(3) The advisory committee established under sub. (1) may propose changes in statutes and rules to the department; the marriage and family therapy, professional counseling, and social work examining board; or other appropriate credentialing board.

History: 2017 a. 262.

440.045 Disputes. Any dispute between an examining board or an affiliated credentialing board and the secretary shall be arbitrated by the governor or the governor’s designee after consultation with the disputants.

History: 1977 c. 418 s. 27; 1979 c. 34; 1993 a. 107.

The relationship between the department, cosmetology examining board, and governor is discussed. 70 Atty. Gen. 172.

440.08 Credential renewal. (1) NOTICE OF RENEWAL. The department shall give a notice of renewal to each holder of a credential at least 30 days prior to the renewal date of the credential. Notice may be mailed to the last address provided to the department by the credential holder or may be given by electronic transmission. Failure to receive a notice of renewal is not a defense in any disciplinary proceeding against the holder or in any proceeding against the holder for practicing without a credential. Failure to receive a notice of renewal does not relieve the holder from the obligation to pay a penalty for late renewal under sub. (3).

(2) RENEWAL DATES, FEES AND APPLICATIONS. (a) Except as provided in par. (b) and in ss. 440.51, 442.04, 444.03, 444.11, 447.04 (2) (c) 2., 449.17 (1m) (d), 449.18 (2) (e), 463.10, 463.12, and 463.25 and subch. II of ch. 448, the renewal dates for credentials are as follows:

1. Accountant, certified public: December 15 of each odd-numbered year.
3. Accounting corporation or partnership: December 15 of each odd-numbered year.
4. Acupuncturist: July 1 of each odd-numbered year.
- 4m. Advanced practice nurse prescriber: October 1 of each even-numbered year.
5. Aesthetics school: April 1 of each odd-numbered year.
6. Aesthetics establishment: April 1 of each odd-numbered year.
8. Aesthetics school: April 1 of each odd-numbered year.
9. Aesthetics specialty school: April 1 of each odd-numbered year.
- 9m. Substance abuse counselor, clinical supervisor, or prevention specialist: except as limited in s. 440.88 (4), March 1 of each odd-numbered year.
10. Anesthesiologist assistant: October 1 of each even-numbered year.
- 10m. Appraisal management company: December 15 of each odd-numbered year.
11. Appraiser, real estate, certified general: December 15 of each odd-numbered year.
- 11m. Appraiser, real estate, certified residential: December 15 of each odd-numbered year.
12. Appraiser, real estate, licensed: December 15 of each odd-numbered year.
13. Architect: August 1 of each even-numbered year.
14. Architectural or engineering firm, partnership or corporation: February 1 of each even-numbered year.
- 14d. Athlete agent: July 1 of each even-numbered year.
- 14f. Athletic trainer: July 1 of each even-numbered year.
- 14g. Auction company: December 15 of each even-numbered year.
- 14r. Auctioneer: December 15 of each even-numbered year.
15. Audiologist: February 1 of each odd-numbered year.
- 15m. Barber: April 1 of each odd-numbered year.
16. Barbering establishment: April 1 of each odd-numbered year.
19. Barbering school: April 1 of each odd-numbered year.
- 20m. Behavior analyst: December 15 of each even-numbered year.
21. Cemetery authority, licensed: December 15 of each even-numbered year.
- 21m. Cemetery authority, registered: December 15 of each even-numbered year; \$10.
22. Cemetery preneed seller: December 15 of each even-numbered year.
23. Cemetery salesperson: December 15 of each even-numbered year.
- 23p. Chiropractic radiological technician: December 15 of each even-numbered year.

- 23s. Chiropractic technician: December 15 of each even-numbered year.
24. Chiropractor: December 15 of each even-numbered year.
- 24b. Cosmetologist: April 1 of each odd-numbered year.
- 24d. Cosmetology establishment: April 1 of each odd-numbered year.
- 24k. Cosmetology school: April 1 of each odd-numbered year.
- 24m. Crematory authority: January 1 of each even-numbered year.
25. Dental hygienist: October 1 of each odd-numbered year.
26. Dentist: October 1 of each odd-numbered year.
- 26m. Dentist, faculty member: October 1 of each odd-numbered year.
27. Designer of engineering systems: February 1 of each even-numbered year.
- 27m. Dietitian: November 1 of each even-numbered year.
29. Drug manufacturer: June 1 of each even-numbered year.
30. Electrologist: April 1 of each odd-numbered year.
31. Electrology establishment: April 1 of each odd-numbered year.
33. Electrology school: April 1 of each odd-numbered year.
34. Electrology specialty school: April 1 of each odd-numbered year.
35. Engineer, professional: August 1 of each even-numbered year.
36. Funeral director: December 15 of each odd-numbered year.
37. Funeral establishment: June 1 of each odd-numbered year.
38. Hearing instrument specialist: February 1 of each odd-numbered year.
- 38g. Home inspector: December 15 of each even-numbered year.
- 38h. Home medical oxygen provider: June 1 of each even-numbered year.
- 38j. Juvenile martial arts instructor: September 1 of each even-numbered year.
- 38m. Landscape architect: August 1 of each even-numbered year.
39. Land surveyor, professional: February 1 of each even-numbered year.
- 39m. Limited X-ray machine operator: September 1 of each even-numbered year.**
42. Manicuring establishment: April 1 of each odd-numbered year.
44. Manicuring school: April 1 of each odd-numbered year.
45. Manicuring specialty school: April 1 of each odd-numbered year.
46. Manicurist: April 1 of each odd-numbered year.
- 46m. Marriage and family therapist: March 1 of each odd-numbered year.
- 46r. Massage therapist or bodywork therapist: March 1 of each odd-numbered year.
- 46w. Midwife, licensed: July 1 of each even-numbered year.
- 46y. Mobile dentistry program registration: October 1 of each odd-numbered year.
48. Nurse, licensed practical: May 1 of each odd-numbered year.
49. Nurse, registered: March 1 of each even-numbered year.
50. Nurse-midwife: March 1 of each even-numbered year.
51. Nursing home administrator: July 1 of each even-numbered year.
52. Occupational therapist: June 1 of each odd-numbered year.

53. Occupational therapy assistant: June 1 of each odd-numbered year.
54. Optometrist: December 15 of each odd-numbered year.
- 54m. Perfusionist: March 1 of each even-numbered year.
55. Pharmacist: June 1 of each even-numbered year.
56. Pharmacy, in-state and out-of-state: June 1 of each even-numbered year.
57. Physical therapist: March 1 of each odd-numbered year.
- 57m. Physical therapist assistant: March 1 of each odd-numbered year.
58. Physician, other than a physician who possesses the degree of doctor of osteopathy: November 1 of each odd-numbered year.
- 58m. Physician who possesses the degree of doctor of osteopathy: November 1 of each odd-numbered year.
59. Physician assistant: March 1 of each even-numbered year.
60. Podiatrist: November 1 of each even-numbered year.
61. Private detective: September 1 of each even-numbered year.
62. Private detective agency: September 1 of each odd-numbered year.
63. Private practice school psychologist: October 1 of each odd-numbered year.
- 63g. Private security person: September 1 of each even-numbered year.
- 63m. Professional counselor: March 1 of each odd-numbered year.
- 63u. Professional geologist: August 1 of each even-numbered year.
- 63v. Professional geology, hydrology or soil science firm, partnership or corporation: August 1 of each even-numbered year.
- 63w. Professional hydrologist: August 1 of each even-numbered year.
- 63x. Professional soil scientist: August 1 of each even-numbered year.
64. Psychologist: October 1 of each odd-numbered year.
- 64g. Radiographer, licensed: September 1 of each even-numbered year.**
65. Real estate broker: December 15 of each even-numbered year.
66. Real estate business entity: December 15 of each even-numbered year.
67. Real estate salesperson: December 15 of each even-numbered year.
- 67m. Registered interior designer: August 1 of each even-numbered year.
- 67v. Registered music, art or dance therapist: October 1 of each odd-numbered year.
- 67x. Registered music, art, or dance therapist with psychotherapy license: October 1 of each odd-numbered year.
68. Respiratory care practitioner: July 1 of each even-numbered year.
- 68b. Sanitarian: January 1 of each even-numbered year.
- 68c. Sign language interpreter: September 1 of each odd-numbered year.
- 68d. Social worker: March 1 of each odd-numbered year.
- 68h. Social worker, advanced practice: March 1 of each odd-numbered year.
- 68p. Social worker, independent: March 1 of each odd-numbered year.
- 68t. Social worker, independent clinical: March 1 of each odd-numbered year.

- 68v. Speech-language pathologist: February 1 of each odd-numbered year.
- 69m. Transportation network company: March 1 of each odd-numbered year.
72. Wholesale distributor of prescription drugs: June 1 of each even-numbered year.
- (b) The renewal fee for an apprentice, journeyman, student or temporary credential is \$10. The renewal dates specified in par. (a) do not apply to apprentice, journeyman, student or temporary credentials.
- (c) Except as provided in par. (e) and sub. (3), renewal applications shall include the applicable renewal fee as determined by the department under s. 440.03 (9) (a) or as specified in par. (b).
- (d) If an applicant for credential renewal requests that the department process an application on an expedited basis, the applicant shall pay a service fee that is equal to the department's best estimate of the cost of processing the application on an expedited basis, including the cost of providing counter or other special handling services.
- (e) A renewal of a compact license, as defined in s. 448.015 (1dm), shall be governed by s. 448.980 (7) and is subject to s. 448.07 (2).
- (3) LATE RENEWAL.** (a) Except as provided in rules promulgated under par. (b), if the department does not receive an application to renew a credential before its renewal date, the holder of the credential may restore the credential by payment of the applicable renewal fee determined by the department under s. 440.03 (9) (a) and by payment of a late renewal fee of \$25.
- (b) The department or the interested examining board or affiliated credentialing board, as appropriate, may promulgate rules requiring the holder of a credential who fails to renew the credential within 5 years after its renewal date to complete requirements in order to restore the credential, in addition to the applicable requirements for renewal established under chs. 440 to 480, that the department, examining board or affiliated credentialing board determines are necessary to protect the public health, safety or welfare. The rules may not require the holder to complete educational requirements or pass examinations that are more extensive than the educational or examination requirements that must be completed in order to obtain an initial credential from the department, the examining board or the affiliated credentialing board.
- (4) DENIAL OF CREDENTIAL RENEWAL.** (a) *Generally.* If the department or the interested examining board or affiliated credentialing board, as appropriate, determines that an applicant for renewal has failed to comply with sub. (2) (c) or (3) or with any other applicable requirement for renewal established under chs. 440 to 480 or that the denial of an application for renewal of a credential is necessary to protect the public health, safety or welfare, the department, examining board or affiliated credentialing board may summarily deny the application for renewal by mailing to the holder of the credential a notice of denial that includes a statement of the facts or conduct that warrant the denial and a notice that the holder may, within 30 days after the date on which the notice of denial is mailed, file a written request with the department to have the denial reviewed at a hearing before the department, if the department issued the credential, or before the examining board or affiliated credentialing board that issued the credential.
- (b) *Applicability.* This subsection does not apply to a denial of a credential renewal under s. 440.12 or 440.13 (2) (b).
- (5) RENEWAL SUSPENSION FOR PUBLIC HEALTH EMERGENCY.** (a) In this subsection, "health care provider credential" means any credential issued under ch. 441, 447, 448, 450, 455, 460, or 462.
- (b) Notwithstanding subs. (1) to (3) and the applicable provisions in chs. 440 to 480, but subject to any professional discipline imposed on the credential, a health care provider credential is not subject to renewal, or any other conditions for renewal including continuing education, and remains valid during the period specified in par. (c).

CHAPTER 462

RADIOGRAPHERS AND LIMITED X–RAY MACHINE OPERATORS

462.01	Definitions.
462.02	Practice, use of title restricted.
462.03	Issuance of license, permit.
462.04	Prescription or order required.

462.05	Renewal of license, permit.
462.06	Rule making.
462.07	Discipline.

Cross Reference: See also [RAD](#), Wis. adm. code.

462.01 Definitions. In this chapter:

- (1) “Board” means the radiography examining board.
- (2) “Bone densitometry” means the quantitative assessment of bone mass using single or dual energy X–ray absorptiometry.
- (3) “Department” means the department of safety and professional services.
- (4) “Physician” means a person licensed to practice medicine and surgery under s. 448.04 (1) (a), (b), or (bg).
- (5) “Practice of radiography” means the imaging of anatomical structures, produced by the combined application of X–rays to the human body and the application of knowledge in the fields of anatomy, radiographic positioning, and radiographic technique, and knowledge of principles of radiation protection, for the purpose of medical diagnosis except that “practice of radiography” does not include bone densitometry.

History: 2009 a. 106; 2011 a. 32; 2013 a. 240.

462.02 Practice, use of title restricted. (1) (a) Subject to sub. (2), no person may use the title “radiographer,” represent himself or herself as a radiographer, or engage in the practice of radiography, unless the person is granted a license under s. 462.03 (2).

(b) A person who holds a limited X–ray machine operator permit to perform radiography and who does not hold a license under s. 462.03 (2) may not perform radiography except as authorized under the permit. A limited X–ray machine operator permit shall authorize the holder to perform radiography of one or more of the following:

1. The thorax, lungs, and ribs.
2. The upper and lower extremities, including the pectoral girdle but excluding the hip and pelvis.
3. The foot, ankle, and lower leg below the knee.
4. The cervical, thoracic, and lumbar spine.

(2) Subsection (1) does not apply to any of the following:

- (a) A physician.
- (b) A person enrolled as a student in a radiography program approved by the board, if the person is directly supervised by a physician or a person licensed under s. 462.03 (2).

(c) A chiropractor licensed under s. 446.02 or a person under the direct supervision of such a chiropractor, if the person has successfully completed a course of instruction comprising at least 48 hours of instruction approved by the chiropractic examining board related to X–ray examinations.

(d) A dentist licensed under s. 447.04 (1), a dental hygienist licensed under s. 447.04 (2), or a person under the direct supervision of a dentist.

(e) A physician assistant licensed under s. 448.04 (1) (f).

(f) A podiatrist licensed under s. 448.63 or a person under the direct supervision of such a podiatrist, if the person has successfully completed a course of instruction approved by the podiatry affiliated credentialing board related to X–ray examinations under s. 448.695 (3).

History: 2009 a. 106; 2017 a. 364 s. 49.

462.03 Issuance of license, permit. (1) **GENERAL REQUIREMENTS.** The board may not grant a license or limited X–ray machine operator permit under this section to a person unless all of the following apply:

- (a) The person is at least 18 years of age.
- (b) The person holds a high school diploma or its equivalent, as determined by the board.
- (c) The person pays the initial credential fee determined by the department under s. 440.03 (9) (a).

(d) The person submits an application on a form provided by the department.

(e) Subject to ss. 111.321, 111.322, and 111.335, the person does not have an arrest or conviction record.

(2) **LICENSE.** Subject to sub. (1), the board shall grant a license to practice radiography to a person who passes an examination administered by the board and submits evidence satisfactory to the board that the person has completed a course of study in radiography that has been approved by the board or an equivalent course of study, as determined by the board.

(3) **PERMIT.** Subject to sub. (1), the board shall grant a limited X–ray machine operator permit to perform radiography to a person who passes an examination administered by the board and submits evidence satisfactory to the board that the person has completed an appropriate course of study, as determined by the board.

History: 2009 a. 106.

462.04 Prescription or order required. A person who holds a license or limited X–ray machine operator permit under this chapter may not use diagnostic X–ray equipment on humans for diagnostic purposes unless authorized to do so by prescription or order of a physician licensed under s. 448.04 (1) (a), a dentist licensed under s. 447.04 (1), a podiatrist licensed under s. 448.63, a chiropractor licensed under s. 446.02, an advanced practice nurse certified under s. 441.16 (2), a physician assistant licensed under s. 448.04 (1) (f), or, subject to s. 448.56 (7) (a), a physical therapist who is licensed under s. 448.53 or who holds a compact privilege under subch. IX of ch. 448.

History: 2009 a. 106; 2015 a. 375; 2019 a. 100.

462.05 Renewal of license, permit. (1) The renewal date for licenses and limited X–ray machine operator permits granted under this chapter is specified in s. 440.08 (2) (a). Renewal applications shall be submitted to the department on a form provided by the department and shall include the renewal fee determined by the department under s. 440.03 (9) (a).

(2) (a) A radiographer or limited X–ray machine operator is not eligible for renewal of a license or permit under sub. (1) unless the radiographer or limited X–ray machine operator has complied with the continuing education requirements established by the board under s. 462.06 (1) (c).

(b) Paragraph (a) does not apply to a radiographer or limited X–ray machine operator if the radiographer or limited X–ray machine operator is applying for renewal for the first time.

History: 2009 a. 106.

462.06 Rule making. (1) The board shall promulgate rules that do all of the following:

(a) Establish standards for courses of study in radiography. The standards shall be no less stringent than the standards adopted by the Joint Review Committee on Education in Radiologic Technology or a successor organization.

(b) Establish standards for examinations under s. 462.03 (2) and (3). Notwithstanding s. 462.03 (2) and (3), the rules may permit a person to satisfy the examination requirement by providing the board with evidence satisfactory to the board that the person holds a current registration by the American Registry of Radiologic Technologists or a successor organization or is currently licensed to practice radiography in another state with examination standards at least as stringent as those promulgated by the board under this paragraph. The board may adopt a limited scope radiography examination administered by the American Registry of Radiologic Technologists, a successor organization, or other recognized national voluntary credentialing body, if the examination standards are at least as stringent as those adopted by the board under this paragraph.

(c) Establish continuing education standards for renewal of licenses and limited X-ray machine operator permits issued under this chapter. The standards adopted under this paragraph may recognize current certification by the American Registry of Radiologic Technologists or a successor organization as evidence of compliance with the continuing education standards established under this paragraph, if the continuing education requirements for such certification are no less stringent than those adopted by the board under this paragraph.

(2) The board may promulgate rules that establish a code of ethics for persons who hold a license or limited X-ray machine operator permit under s. 462.03.

History: 2009 a. 106.

462.07 Discipline. (1) Subject to the rules promulgated under s. 440.03 (1), the board may conduct investigations and hearings to determine whether a person has violated this chapter or a rule promulgated under this chapter.

(2) Subject to the rules promulgated under s. 440.03 (1), if a person who applies for or holds a license or limited X-ray machine operator permit under s. 462.03 does any of the following, the board may reprimand the person or deny, limit, suspend, or revoke the person's license or permit:

(a) Makes a material misstatement in an application for a license or permit under s. 462.03 or an application for renewal of a license or permit.

(b) Violates any law of this state or federal law that substantially relates to the practice of radiography, violates this chapter, or violates a rule promulgated under this chapter, including a provision of a code of ethics promulgated under s. 462.06 (2).

(c) Materially assists a person who does not hold a license or permit under s. 462.03 to engage in the practice of radiography.

(d) Advertises, practices, or attempts to practice under another person's name.

(e) Engages in unprofessional conduct, as defined by the board by rule.

(f) Subject to ss. 111.321, 111.322, and 111.335, is arrested for or convicted of an offense the circumstances of which substantially relate to the practice of radiology.

History: 2009 a. 106.

STATEMENT OF SCOPE

Radiography Examining Board

Rule No.: Chapters RAD 2 and 3

Relating to: Requirements for licenses and permits

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only):

N/A

2. Detailed description of the objective of the proposed rule:

The primary objective of the proposed rule is to repeal ss. RAD 2.06 and 3.06. These sections are no longer necessary, as they contain provisions for applications filed prior to March 1, 2012. Chapters RAD 2 and 3 may also be revised to ensure consistency with current licensing and permitting practices, applicable Wisconsin statutes, and standards for drafting administrative rules.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

The Board has identified the need for an evaluation and update of Chapters RAD 2 and 3 to ensure they are consistent with current licensing and permitting practices, applicable Wisconsin statutes, and standards for drafting administrative rules.

The alternatives of either partially updating or not updating these rules would be less beneficial to affected entities.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

Section 15.08 (5) (b), Stats., provides examining boards, “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 462.06 (1) (a), Stats., provides the Radiography Examining Board shall promulgate rules that “[e]stablish standards for courses of study in radiography.”

Section 462.06 (1) (b), Stats., provides the Radiography Examining Board shall promulgate rules that “[e]stablish standards for examinations under s. 462.03 (2) and (3).”

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

60 hours

6. List with description of all entities that may be affected by the proposed rule:

Applicants for a radiographer license or a limited X-ray machine operator permit.

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

The proposed rule will have minimal to no economic impact on small businesses and the state's economy as a whole.

Contact Person:

Dale Kleven, Administrative Rules Coordinator, (608) 261-4472, DSPSAdminRules@wisconsin.gov

Approved for publication:

Donald Berst/lpm
Authorized Signature

Aug. 1, 2019
Date Submitted

Approved for implementation:

Authorized Signature

Date Submitted

Under prior law, the spouse of a service member could obtain a temporary reciprocal credential granted by DSPS or a board attached to DSPS. 2019 Wisconsin Act 143 expanded the availability of a reciprocal credential to include service members, former service members, and the spouses of former service members. The Act also provides that a reciprocal credential granted to a service member, former service member, or the spouse of a service member or former service member expires on the same renewal date as the credential that corresponds to the reciprocal credential, and that the reciprocal credential may be renewed by paying the applicable fee and satisfying the requirements that apply to renewing the corresponding credential. Also, under the Act, DSPS or a board attached to DSPS may promulgate rules necessary to implement the Act.

(c) For purposes of par. (b), the period shall be the period beginning on March 12, 2020, and ending on the 60th day after the end of the period covered by the public health emergency declared on March 12, 2020, by executive order 72.

(d) A renewal that occurs subsequent to the period described in par. (c) is not subject to the late renewal fee under sub. (3) (a) if the application to renew the credential is received before the next applicable renewal date. Notwithstanding the applicable provisions in chs. 440 to 480, the applicable credentialing board may, for that next applicable renewal date, provide an exemption from or reduction of continuing education or other conditions for renewal.

History: 1991 a. 39 ss. 3305, 3313; 1991 a. 78, 160, 167, 269, 278, 315; 1993 a. 3, 16, 102, 105, 107, 443, 463, 465; 1993 a. 490 ss. 228 to 230, 274, 275; 1995 a. 27, 233, 321, 322, 461; 1997 a. 27, 75, 81, 96, 156, 191, 237, 261, 300; 1999 a. 9, 32; 2001 a. 16, 70, 74, 80, 89; 2003 a. 150, 270, 285, 327; 2005 a. 25, 31, 242, 292, 297, 407; 2007 a. 20, 174, 189; 2009 a. 28, 29, 106, 130, 174, 282, 355, 360; 2011 a. 160, 190, 258; 2013 a. 20, 240, 244, 358; 2015 a. 3, 16, 55, 116; 2015 a. 195 s. 83; 2015 a. 258; 2017 a. 82, 113, 329, 364; 2019 a. 49 s. 1; 2019 a. 185.

440.09 Reciprocal credentials for service members, former service members, and their spouses. (1) In this section:

(a) “Former service member” means a person who was discharged from the U.S. armed forces under conditions other than dishonorable within 4 years of the date on which the service member or the spouse of the service member applies for a reciprocal credential under this section.

(b) “Service member” means a member of the U.S. armed forces, a reserve unit of the U.S. armed forces, or the national guard of any state.

(c) “Spouse” includes the spouse of a person who died while in service in the U.S. armed forces or in forces incorporated as part of the U.S. armed forces.

(2) The department and each credentialing board shall grant a reciprocal credential to an individual who the department or credentialing board determines meets all of the following requirements:

(a) The individual applies for a reciprocal credential under this section on a form prescribed by the department or credentialing board.

(b) The individual is a service member, a former service member, or the spouse of a service member or former service member and resides in this state.

(c) The individual holds a license, certification, registration, or permit that was granted by a governmental authority in a jurisdiction outside this state that qualifies the individual to perform the acts authorized under the appropriate credential granted by the department or credentialing board.

(d) The individual pays the fee specified under s. 440.05 (2).

(f) The individual is in good standing with the governmental authorities in every jurisdiction outside this state that have granted the individual a license, certification, registration, or permit that qualifies the individual to perform acts authorized under the appropriate credential granted by the department or credentialing board.

(2m) If an individual is unable to provide documentation that the individual is a service member, former service member, or the spouse of a service member or former service member, the individual may submit an affidavit to the department or credentialing board, as appropriate, stating that the individual is a service member, former service member, or the spouse of a service member or former service member.

(3) (a) A reciprocal credential granted under this section expires on the applicable renewal date specified in s. 440.08 (2) (a), except that if the first renewal date specified in s. 440.08 (2) (a) after the date on which the credential is granted is within 180 days of the date on which the credential is granted, the credential expires on the 2nd renewal date specified in s. 440.08 (2) (a) after the date on which the credential is granted.

(b) The department or credentialing board, as appropriate, shall grant a renewed reciprocal credential to an applicant who pays the renewal fee specified under s. 440.05 (2) and satisfies the requirements that apply for renewing that credential.

(4) The department or credentialing board, as appropriate, shall expedite the issuance of a reciprocal credential granted under this section.

(5) The department or credentialing board, as appropriate, may promulgate rules necessary to implement this section.

History: 2011 a. 210; 2019 a. 143.

440.11 Change of name or address. (1) An applicant for or recipient of a credential who changes his or her name or moves from the last address provided to the department shall notify the department of his or her new name or address within 30 days of the change in writing or in accordance with other notification procedures approved by the department.

(2) The department or any examining board, affiliated credentialing board or board in the department may serve any process, notice or demand on the holder of any credential by mailing it to the last-known address of the holder as indicated in the records of the department, examining board, affiliated credentialing board or board.

History: 1987 a. 27; 1991 a. 39; 1993 a. 107; 1997 a. 27; 2017 a. 329.

440.12 Credential denial, nonrenewal and revocation based on tax or unemployment insurance contribution delinquency. Notwithstanding any other provision of chs. 440 to 480 relating to issuance or renewal of a credential, the department shall deny an application for an initial credential or credential renewal or revoke a credential if any of the following applies:

(1) The department of revenue certifies under s. 73.0301 that the applicant or credential holder is liable for delinquent taxes.

(2) The department of workforce development certifies under s. 108.227 that the applicant or credential holder is liable for delinquent unemployment insurance contributions.

History: 1997 a. 237; 2013 a. 36.

Cross-reference: See also ch. SPS 9, Wis. adm. code.

440.121 Credential denial, nonrenewal, and revocation based on incompetency. Notwithstanding any other provision of chs. 440 to 480 relating to issuance or renewal of a credential, the department shall deny an application for an initial credential or credential renewal or revoke a credential issued to an individual for whom the department receives a record of a declaration under s. 54.25 (2) (c) 1. d. stating that the individual is incompetent to apply for a credential under chs. 440 to 480.

History: 2005 a. 387.

440.13 Delinquency in support payments; failure to comply with subpoena or warrant. (1) In this section:

(b) “Memorandum of understanding” means a memorandum of understanding entered into by the department of safety and professional services and the department of children and families under s. 49.857.

(c) “Support” has the meaning given in s. 49.857 (1) (g).

(2) Notwithstanding any other provision of chs. 440 to 480 relating to issuance of an initial credential or credential renewal, as provided in the memorandum of understanding:

(a) With respect to a credential granted by the department, the department shall restrict, limit, or suspend a credential or deny an application for an initial credential if the credential holder or applicant is delinquent in paying support or fails to comply, after appropriate notice, with a subpoena or warrant issued by the department of children and families or a county child support agency under s. 59.53 (5) and related to support or paternity proceedings.

(b) With respect to credential renewal, the department shall deny an application for renewal if the applicant is delinquent in paying support or fails to comply, after appropriate notice, with a subpoena or warrant issued by the department of children and

Chapter RAD 2

REQUIREMENTS FOR RADIOGRAPHER LICENSE

<p>RAD 2.01 Application.</p> <p>RAD 2.02 Approved course of study.</p> <p>RAD 2.03 Approved examination.</p>	<p>RAD 2.04 Licensure by endorsement.</p> <p>RAD 2.05 Cause for denial of application.</p> <p>RAD 2.06 Transitional period.</p>
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RAD 2.01 Application. The board shall grant a license to practice as a radiographer to a person who meets the requirements in s. 462.03 (1) and (2), Stats.

History: CR 11-016; cr. Register August 2011 No. 668, eff. 9-1-11.

RAD 2.02 Approved course of study. (1) The educational requirements for a license under this chapter shall be a board-approved formal course of study which includes a JRCERT-accredited degree in radiography or a formal education program that is ARRT approved.

(2) Active certification as a radiologic technologist from the ARRT shall be accepted as proof of completion of a board-approved course of study in radiography.

History: CR 11-016; cr. Register August 2011 No. 668, eff. 9-1-11.

RAD 2.03 Approved examination. (1) The board-approved examination required for a license under this chapter shall be the ARRT examination for radiologic technologists, or an examination by a successor organization approved by the board.

(2) Active certification as a radiologic technologist from the ARRT shall be accepted as proof of passage of the examination requirement.

History: CR 11-016; cr. Register August 2011 No. 668, eff. 9-1-11.

RAD 2.04 Licensure by endorsement. A person holding a radiographer license in another state or U.S. territory may obtain a license under this chapter by endorsement if the person submits the following:

(1) An application on a form provided by the department and pays the fee required under s. 440.05 (2), Stats.

(2) Evidence satisfactory to the board that the person, which includes:

(a) Active certification as a radiologic technologist from the ARRT, and;

(b) Verification of a credential from each state or jurisdiction in which the applicant holds or has held a license, permit, or credential.

History: CR 11-016; cr. Register August 2011 No. 668, eff. 9-1-11.

RAD 2.05 Cause for denial of application. The Board may deny an application for a radiographer license on the basis of the following:

(1) Termination from any employment related to the practice of radiography for reasons of negligence or incompetence.

(2) Conviction of an offense under s. 940.22, 940.225, 944.15, 944.17, 944.30, 944.31, 944.32, 944.33, 944.34, 948.02, 948.025, 948.08, 948.085, 948.09, 948.095 or 948.10, Stats., or a comparable offense under federal law or state law, or any crime the circumstances of which substantially relate to the practice of radiography.

(3) Any licensure encumbrances including surrender, suspension, revocation, limitation or reprimand.

(4) Failure to complete an application or comply with a request for information related to an application for a license within one year from the date of the filing of the application or request for information.

History: CR 11-016; cr. Register August 2011 No. 668, eff. 9-1-11.

RAD 2.06 Transitional period. (1) Notwithstanding s. 462.03 (3), Stats., the board shall issue a radiographer license to a person who satisfies the general requirements in s. 462.03 (1), Stats., and presents evidence satisfactory to the board of the following:

(a) Passage of the Wisconsin examination for radiography technologists.

(b) Practice of radiography as defined in s. 462.01, Stats., for at least 3 of the 5 years immediately preceding the date of application.

(2) Beginning March 1, 2012, applicants for a radiographer license shall satisfy the course of study and required examinations to qualify for the credential.

History: CR 11-016; cr. Register August 2011 No. 668, eff. 9-1-11.

Chapter RAD 3

REQUIREMENTS FOR LIMITED X-RAY MACHINE OPERATOR (LXMO) PERMIT

RAD 3.01 Application.
 RAD 3.02 Approved course of study.
 RAD 3.03 Approved examination.
 RAD 3.04 Notice of examination results.

RAD 3.05 Re-examination.
 RAD 3.06 Transitional period.
 RAD 3.07 Cause for denial of permit.

RAD 3.01 Application. The board shall grant a permit to practice as a LXMO to a person who meets the minimum requirements for a permit in s. 462.03 (1) and (3), Stats.

History: CR 11-016: cr. Register August 2011 No. 668, eff. 9-1-11.

RAD 3.02 Approved course of study. The educational requirements for a permit under this chapter shall be board-approved course of study provided through a Joint Review Committee on Education in Radiologic Technology accredited program. An approved course of study shall include at minimum the American Society of Radiologic Technologists limited scope of practice curriculum.

History: CR 11-016: cr. Register August 2011 No. 668, eff. 9-1-11.

RAD 3.03 Approved examination. The board-approved examination required for a permit under this chapter shall be the Wisconsin examination for limited scope of practice in radiography developed by the ARRT, or an examination from a successor organization approved by the board.

History: CR 11-016: cr. Register August 2011 No. 668, eff. 9-1-11.

RAD 3.04 Notice of examination results. All applicants for a LXMO permit shall receive a passing grade determined by the board to represent the minimum competence to practice. The board may accept the passing grade recommendation of an approved testing agency.

History: CR 11-016: cr. Register August 2011 No. 668, eff. 9-1-11.

RAD 3.05 Re-examination. A person who fails to achieve passing grades on the examinations required under this chapter may reapply for reexamination on forms provided by the department. No applicant may make more than 3 attempts to pass the examination within any 12 month period. A re-examination fee specified by the department shall be paid for each examination.

History: CR 11-016: cr. Register August 2011 No. 668, eff. 9-1-11.

RAD 3.06 Transitional period. (1) Notwithstanding s. 462.03 (3), Stats., the board shall issue a LXMO permit to a person who satisfies the general requirements in s. 462.03 (1), Stats., and presents evidence satisfactory to the board of the following:

(a) Passage of the Wisconsin examination for limited scope of practice in radiography.

(b) Practice of radiography or limited scope radiography as defined in s. 462.01, Stats., for at least 3 of the 5 years immediately preceding the date of application.

(2) Beginning March 1, 2012, a person who applies for a LXMO permit shall satisfy the full requirements of s. 462.03 (3), Stats., which requires completion of an approved course of study as determined by the board and successfully passes the examinations required by the board to obtain a permit.

History: CR 11-016: cr. Register August 2011 No. 668, eff. 9-1-11; correction in (2) made under s. 13.92 (4) (b)7., Stats., register February 2017 No. 734.

RAD 3.07 Cause for denial of permit. The Board may deny an application for a LXMO permit on the basis of any of the following:

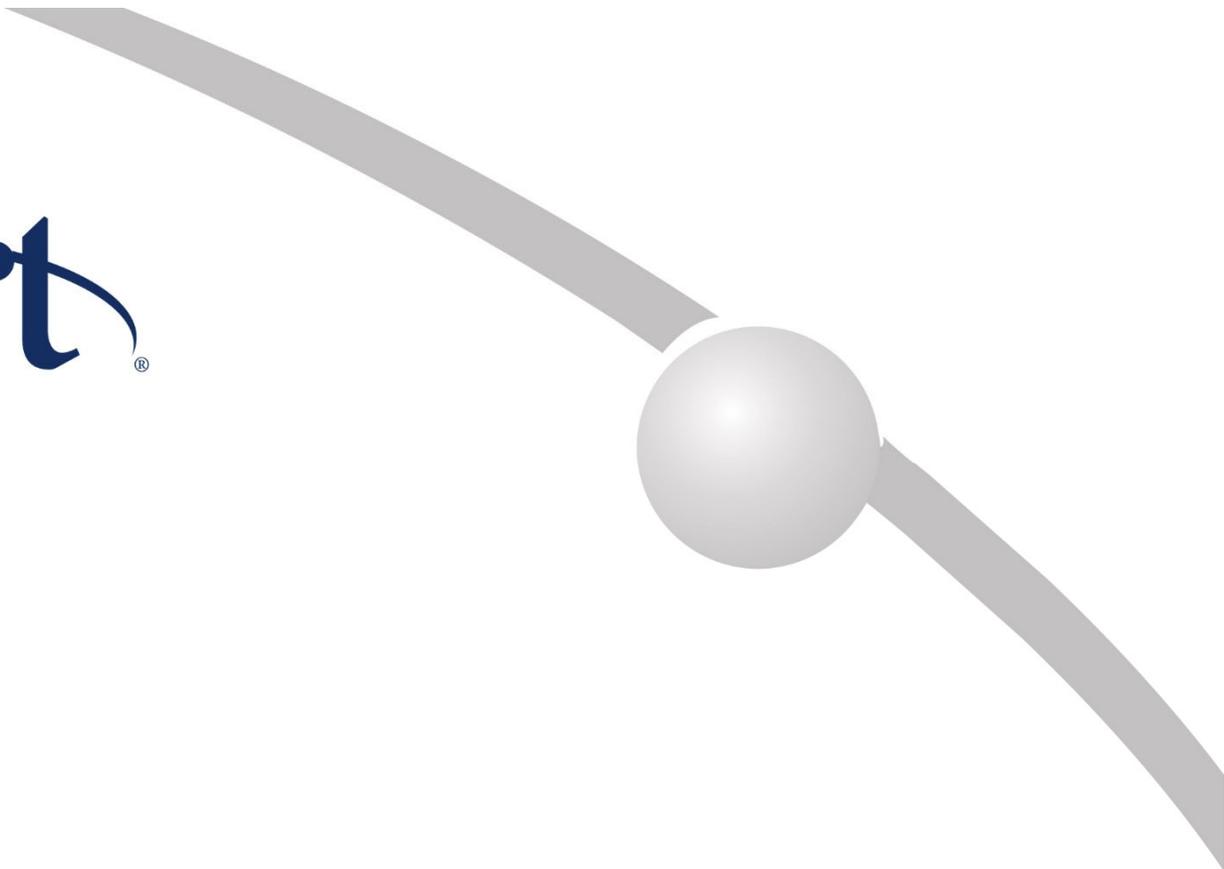
(1) Termination from any employment related to the practice of a LXMO for reasons of negligence or incompetence.

(2) Conviction of an offense under s. 940.22, 940.225, 944.15, 944.17, 944.30, 944.31, 944.32, 944.33, 944.34, 948.02, 948.025, 948.08, 948.085, 948.09, 948.095, or 948.10, Stats., or a comparable offense under federal law or state law, or any crime the circumstances of which substantially relate to the practice of radiography.

(3) Any encumbrances including surrender, suspension, revocation, limitation, or reprimand of a LXMO permit by another credentialing body.

(4) Failure to complete an application or comply with a request for information related to an application for a permit within one year from the date of the filing of the application or request for information.

History: CR 11-016: cr. Register August 2011 No. 668, eff. 9-1-11.



The ASRT Practice Standards for Medical Imaging and Radiation Therapy

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Preface

A profession's practice standards serve as a guide for appropriate practice. The practice standards define the practice and establish general criteria to determine compliance. Practice standards are authoritative statements established by the profession for evaluating the quality of practice, service and education provided by individuals within the profession.

Practice standards can be used by individual facilities to develop job descriptions and practice parameters. Those outside the profession can use the standards as an overview of the role and responsibilities of individuals within the profession.

The medical imaging and radiation therapy professional and any individual who is legally authorized to perform medical imaging must be educationally prepared and clinically competent as a prerequisite to professional practice. The individual should, consistent with all applicable legal requirements and restrictions, exercise individual thought, judgment and discretion in the performance of the procedure. Federal and state statutes, regulations, accreditation standards and institutional policies could dictate practice parameters and may supersede these standards.

Format

The ASRT Practice Standards for Medical Imaging and Radiation Therapy are divided into five sections:

- *Introduction* – defines the practice and the minimum qualifications for the education and certification of individuals in addition to an overview of the specific practice.
- *Medical Imaging and Radiation Therapy Scope of Practice* – delineates the parameters of the specific practice.
- *Standards* – incorporate patient assessment and management with procedural analysis, performance and evaluation. The standards define the activities of the individual responsible for the care of patients and delivery of medical imaging and radiation therapy procedures; in the technical areas of performance, such as equipment and material assessment safety standards and total quality management; and in the areas of education, interpersonal relationships, self-assessment and ethical behavior.
- *Glossary* – defines terms used in the practice standards document.
- *Advisory Opinion Statements* – provide interpretations of the standards intended for the clarification and guidance of specific practice issues.

The standards are numbered and followed by a term or set of terms that describes the standards. The next statement is the expected performance of the individual when performing the procedure or treatment. A rationale follows and explains why an individual should adhere to the particular standard of performance.

- *Criteria* – used to evaluate an individual's performance. Each standard is divided into two parts: the general criteria and the specific criteria. Both should be used when evaluating performance.
- *General Criteria* – written in a style that applies to medical imaging and radiation therapy professionals and should be used for the appropriate area of practice.
- *Specific Criteria* – meet the needs of the individuals in the various areas of professional

performance. Although many areas of performance within medical imaging and radiation therapy are similar, others are not. The specific criteria were developed with these differences in mind.

Within this document, all organizations are referenced by their abbreviation and spelled out within the glossary.

Introduction

Definition

The medical imaging and radiation therapy profession comprises health care professionals identified as a bone density technologist, cardiac-interventional and vascular-interventional technologist, computed tomography technologist, magnetic resonance technologist, mammographer, medical dosimetrist, nuclear medicine technologist, quality management technologist, radiation therapist, radiographer, radiologist assistant or sonographer who are educationally prepared and clinically competent as identified by these standards.

Furthermore, these standards apply to health care employees who are legally authorized to perform medical imaging and radiation therapy and who are educationally prepared and clinically competent as identified by these standards.

The complex nature of disease processes involves multiple imaging modalities. Medical imaging and radiation therapy professionals are vital members of a multidisciplinary team that forms a core of highly trained health care professionals, who each bring expertise to the area of patient care. They play a critical role in the delivery of health services as new modalities emerge and the need for medical imaging and radiation therapy procedures increases.

Medical imaging and radiation therapy integrates scientific knowledge, technical competence and patient interaction skills to provide safe and accurate procedures with the highest regard to all aspects of patient care. A medical imaging and radiation therapy professional recognizes elements unique to each patient, which is essential for the successful completion of the procedure.

Medical imaging and radiation therapy professionals are the primary liaison between patients, licensed practitioners and other members of the support team. These professionals must remain sensitive to the needs of the patient through good communication, patient assessment, patient monitoring and patient care skills. As members of the health care team, medical imaging and radiation therapy professionals participate in quality improvement processes and continually assess their professional performance.

Medical imaging and radiation therapy professionals think critically and use independent, professional and ethical judgment in all aspects of their work. They engage in continuing education to include their area of practice to enhance patient care, safety, public education, knowledge and technical competence.

Bone Densitometry

The practice of bone densitometry is performed by health care professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes. A bone densitometry technologist performs bone densitometry examinations and acquires and analyzes data needed for diagnosis at the request of and for interpretation by a licensed practitioner.

Bone densitometry technologists must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology. They must maintain a high degree of accuracy

in positioning. Bone densitometry technologists must possess, use and maintain knowledge about radiation protection and safety. Bone densitometry technologists independently perform or assist the licensed practitioner in the completion of densitometric procedures.

Cardiac-Interventional and Vascular-Interventional Technology

This practice standards document for cardiac-interventional and vascular-interventional technology is inclusive of the practice areas of and cardiac-interventional and vascular-interventional technology.

The practice of cardiac-interventional and vascular-interventional technology is performed by health care professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes. A cardiac-interventional and vascular-interventional technologist performs radiographic, fluoroscopic and other procedures at the request of and for interpretation by a licensed practitioner. The cardiac-interventional and vascular-interventional technologist also acquires and analyzes data needed for diagnosis.

The cardiac-interventional and vascular-interventional technologist must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology. They must maintain a high degree of accuracy in positioning and exposure technique for radiographic and fluoroscopic procedures. Cardiac-interventional and vascular-interventional technologists must possess, use and maintain knowledge about radiation protection and safety. Cardiac-interventional and vascular-interventional technologists independently perform or assist the licensed practitioner in the completion of cardiac-interventional and vascular-interventional technology procedures. Cardiac-interventional and vascular-interventional technologists prepare, administer and document activities related to medications and radiation exposure in accordance with federal and state laws, regulations or lawful institutional policy.

Computed Tomography

The practice of computed tomography is performed by health care professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes. A computed tomography technologist performs computed tomography procedures that create the images needed for interpretation and the performance of interventional and therapeutic procedures at the request of and for interpretation by a licensed practitioner.

Computed tomography technologists must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology. They must maintain a high degree of accuracy in positioning and exposure technique. Computed tomography technologists must possess, use and maintain knowledge about radiation protection and safety. Computed tomography technologists independently perform or assist the licensed practitioner in the completion of computed tomography procedures. Computed tomography technologists prepare, administer and document activities related to medications and radiation exposure in accordance with federal and state laws, regulations or lawful institutional policy.

Limited X-ray Machine Operator

The operation of x-ray equipment in a limited scope is performed by health care employees responsible for the administration of ionizing radiation for diagnostic purposes. A limited x-ray machine operator performs radiographic procedures within the limited scope of practice, producing images at the request of and for interpretation by a licensed practitioner. A limited x-ray machine operator acquires additional images at the request of a licensed practitioner or radiographer.

Limited x-ray machine operators are individuals other than a radiographer who perform static diagnostic radiographic images on selected anatomical sites. They must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology. Limited x-ray machine operators must possess, use and maintain a high degree of accuracy in radiographic positioning and exposure technique. They must possess, apply and maintain knowledge of radiation protection and safety.

Limited x-ray machine operators must remain sensitive to the needs of the patient through good communication, patient monitoring and patient care skills. As members of the health care team, limited x-ray machine operators participate in quality improvement processes and continually assess their performance.

Limited x-ray machine operators think critically and use independent and ethical judgment in all aspects of their work. They engage in ongoing education to include their area of practice to enhance patient care, public education, knowledge and technical competence.

Magnetic Resonance

The practice of magnetic resonance is performed by health care professionals responsible for the use of radiofrequencies within a magnetic field for diagnostic, therapeutic or research purposes. A magnetic resonance technologist performs magnetic resonance procedures that create the images needed for diagnosis at the request of and for interpretation by a licensed practitioner.

Magnetic resonance technologists must demonstrate an understanding of human anatomy, physiology, pathology, pharmacology and medical terminology. They must maintain a high degree of accuracy in positioning and magnetic resonance technique. Magnetic resonance technologists must possess, use and maintain knowledge about magnetic protection and safety. Magnetic resonance technologists independently perform or assist the licensed practitioner in the completion of magnetic resonance procedures. Magnetic resonance technologists prepare, administer and document activities related to medications in accordance with federal and state laws, regulations or lawful institutional policy.

Mammography

The practice of mammography is performed by health care professionals responsible for the administration of ionizing radiation and high-frequency sound waves for diagnostic, therapeutic or research purposes. A mammographer performs breast imaging procedures that create mammographic and sonographic images needed for diagnosis at the request of and for interpretation by a licensed practitioner.

Mammographers must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology. They must maintain a high degree of accuracy in positioning. Mammographers must possess, use and maintain knowledge about radiation protection and safety and biologic effects of high-frequency sound waves. Mammographers prepare, administer and document activities related to medications and radiation exposure in accordance with federal and state laws, regulations or lawful institutional policy.

Mammographers independently perform or assist the licensed practitioner in the completion of mammographic and sonographic breast imaging procedures.

Mammographers must comprehend the complexities of the appropriate federal and state laws, regulations and have knowledge of the quality control and quality assurance requirements for mammography and breast sonography.

Medical Dosimetry

The practice of medical dosimetry is performed by health care professionals responsible for designing a treatment plan for use in the administration of ionizing radiation for the purpose of treating diseases, primarily cancer. Medical dosimetrists perform duties and complete responsibilities under the supervision of qualified medical physicists and radiation oncologists. It is typically the medical dosimetrist who generates an optimal treatment plan and ensures the appropriate transfer of data that the radiation therapist will use to treat the patient. The medical dosimetrist maintains a commitment to a high degree of accuracy, thoroughness and safety.

Medical dosimetrists must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology. In addition, extensive knowledge of characteristics and clinical relevance of radiation oncology treatment machine and equipment, radiobiology, radiation physics, radiation safety and psychosocial aspects of cancer is required.

Medical dosimetrists must maintain a high degree of accuracy in treatment planning optimization, treatment techniques and positioning. Medical dosimetrists assist the radiation oncologist in localizing the treatment area, generate a treatment plan and actively communicate with the radiation oncology team to enable and ensure the appropriate transfer of information.

Medical dosimetrists are the primary liaison between the radiation therapist, medical physicist and radiation oncologist. Medical dosimetrists must remain sensitive to the physical and emotional needs of the patient through good communication and patient assessment. Radiation therapy often involves daily treatments extending over several weeks using highly sophisticated equipment. It requires thorough initial planning as well as constant patient care and monitoring.

Nuclear Medicine

The practice of nuclear medicine and molecular imaging is performed by health care professionals responsible for the administration of ionizing radiation (radioactive material and computed tomography) and nonionizing radiation and adjunctive medications for diagnostic, therapeutic or research purposes. Radioactive materials, medications and imaging and nonimaging equipment are used in nuclear medicine and molecular imaging to study various

organs, body systems and samples to aid in the diagnosis, treatment and treatment planning of various pathological conditions. A nuclear medicine technologist performs nuclear medicine and molecular imaging procedures or therapies at the request of and for interpretation by a licensed practitioner and under the supervision of an authorized user.

Nuclear medicine technologists must demonstrate an understanding of human anatomy and physiology, chemistry, physics and instrumentation, mathematics, medical terminology and pharmacology. Nuclear medicine technologists must maintain a high degree of accuracy in all aspects of the procedure. They must possess, use and maintain knowledge about radiation safety principles. Nuclear medicine technologists independently perform or assist the licensed practitioner and authorized user in the completion of nuclear medicine and molecular imaging procedures and treatments. Nuclear medicine technologists prepare, administer and document activities related to ionizing radiation (radioactive material and computed tomography) and nonionizing radiation, medications and radiation exposure in accordance with federal and state laws, regulations or lawful institutional policy.

Quality Management

The practice of quality management is performed by health care professionals responsible for the identification, measurement, control and improvement of the various core processes that will ultimately lead to improved medical imaging and radiation therapy department performance.

The goal of quality management is to ensure excellence in health care through the systematic collection and evaluation of data, with a primary objective of enhancing patient care.

Today's medical imaging and radiation therapy departments involve multiple modalities, creating an interdisciplinary team. The quality management technologist is a member of the health care team, which includes clinicians, management, support staff and customers.

Quality management has four main components: quality planning, quality control, quality assurance and quality improvement. Quality management focuses on image/service quality and the means to achieve it. A quality management technologist combines all of these components to ensure efficient and effective patient care.

The quality management technologist must demonstrate an understanding of the various modalities, equipment performance, regulatory/accreditation requirements, performance improvement processes, change management, patient throughput, fiscal implications and the various information technologies present in medical imaging and radiation therapy departments.

Quality management technologists must maintain a high degree of accuracy. They must possess, use and maintain knowledge about radiation protection and safety. Quality management technologists independently perform or assist the medical physicist in the completion of quality control procedures. Quality management technologists prepare, administer and document activities related to all facets of quality management in accordance with federal and state laws, regulations or lawful institutional policy.

Radiation Therapy

The practice of radiation therapy is performed by health care professionals responsible for the administration of ionizing radiation for the purpose of treating diseases, primarily cancer. A radiation therapist performs radiation therapy procedures under the supervision of a radiation oncologist. It is typically the radiation therapist who administers the radiation to the patient throughout the course of treatment.

Radiation therapists must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology. In addition, comprehension of oncology, radiobiology, radiation physics, radiation oncology techniques, radiation safety and the psychosocial aspects of cancer are required. They must maintain a high degree of accuracy in positioning and treatment techniques. Radiation therapists must possess, use and maintain knowledge about radiation protection and safety. Radiation therapists assist the radiation oncologist to localize the treatment area, participate in treatment planning and deliver high doses of ionizing radiation as prescribed by the radiation oncologist.

Radiation therapists are the primary liaison between patients and other members of the radiation oncology team. They also provide a link to other health care providers, such as social workers and dietitians. Radiation therapists must remain sensitive to the needs of the patient through good communication, patient assessment, patient monitoring and patient care skills. Radiation therapy often involves daily treatments extending over several weeks using highly sophisticated equipment. It requires thorough initial planning as well as constant patient care and monitoring.

Radiography

The practice of radiography is performed by health care professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes. A radiographer performs a full scope of radiographic and fluoroscopic procedures that create the images needed for diagnosis at the request of and for interpretation by a licensed practitioner.

Radiographers must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology.

Radiographers must maintain a high degree of accuracy in radiographic positioning and exposure technique. They must possess, apply and maintain knowledge of radiation protection and safety. Radiographers independently perform or assist the licensed practitioner in the completion of radiographic procedures. Radiographers prepare, administer and document activities related to medications and radiation exposure in accordance with federal and state laws, regulations or lawful institutional policy.

Radiologist Assistant

A radiologist assistant is an advanced-practice radiographer who practices under the supervision of a radiologist and enhances patient care in radiology services. As a member of the radiologist-directed team, the radiologist assistant performs invasive and noninvasive procedures at the request of and for interpretation by a licensed practitioner.

Radiologist assistants act as liaisons between patients, radiographers, radiologists and other members of the health care team. Radiologist assistants remain sensitive to the physical, cultural and emotional needs of patients through good communication, comprehensive patient assessment, continuous patient monitoring and advanced patient care skills.

Radiologist assistants maintain their radiographer credentials; therefore, both the radiologist assistant and radiography sections of the practice standards should be consulted when seeking practice information for the radiologist assistant. The clinical activities are delegated by the supervising radiologist in accordance with federal and state laws, regulations and lawful institutional policies.

Sonography

The practice of sonography is performed by health care professionals responsible for the administration of high-frequency sound waves and other diagnostic techniques for diagnostic, therapeutic or research purposes. A sonographer performs sonographic procedures that create the images needed for diagnosis at the request of and for interpretation by a licensed practitioner.

Sonographers must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology.

Sonographers must maintain a high degree of accuracy in the production, use, recognition and analysis of ultrasound images and patterns used for patient diagnosis and treatment. They must possess, use and maintain knowledge about biologic effects of high-frequency sound waves. Sonographers independently perform or assist the licensed practitioner in the completion of sonographic procedures. Sonographers prepare, administer and document activities related to medications in accordance with federal and state laws, regulations or lawful institutional policy.

Education and Certification

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

Medical imaging and radiation therapy professionals performing multiple modality hybrid imaging should be registered by certification agencies recognized by the ASRT and be educationally prepared and clinically competent in the specific modality(ies) they are responsible to perform. Medical imaging and radiation therapy professionals performing diagnostic procedures in more than one imaging modality will adhere to the general and specific criteria for each area of practice.

To maintain certification(s), medical imaging and radiation therapy professionals must complete appropriate continuing education requirements to sustain their expertise and awareness of changes and advances in practice.

Bone Densitometry

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification(s) as outlined in these standards should perform bone

densitometry procedures.

Bone densitometry technologists prepare for their roles on the interdisciplinary team by successfully completing a program in radiography, nuclear medicine technology or radiation therapy that is programmatically accredited or part of an institution that is regionally accredited, and by attaining appropriate primary certification from the ARRT or NMTCB.

Eligibility to take the ARRT postprimary examination in bone densitometry requires appropriate primary certification, documentation of structured education and clinical experience at the time of application. Those passing the bone densitometry postprimary examination use the credential R.T.(BD).

The ISCD is another certifying agency. Individuals with the appropriate primary certification who pass the certified bone densitometry technologist examination use the credential CBDT.

Cardiac-Interventional and Vascular-Interventional Technology

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification(s) as outlined in these standards should perform cardiac-interventional and vascular-interventional procedures.

Cardiac-interventional and vascular-interventional technologists prepare for their roles on the interdisciplinary team by successfully completing a program in radiography that is programmatically accredited or part of an institution that is regionally accredited, and by attaining appropriate primary certification from the ARRT.

Eligibility to take the ARRT postprimary examination in cardiac-interventional radiography or vascular-interventional radiography requires appropriate primary certification in radiography, documentation of structured education and clinical experience at the time of application. Those passing the cardiac-interventional radiography examination use the credentials R.T.(R)(CI), and those passing the vascular-interventional radiography examination use the credentials R.T.(R)(VI). Individuals with the appropriate primary certification in radiography who have passed the ARRT postprimary examination in cardiovascular-interventional radiography use the credentials R.T.(R)(CV).

CCI is another certifying agency. Individuals with primary certification in radiography who pass the cardiovascular invasive specialist examination as a postprimary certification use the credential RCIS.

Computed Tomography

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification(s) as outlined in these standards should perform computed tomography procedures.

Computed tomography technologists prepare for their roles on the interdisciplinary team by successfully completing a program in radiography, radiation therapy or nuclear medicine technology that is programmatically accredited or part of an institution that is regionally

accredited, and by attaining appropriate primary certification from the ARRT or NMTCB.

Eligibility to take a postprimary examination in computed tomography requires appropriate primary certification, documentation of structured education and clinical experience at the time of application. Those passing the ARRT computed tomography examination use the credential R.T.(CT). Those passing the NMTCB computed tomography examination use the credential NMTCB(CT).

Limited X-ray Machine Operator

Limited x-ray machine operators prepare for their roles on the interdisciplinary team in several ways. Various education and training programs for limited x-ray machine operators exist throughout the United States.

Many states require the completion of a program of study prior to administering a state licensure exam for limited x-ray machine operators. Several states use some or all of the Limited Scope of Practice in Radiography state licensing exams developed by the ARRT. States that administer an exam and issue a license or certification may use various terminologies to designate a limited x-ray machine operator. The limited x-ray machine operator may have limitations in performing ionizing radiation procedures specific to their scope of practice and may be prohibited from performing other tasks.

Magnetic Resonance

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification(s) as outlined in these standards should perform magnetic resonance procedures.

Magnetic resonance technologists prepare for their role on the interdisciplinary team through one of the following:

- Successfully completing a program in magnetic resonance technology that is programmatically accredited or part of an institution that is regionally accredited, and by attaining certification in magnetic resonance from the ARRT.

or

- Possessing appropriate primary certification from the ARRT or NMTCB, documentation of structured education and clinical experience at the time of application and by attaining certification in magnetic resonance from the ARRT.

Those passing the ARRT magnetic resonance examination use the credential R.T.(MR).

Mammography

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification(s) as outlined in these standards should perform mammography and breast sonography procedures.

Mammographers prepare for their roles on the interdisciplinary team by successfully completing a program in radiography that is programmatically accredited or part of an

institution that is regionally accredited, and by attaining appropriate primary certification from the ARRT. Initial mammography training hours may be required at the federal or state level.

Eligibility to take the ARRT postprimary examination in mammography requires appropriate primary certification, documentation of structured education and clinical experience at the time of application. Those passing the mammography examination use the credential R.T.(M).

Eligibility to take the ARRT postprimary examination in breast sonography requires appropriate primary and/or postprimary certification at the time of examination and documentation of clinical experience in specific procedures. Those passing the breast sonography examination use the credential R.T.(BS).

Medical Dosimetry

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification(s) as outlined in these standards should perform medical dosimetry procedures.

Medical dosimetrists prepare for their roles on the interdisciplinary team by meeting the examination eligibility criteria established by the MDCB. Those passing the medical dosimetry examination use the credential CMD.

Nuclear Medicine

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification(s) as outlined in these standards should perform nuclear medicine and molecular imaging procedures.

Nuclear medicine technologists prepare for their roles on the interdisciplinary team by successfully completing a program in nuclear medicine that is programmatically accredited or part of an institution that is regionally accredited, and by attaining appropriate primary certification from the ARRT or the NMTCB. Those passing the ARRT examination use the credential R.T.(N). Those passing the NMTCB examination use the credential CNMT.

Eligibility to take the NMTCB specialty examinations in nuclear cardiology, positron emission tomography and/or radiation safety requires appropriate primary certification and documentation of clinical experience at the time of the examination. Those who successfully complete these examinations may use the credentials NCT, PET and/or RS, respectively.

Quality Management

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification(s) as outlined in these standards should perform quality management procedures.

Quality management technologists prepare for their roles on the interdisciplinary team by successfully completing a program in radiography, nuclear medicine technology or radiation therapy that is programmatically accredited or part of an institution that is regionally accredited,

and by attaining appropriate primary certification from the ARRT or the NMTCB.

Eligibility to take the ARRT postprimary examination in quality management requires appropriate primary certification, documentation of structured education and clinical experience at the time of application. Those passing the quality management postprimary examination use the credential R.T.(QM).

Radiation Therapy

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification(s) as outlined in these standards should perform radiation therapy procedures.

Radiation therapists prepare for their roles on the interdisciplinary team by successfully completing a program in radiation therapy that is programmatically accredited or part of an institution that is regionally accredited, and by attaining appropriate primary certification from the ARRT.

Those passing the ARRT radiation therapy examination use the credential R.T.(T).

Radiography

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification(s) as outlined in these standards should perform radiographic procedures.

Radiographers prepare for their roles on the interdisciplinary team by successfully completing a program in radiography that is programmatically accredited or part of an institution that is regionally accredited, and by attaining appropriate primary certification from the ARRT.

Those passing the radiography examination use the credential R.T.(R).

Radiologist Assistant

Only radiographers who have completed the appropriate education and obtained certification(s) as outlined in these standards should perform radiologist assistant procedures.

Radiologist assistants prepare for their roles as midlevel providers in medical imaging by attaining primary certification in radiography from the ARRT, successfully completing a recognized radiologist assistant education program and by attaining postprimary certification from the ARRT.

Those passing the registered radiologist assistant examination use the credential R.R.A.

Sonography

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification(s) as outlined in these standards should perform sonography procedures.

Sonographers prepare for their roles on the interdisciplinary team by successfully completing a program in sonography that is programmatically accredited or part of an institution that is regionally accredited, and by attaining appropriate primary certification from the ARRT, the ARDMS or CCI. Those passing the ARRT primary examination use the credential R.T.(S). Those passing the ARDMS examination(s) use the credentials RDMS, RDCS and/or RVT. Those passing the CCI examination(s) use the credentials RCS and/or RVS.

Eligibility to take the postprimary examinations in sonography requires appropriate primary certification, documentation of structured education and clinical experience at the time of application. Those passing these examinations use the credentials R.T.(S), R.T.(VS) and/or R.T.(BS).

Medical Imaging and Radiation Therapy Scope of Practice

Scopes of practice delineate the parameters of practice and identify the boundaries for practice. A comprehensive procedure list for the medical imaging and radiation therapy professional is impractical because clinical activities vary by the practice needs and expertise of the individual. As medical imaging and radiation therapy professionals gain more experience, knowledge and clinical competence, the clinical activities may evolve.

The medical imaging and radiation therapy professional and any individual who is legally authorized to perform medical imaging must be educationally prepared and clinically competent as a prerequisite to professional practice. The individual should, consistent with all applicable legal requirements and restrictions, exercise individual thought, judgment and discretion in the performance of the procedure. Federal and state statutes, regulations, accreditation standards and institutional policies could dictate practice parameters and may supersede these standards.

The scope of practice of the medical imaging and radiation therapy professional includes:

- Administering medications parenterally through new or existing vascular access, enterally or through other appropriate routes as prescribed by a licensed practitioner.*†
- Administering medications with an infusion pump or power injector as prescribed by a licensed practitioner.*†
- Applying principles of ALARA to minimize exposure to patient, self and others.
- Applying principles of patient safety during all aspects of patient care.
- Assisting in maintaining medical records, respecting confidentiality and established policy.
- Corroborating a patient's clinical history with procedure and ensuring information is documented and available for use by a licensed practitioner.
- Educating and monitoring students and other health care providers.*
- Evaluating images for proper positioning and determining if additional images will improve the procedure or treatment outcome.
- Evaluating images for technical quality and ensuring proper identification is recorded.
- Identifying and responding to emergency situations.
- Identifying, preparing and/or administering medications as prescribed by a licensed practitioner.*†
- Performing ongoing quality assurance activities.
- Performing venipuncture as prescribed by a licensed practitioner.*†
- Postprocessing data.
- Preparing patients for procedures.
- Providing education.
- Providing optimal patient care.
- Receiving, relaying and documenting verbal, written and electronic orders in the patient's medical record.*
- Selecting the appropriate protocol and optimizing technical factors while maximizing patient safety.
- Starting, maintaining and/or removing intravenous access as prescribed by a licensed practitioner.*†

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

- Verifying archival storage of data.
- Verifying informed consent for applicable procedures.*

Bone Densitometry

- Performing and analyzing bone densitometry scans as prescribed by a licensed practitioner.

Cardiac-Interventional and Vascular-Interventional

- Assisting licensed practitioner with fluoroscopic and specialized interventional radiography procedures.
- Effectively panning the table during exposure.
- Maintaining intra-arterial access as prescribed by a licensed practitioner.
- Participating in physiologic monitoring of patients.
- Performing cardiovascular diagnostic/interventional procedures as prescribed by a licensed practitioner.
- Performing manual and mechanical hemostasis, including the use of vascular closure devices, as prescribed by a licensed practitioner.
- Performing noninterpretive fluoroscopic procedures as prescribed by a licensed practitioner.
- Placing, maintaining and removing peripherally inserted central catheters as prescribed by a licensed practitioner.

Computed Tomography

- Assisting a licensed practitioner with interventional computed tomography procedures.
- Performing computed tomography procedures as prescribed by a licensed practitioner.

Limited X-ray Machine Operator

- Assisting a licensed practitioner or radiographer during static radiographic procedures.
- Performing diagnostic radiographic procedures, as prescribed by a licensed practitioner, of a specific area of anatomical interest based on limited education, training and licensure/certification within the individual's scope of practice.

Magnetic Resonance

- Applying principles of magnetic resonance safety to minimize risk to patient, self and others.
- Assisting the licensed practitioner with interventional procedures.
- Performing procedures for diagnostic interpretation or therapeutic intervention as prescribed by a licensed practitioner.
- Selecting appropriate pulse sequences with consideration given to established protocols and other factors influencing data acquisition parameters.

* Excludes limited x-ray machine operator

Mammography

- Imaging pathologic breast specimens as prescribed by a licensed practitioner.
- Performing breast ultrasound procedures as prescribed by a licensed practitioner.
- Performing mammographic procedures per facility policy or as prescribed by a licensed practitioner.
- Providing or assisting with physical breast inspections or palpation.

Medical Dosimetry

- Developing optimal treatment plans under the direction of a radiation oncologist.
- Evaluating treatment plans for accuracy.
- Monitoring, under the supervision of a radiation oncologist, doses to normal tissues within the irradiated volume to ensure tolerance levels are not exceeded.
- Obtaining and incorporating patient data from medical imaging procedures or manual methods to be used in simulation, treatment planning, treatment delivery and quality assurance.
- Participating in brachytherapy treatment planning and delivery.
- Participating in simulation under the supervision of a radiation oncologist.
- Performing dosimetric calculations.
- Performing or assisting with the fabrication of patient immobilization and other treatment devices.
- Transferring and documenting treatment planning data according to departmental policy.

Nuclear Medicine

- Identifying, preparing and/or administering ionizing radiation (radioactive material and computed tomography) and nonionizing radiation as prescribed by a licensed practitioner and under the supervision of an authorized user.
- Performing hybrid imaging, including PET-CT and SPECT-CT, for emission, transmission, and attenuation correction, anatomical location and for use in radiation therapy treatment planning when performed within hybrid imaging as prescribed by a licensed practitioner and under the supervision of an authorized user.
- Performing nuclear medicine procedures as prescribed by a licensed practitioner and under the supervision of an authorized user.

Quality Management

- Coordinating, performing and monitoring quality control procedures for all types of equipment.
- Creating policies and procedures to meet regulatory, accreditation and fiscal requirements.
- Determining and monitoring exposure factors and/or procedural protocols in accordance with ALARA principles and age-specific considerations.
- Ensuring adherence to accreditation, federal, state and local regulatory requirements.
- Facilitating change through appropriate management processes.
- Facilitating performance improvement processes.

- Facilitating the department's quality assessment and improvement plan.
- Performing physics surveys independently on general radiographic and fluoroscopic equipment, with medical physicist oversight.
- Providing assistance to staff for image optimization, including patient positioning, proper equipment use and image critique.
- Providing input for equipment and software purchase and supply decisions when appropriate or requested.
- Providing practical information regarding quality management topics.
- Serving as a resource regarding regulatory, accreditation and fiscal requirements.
- Supporting and assisting a medical physicist with modality physics surveys.

Radiation Therapy

- Constructing/preparing immobilization, beam directional and beam-modification devices.
- Delivering radiation therapy treatments as prescribed by a radiation oncologist.
- Detecting and reporting significant changes in patients' conditions and determining when to withhold treatment until the radiation oncologist is consulted.
- Monitoring, under the direction of a radiation oncologist, doses to normal tissues within the irradiated volume to ensure tolerance levels are not exceeded.
- Participating in brachytherapy procedures.
- Performing simulation, localization, treatment planning procedures and dosimetric calculations as prescribed by a radiation oncologist.
- Using imaging technologies for the explicit purpose of simulation, treatment planning and treatment delivery as prescribed by a radiation oncologist.

Radiography

- Assisting the licensed practitioner with fluoroscopic and specialized radiologic procedures.
- Performing diagnostic radiographic and noninterpretive fluoroscopic procedures as prescribed by a licensed practitioner.

Radiologist Assistant

- Assessing, monitoring and managing patient status, including patients under minimal and moderate sedation.
- Assisting with data collection and review for clinical trials or other research.
- Communicating the supervising radiologist's report to the appropriate health care provider consistent with the ACR Practice Guidelines for Communication of Diagnostic Imaging Findings.
- Completing patient history and physical.
- Emphasizing patient safety and verifying procedure appropriateness by analyzing and incorporating evidenced-based practices for optimal patient care.
- Evaluating images for completeness and diagnostic quality and recommending additional images.
- Obtaining images necessary for diagnosis and communicating initial observations to the supervising radiologist. The radiologist assistant does not provide image interpretation as

defined by the ACR.

- Participating in or obtaining informed consent.
- Participating in quality improvement activities within the radiology practice.
- Performing or assisting with invasive or noninvasive imaging procedures as delegated by the radiologist who is licensed to practice and has privileges for the procedure being performed by the radiologist assistant.
- Providing follow-up patient evaluation.
- Reviewing variances identified through preprocedural evaluation that may influence the expected outcome with the supervising radiologist prior to the procedure.

Sonography

- Collaborating with a licensed practitioner in the performance of interventional procedures.
- Ensuring equipment parameters for diagnostic and therapeutic procedures are of optimal technical and administrative quality as requested by a licensed practitioner.
- Performing diagnostic and therapeutic ultrasound procedures as prescribed by a licensed practitioner or during appropriate educational activities.

Standards

Standard One – Assessment

The medical imaging and radiation therapy professional collects pertinent data about the patient, procedure, equipment and work environment.

Rationale

Information about the patient's health status is essential in providing appropriate imaging and therapeutic services. The planning and provision of safe and effective medical services relies on the collection of pertinent information about equipment, procedures and the work environment.

The medical imaging and radiation therapy professional:

General Criteria

- Assesses and maintains the integrity of medical supplies.
- Assesses factors that may affect the procedure, such as medications, patient history, patient preparation or artifact-producing objects.
- Assesses patient lab values, medication list and risk for allergic reaction(s) prior to procedure and administration of medication.*†
- Confirms that equipment performance, maintenance and operation comply with the manufacturer's specifications.
- Determines that services are performed in a safe environment, minimizing potential hazards.
- Maintains restricted access to controlled areas.
- Obtains and reviews relevant previous procedures and information from all available resources and the release of information as needed.
- Participates in ALARA, patient and personnel safety, risk management and quality management activities.
- Recognizes signs and symptoms of an emergency.
- Verifies patient identification and appropriateness of the procedure requested or prescribed.
- Verifies that the patient has consented to the procedure.
- Verifies that protocol and procedure manuals include recommended criteria and are reviewed and revised.
- Verifies the patient's pregnancy status.

Specific Criteria

Bone Densitometry

- Assesses patient compliance with prescribed treatment as it relates to the procedure.

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

Cardiac-Interventional and Vascular-Interventional

Refer to general criteria.

Computed Tomography

Refer to general criteria.

Limited X-ray Machine Operator

- Complies with federal and state laws and regulations to minimize radiation exposure levels.
- Develops and maintains standardized exposure technique guidelines under the direction of a licensed practitioner or radiographer.
- Maintains and performs quality control on radiation safety equipment within the individual's scope of practice.
- Performs quality assurance activities under the direction of a licensed practitioner, radiographer or medical physicist.

Magnetic Resonance

- Assesses patient for factors that may contribute to anxiety or claustrophobia.
- Identifies and removes items that may affect patient's safety, damage the equipment or affect the image quality.
- Screens patient and others for potential magnetic resonance contraindications, either within the body or on their person, prior to entering the magnet room.

Mammography

- Assesses any potential patient limitations (body habitus, physical or mental capabilities) and modifies the performance of the procedure as necessary.
- Assesses the need for alternative procedures based on the patient's age, hormonal status and the presence of surgical implants.
- Assists in setting policy and procedures in the facility to meet certification and accreditation standards specific to breast imaging.
- Establishes all required quality assurance and quality control test criteria.

Medical Dosimetry

- Assesses the environment for any potential radiation hazards.
- Assesses the patient's need for information and reassurance.
- Reviews patient history for previous therapeutic treatments.

Nuclear Medicine

- Complies with federal and state laws to minimize radiation exposure levels.
- Maintains and performs quality control on radiation safety equipment according to regulatory agencies.

- Performs area monitoring and surveys to assess radiation exposure levels and contamination sites.
- Verifies the patient's lactation or breastfeeding status.
- Verifies the patient's menstrual cycle.

Quality Management

- Assesses policies, protocols and guidelines to improve safety, efficiency and patient care, and identify the potential impact to the facility.
- Identifies the customers served by medical imaging and radiation therapy.
- Identifies the processes used in customer service.
- Monitors compliance with universal precautions and standard precautions.
- Uses consistent and appropriate techniques to gather relevant information.

Radiation Therapy

- Assesses the environment for any potential radiation hazards.
- Assesses the patient's need for information and reassurance.
- Identifies and/or removes objects that could interfere with prescribed treatment.
- Inspects ancillary devices prior to use.
- Monitors and assesses patients throughout the treatment course and follow-up visits.
- Monitors doses to normal tissues.
- Monitors side effects and reactions to treatment.
- Monitors treatment unit operation during use.
- Recognizes the patient's need for referral to other care providers, such as a social worker, nurse or dietitian.
- Reviews treatment protocol criteria and assesses conditions affecting treatment delivery.
- Reviews treatment record prior to treatment or simulation.

Radiography

- Complies with federal and state laws and regulations to minimize radiation exposure levels.
- Develops and maintains standardized exposure technique guidelines for all equipment.
- Maintains and performs quality control on radiation safety equipment.
- Reviews digital images for the purpose of monitoring radiation exposure.

Radiologist Assistant

- Assesses the patient's level of anxiety and pain and informs the supervising radiologist.
- Interviews patient to obtain, verify and update medical history.
- Observes and assesses a patient who has received minimal and moderate sedation.
- Performs and documents a radiology-focused physical examination, analyzes data and reports findings to the supervising radiologist.

Sonography

Refer to general criteria.

Standard Two – Analysis/Determination

The medical imaging and radiation therapy professional analyzes the information obtained during the assessment phase and develops an action plan for completing the procedure.

Rationale

Determining the most appropriate action plan enhances patient safety and comfort, optimizes diagnostic and therapeutic quality and improves efficiency.

The medical imaging and radiation therapy professional:

General Criteria

- Consults appropriate medical personnel to determine a modified action plan.
- Determines that all procedural requirements are in place to achieve a quality diagnostic or therapeutic procedure.
- Determines the appropriate type and dose of contrast media to be administered based on established protocols.*†
- Determines the course of action for an emergent situation.
- Determines the need for and selects supplies, accessory equipment, shielding, positioning and immobilization devices.
- Employs professional judgment to adapt imaging or therapeutic procedures to improve diagnostic quality or therapeutic outcomes.
- Evaluates and monitors services, procedures, equipment and the environment to determine if they meet or exceed established guidelines, and revises the action plan.
- Selects the most appropriate and efficient action plan after reviewing all pertinent data and assessing the patient's abilities and condition.

Specific Criteria

Bone Densitometry

Refer to general criteria.

Cardiac-Interventional and Vascular-Interventional

- Analyzes and determines action plans in conjunction with the cardiovascular team.

Computed Tomography

- Reviews the patient's medical record and the licensed practitioner's request to determine optimal scanning protocol for clinical indication.

Limited X-ray Machine Operator

- Analyzes images to determine the use of appropriate imaging parameters.
- Analyzes the results of assessment activities under the direction of a licensed practitioner, radiographer and/or medical physicist.

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

- Verifies that exposure indicator data for digital radiographic systems has not been altered or modified and is included in the DICOM header and on images exported to media.

Magnetic Resonance

- Reviews the patient's medical record and licensed practitioner's request to determine optimal imaging parameters for clinical indications.
- Selects appropriate imaging coil.

Mammography

- Determines the need for additional projections to complete the procedure.

Medical Dosimetry

- Gathers and analyzes pertinent data relevant to the treatment planning and delivery process.
- Participates in reviewing patient treatment parameters and dose records to ensure treatment does not exceed the prescribed dose or normal tissue tolerances.
- Recommends the appropriate immobilization devices and positioning aids for simulation and treatment.
- Recommends when to hold treatment until a radiation oncologist is notified.
- Reviews the treatment record and verifies calculations before and/or after treatment delivery.
- Verifies the treatment summary and the mathematical accuracy of the prescription.

Nuclear Medicine

- Determines radiopharmaceutical dosage based on protocol, patient's age, weight, medical and physical status.
- Evaluates results of quality control testing on radioactive material.
- Reviews the patient's medical record and the examination request to determine optimal procedure parameters for clinical indications.
- Selects appropriate data acquisition equipment and accessories to perform the procedure.

Quality Management

- Assesses and prioritizes the current processes to improve quality while focusing on issues needing immediate response.
- Assesses proposed changes to minimize organizational disruption during implementation.
- Clarifies current steps in a process to minimize redundancy, reordering and improving service flow.
- Creates an effective action plan after reviewing all pertinent data while assessing possible options, fiscal impact and ease of implementation.
- Develops methods for minimizing hazards associated with medical imaging and radiation therapy procedures.
- Develops monitoring metrics.
- Establishes benchmarks and quality indicators to assess quality management issues.

- Monitors and develops methods to improve customer satisfaction.
- Monitors federal and state laws, regulations and accreditation standards that affect quality management in medical imaging and radiation therapy.

Radiation Therapy

- Determines when to contact the radiation oncologist or licensed practitioner regarding patient side effects or questions.
- Determines when to withhold treatment until a radiation oncologist is contacted.
- Ensures the appropriate imaging technique is chosen for image-guided radiation therapy procedures.
- Participates in decisions about appropriate simulation techniques and treatment positions.
- Reviews doses daily to ensure that treatment does not exceed prescribed dose, normal tissue tolerance or treatment protocol constraints.
- Reviews patient treatment plan and prescription prior to initial treatment delivery.
- Reviews patient treatment records prior to each treatment for prescription or treatment procedure changes.
- Reviews treatment record, calculations and/or treatment plan for accuracy prior to treatment delivery.
- Reviews verification images prior to treatment.
- Verifies the mathematical accuracy of the prescription and the daily treatment summary.

Radiography

- Analyzes images to determine the use of appropriate imaging parameters.
- Verifies that exposure indicator data for digital radiographic systems has not been altered or modified and is included in the DICOM header and on images exported to media.

Radiologist Assistant

- Reviews the patient's medical record and the licensed practitioner's request to determine optimal imaging procedure for clinical indications.

Sonography

- Monitors the patient's need for information and reassurance throughout the procedure.
- Selects appropriate equipment and scanning techniques to optimize the procedure.

Standard Three – Education

The medical imaging and radiation therapy professional provides information about the procedure and related health issues according to protocol; informs the patient, public and other health care providers about procedures, equipment and facilities; and acquires and maintains current knowledge in practice.

Rationale

Education and communication are necessary to establish a positive relationship and promote safe practices. Advancements in the profession and optimal patient care require additional knowledge and skills through education.

The medical imaging and radiation therapy professional:

General Criteria

- Advocates for and participates in continuing education related to area of practice, to maintain and enhance clinical competency.
- Advocates for and participates in vendor specific applications training to maintain clinical competency.
- Educates the patient, public and other health care providers about procedures and the associated biological effects.
- Elicits confidence and cooperation from the patient, the public and other health care providers by providing timely communication and effective instruction.
- Explains effects and potential side effects of medications.*†
- Maintains credentials and certification related to practice.
- Provides an accurate explanation and instructions at an appropriate time and at a level the patient and their care providers can understand; addresses questions and concerns regarding the procedure.
- Provides information on certification or accreditation to the patient, other health care providers and the public.
- Provides information to patients, health care providers, students and the public concerning the role and responsibilities of individuals in the profession.
- Provides pre-, peri- and post-procedure education.
- Refers questions about diagnosis, treatment or prognosis to a licensed practitioner.

Specific Criteria

Bone Densitometry

Refer to general criteria.

Cardiac-Interventional and Vascular-Interventional

- Maintains competency in the use of diagnostic/interventional devices.

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

Computed Tomography

- Maintains knowledge of the most current practices and technology used to minimize patient dose while producing diagnostic quality images.

Limited X-ray Machine Operator

- Maintains knowledge of the most current practices and technology used to minimize patient dose while producing diagnostic quality images.

Magnetic Resonance

- Provides magnetic resonance safety education to patient, health care providers and others.

Mammography

- Displays certificate(s) of compliance.
- Educates the patient about the need for adequate compression to achieve a quality mammogram and instructs the patient to communicate if the compression becomes intolerable.
- Educates the patient about the risk factors for breast cancer and the benefits of early detection.
- Educates the patient about the value and use of additional projections and alternative breast imaging procedures.
- Maintains clinical experience according to federal and state laws, regulations and guidelines.

Medical Dosimetry

- Addresses concerns from the patient and significant others about appropriate and essential uses of radiation in treatment of diseases.
- Explains the role and function of the medical dosimetrist in the overall treatment course.
- Reviews the treatment plan with the patient as requested by a radiation oncologist.

Nuclear Medicine

- Ensures radiation safety instruction information and limitations are provided to the patient following therapeutic procedures.
- Provides instruction to the patient and others regarding the reduction of radiation exposure during and after the procedure.

Quality Management

- Addresses questions and concerns regarding quality management.
- Develops and provides educational resources to improve the understanding of quality management in medical imaging and radiation therapy.
- Investigates and implements practices that enhance a safe environment.

Radiation Therapy

- Anticipates a patient's need for information and provides it throughout the treatment course.
- Instructs other health care providers about radiation protection procedures.
- Instructs patient in the maintenance of treatment markings.
- Provides information and instruction on proper skin care, diet and self-care procedures.

Radiography

- Maintains knowledge of the most current practices and technology used to minimize patient dose while producing diagnostic quality images.

Radiologist Assistant

- Provides precare and postcare instructions to the patient under the supervision of a radiologist.

Sonography

Refer to general criteria.

Standard Four – Performance

The medical imaging and radiation therapy professional performs the action plan and quality assurance activities.

Rationale

Quality patient services are provided through the safe and accurate performance of a deliberate plan of action. Quality assurance activities provide valid and reliable information regarding the performance of equipment, materials and processes.

The medical imaging and radiation therapy professional:

General Criteria

- Adheres to radiation safety rules and standards.
- Administers first aid or provides life support.†
- Applies principles of aseptic technique.†
- Assesses and monitors the patient’s physical, emotional and mental status.
- Consults with medical physicist or engineer in performing and documenting quality assurance tests.
- Explains to the patient each step of the action plan as it occurs and elicits the cooperation of the patient.
- Immobilizes patient for procedure.
- Implements an action plan.
- Maintains current information on equipment, materials and processes.
- Modifies the action plan according to changes in the clinical situation.
- Monitors the patient for reactions to medications. *†
- Participates in safety and risk management activities.
- Performs ongoing quality assurance activities and quality control testing.
- Performs procedural timeout.
- Positions patient for anatomic area of interest, respecting patient ability and comfort.
- Uses accessory equipment.
- Uses an integrated team approach.
- When appropriate, wears one or more personal radiation monitoring devices at the location indicated on the personal radiation monitoring device or as indicated by the radiation safety officer or designee.

Specific Criteria

Bone Densitometry

- Applies the concepts of accuracy and precision in bone densitometry.
- Confirms patient position matches the selected scan parameters.
- Scans alternate sites when indicated.

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

Cardiac-Interventional and Vascular-Interventional

- Coordinates and manages the collection and labeling of tissue and fluid specimens.
- Monitors electrocardiogram (ECG), blood pressure, respiration, oxygen saturation, level of consciousness and pain pre-, peri- and post-procedure.
- Provides a safe and sterile environment for patients and staff.

Computed Tomography

- Confirms patient position matches the selected scanning orientation parameters.
- Coordinates and manages the collection and labeling of tissue and fluid specimens.
- Determines optimum placement of electrocardiogram (ECG) electrodes and correctly identifies ECG wave trigger.
- Optimizes technical factors to minimize radiation exposure to the patient while maintaining diagnostic image quality.
- Uses radiation shielding devices.

Limited X-ray Machine Operator

- Performs assessment activities under the direction of a licensed practitioner, radiographer or medical physicist.
- Routinely reviews patient exposure records and reject analyses as part of the quality assurance program.
- Uses appropriate uniquely identifiable pre-exposure radiopaque markers for anatomical and procedural purposes.
- Uses pre-exposure collimation and proper field-of-view selection.

Magnetic Resonance

- Ensures that anyone who is pregnant is not in the magnetic resonance scanner bore or scan room during actual data acquisition or scanning, unless medically necessary.
- Identifies appropriate cardiac or respiratory triggers.
- Monitors the patient's specific absorption rate and other factors related to patient heating.
- Positions imaging coil.
- Provides hearing protection to patient and others.
- Uses appropriate positioning and/or insulation materials to protect the patient from excessive heating and burns.

Mammography

- Applies appropriate radiopaque markers to the breast to indicate anatomic landmarks, including nipples, scars and lumps.
- Coordinates and manages the collection and labeling of tissue and fluid specimens.
- Ensures correct annotation of images.
- Exercises clinical judgment in the application of adequate compression to acquire a quality mammographic image.
- Informs the patient of the right to receive a lay summary result in accordance with the Mammography Quality Standards Act of 1992 (MQSA).

Medical Dosimetry

- Adheres to established best practice protocols, guidelines and radiation oncologist directives.
- Calculates treatment unit parameters and doses to treatment volumes and points of interest.
- Collaborates with the radiation therapist and medical physicist to fabricate individualized immobilization, custom blocks and other beam-modifying devices.
- Collaborates with the radiation therapist, medical physicist and radiation oncologist regarding the simulation process and procedures.
- Demonstrates safe handling, storing and disposal of brachytherapy sources.
- Develops a manual or computer-generated brachytherapy treatment plan as prescribed by a radiation oncologist.
- Develops a treatment plan as directed and prescribed by the radiation oncologist.
- Ensures an independent machine-setting check is completed before treatment is delivered.
- Makes the recommendation to discontinue patient treatment until equipment is operating properly.
- Prepares and positions the patient for simulation and treatment using appropriate positioning aids and immobilization devices.
- Prepares or assists in preparing brachytherapy sources and equipment.
- Reviews simulation images with the radiation therapist, medical physicist and radiation oncologist.
- Reviews treatment planning data for accuracy and appropriateness prior to input into the patient's treatment record and initial treatment.

Nuclear Medicine

- Administers radioactive material and/or medication through existing vascular access devices.
- Coordinates and manages the collection and labeling of tissue and fluid specimens, including radiolabeling.
- Demonstrates safe handling, receipt, storage and disposal of radioactive materials.
- Determines optimum placement of electrocardiogram (ECG) electrodes and correctly identifies ECG wave trigger and/or pattern.
- Maintains security of radioactive material.
- Monitors shielding effectiveness.
- Uses radiation detecting equipment.
- Uses radiation shielding devices.
- Wears a ring badge on the dominant hand, with the label facing the radiation source.

Quality Management

- Assesses process flow.
- Collects and analyzes data using the standard tools associated with quality management.
- Identifies variables and implements changes to improve quality.

- Investigates sentinel events and continuously monitors measurements to minimize risk.
- Uses knowledge to modify current practices.

Radiation Therapy

- Achieves precision patient alignment using imaging and external markings.
- Assists the radiation oncologist in determining the optimum treatment field to cover the target volume.
- Calculates monitor units and treatment times.
- Consults with medical physicist and/or engineer in performing and documenting the quality assurance checks.
- Creates and manages simulation and verification images.
- Demonstrates safe handling, storage and disposal of brachytherapy sources.
- Makes the decision to discontinue patient treatment until equipment is operating properly.
- Monitors the patient visually and aurally during treatment.
- Monitors the treatment console during treatment.
- Obtains radiation oncologist's approval of simulation images prior to initiation of treatment.
- Performs clinically indicated pretreatment imaging.
- Performs quality assurance checks on simulator, treatment unit and appropriate equipment.
- Prepares or assists in preparing brachytherapy sources and equipment.
- Uses knowledge of biological effects of ionizing radiation on tissue to minimize radiation dose to normal tissues.
- Verifies that only the patient is in the treatment room prior to initiating treatment or any imaging procedures.

Radiography

- Coordinates and manages the collection and labeling of tissue and fluid specimens.
- Routinely reviews patient exposure records and reject analyses as part of the quality assurance program.
- Uses appropriate uniquely identifiable pre-exposure radiopaque markers for anatomical and procedural purposes.
- Uses pre-exposure collimation and proper field-of-view selection.

Radiologist Assistant

- Administers medications as approved by the supervising radiologist.
- Administers minimal and moderate sedation as prescribed by the supervising radiologist.
- Collects and documents tissue and fluid specimens.
- Monitors patient's physical condition during the procedure and responds to changes in patient vital signs, hemodynamics and level of consciousness.
- Participates in quality reporting measures for the purpose of improved patient care.
- Recognizes and responds to medical emergencies, activates emergency response systems and provides advanced life support intervention.

Sonography

- Coordinates and manages the collection and labeling of tissue and fluid specimens.
- Recognizes sonographic appearance of normal and abnormal tissue structures and physiological data.

Standard Five – Evaluation

The medical imaging and radiation therapy professional determines whether the goals of the action plan have been achieved, evaluates quality assurance results and establishes an appropriate action plan.

Rationale

Careful examination of the procedure is important to determine that expected outcomes have been met. Equipment, materials and processes depend on ongoing quality assurance activities that evaluate performance based on established guidelines.

The medical imaging and radiation therapy professional:

General Criteria

- Communicates the revised action plan to appropriate team members.
- Completes the evaluation process in a timely, accurate and comprehensive manner.
- Develops a revised action plan to achieve the intended outcome.
- Evaluates quality assurance results.
- Evaluates the patient, equipment and procedure to identify variances that might affect the expected outcome.
- Identifies exceptions to the expected outcome.
- Measures the procedure against established policies, protocols and benchmarks.
- Validates quality assurance testing conditions and results.

Specific Criteria

Bone Densitometry

- Evaluates and identifies unexpected serial bone mineral density changes.
- Reviews previous scan(s) and reanalyzes as necessary.
- Reviews T-scores and Z-scores to modify the action plan.

Cardiac-Interventional and Vascular-Interventional

- Evaluates access site for complications requiring intervention or further treatment.

Computed Tomography

Refer to general criteria.

Limited X-ray Machine Operator

- Evaluates images for overall image quality of a specific area of anatomical interest based on limited education, training and licensure/certification within the individual's scope of practice.
- Seeks assistance from a licensed practitioner or radiographer to improve the quality of the procedure.

Magnetic Resonance

Refer to general criteria.

Mammography

- Collaborates with the lead interpreting physician and medical physicist to maintain equipment and comply with federal and state regulations and guidelines.
- Evaluates required quality control tests before breast imaging is performed.
- Reviews the inspection and medical physicist's reports to assess the quality of the breast imaging equipment's performance.

Medical Dosimetry

- Acquires data necessary to perform accurate patient protocol plans and participates in implementation of the plan.
- Ensures treatment parameters have been transferred correctly to the oncology information system.
- Reviews treatment calculations and ensures the validity of the treatment plan.
- Reviews treatment variances and assists in determining possible causes and solutions.

Nuclear Medicine

- Consults with a licensed practitioner to confirm diagnostic completeness.
- Reviews procedure to determine if additional images or data will enhance the diagnostic value.

Quality Management

- Confirms data is accurate and complete.
- Evaluates customer satisfaction.
- Evaluates measured processes and results against established policies, protocols, guidelines and benchmarks.
- Evaluates sentinel events to minimize risk.

Radiation Therapy

- Checks treatment calculations and/or treatment plan.
- Compares verification images to simulation images using anatomical landmarks or fiducial markers.
- Evaluates the patient daily for any side effects, reactions and therapeutic responses.
- Performs treatment chart checks.
- Reviews treatment discrepancies, determines causes and assists with the action plan.
- Reviews verification images for quality and accuracy.
- Verifies the accuracy of the patient setup prior to treatment delivery.
- Verifies treatment console readouts and settings prior to initiating treatment and upon termination of treatment.

Radiography

- Evaluates images for positioning to demonstrate the anatomy of interest.

Radiologist Assistant

Refer to general criteria.

Sonography

Refer to general criteria.

Standard Six – Implementation

The medical imaging and radiation therapy professional implements the revised action plan based on quality assurance results.

Rationale

It may be necessary to make changes to the action plan based on quality assurance results to promote safe and effective services.

The medical imaging and radiation therapy professional:

General Criteria

- Adjusts imaging parameters, patient procedure or additional factors to improve the outcome.
- Bases the revised plan on the patient's condition and the most appropriate means of achieving the expected outcome.
- Implements the revised action plan.
- Notifies the appropriate health care provider when immediate clinical response is necessary, based on procedural findings and patient condition.
- Obtains assistance to support the quality assurance action plan.
- Takes action based on patient and procedural variances.

Specific Criteria

Bone Densitometry

Refer to general criteria.

Cardiac-Interventional and Vascular-Interventional

Refer to general criteria.

Computed Tomography

Refer to general criteria.

Limited X-ray Machine Operator

- Performs additional images that will produce the expected outcome based on patient's condition and procedural variance under the direction of a licensed practitioner or radiographer.

Magnetic Resonance

Refer to general criteria.

Mammography

- Initiates procedures only when breast imaging equipment meets quality assurance and quality control requirements, and results are in compliance.

Medical Dosimetry

- Assists in supporting the quality assurance action plan.
- Develops additional treatment plans to achieve an optimal dose distribution.
- Ensures accuracy in the transfer and documentation of treatment parameters, according to departmental policies.
- Reviews and implements treatment field changes indicated on simulation or verification images as directed by a radiation oncologist.

Nuclear Medicine

- Employs devices to minimize radiation levels.
- Manages radioactive contamination and uses decontamination procedures.
- Performs additional images or data collections as needed.

Quality Management

- Develops policies, protocols and guidelines in collaboration with other health care providers.

Radiation Therapy

- Collaborates with radiation oncologists, medical physicists and medical dosimetrists to compensate for treatment inaccuracies.
- Establishes congruence between verification images and simulation images, digitally reconstructed radiographs and/or treatment volumes as defined by the radiation oncologist.
- Formulates recommendations for process improvements to minimize treatment discrepancies.
- Implements treatment plan or treatment field changes as directed by the radiation oncologist.
- Reports deviations from the standard or planned treatment.

Radiography

Refer to general criteria.

Radiologist Assistant

Refer to general criteria.

Sonography

Refer to general criteria.

Standard Seven – Outcomes Measurement

The medical imaging and radiation therapy professional reviews and evaluates the outcome of the procedure according to quality assurance standards.

Rationale

To evaluate the quality of care, the medical imaging and radiation therapy professional compares the actual outcome with the expected outcome. Outcomes assessment is an integral part of the ongoing quality management action plan to enhance services.

The medical imaging and radiation therapy professional:

General Criteria

- Assesses the patient's physical, emotional and mental status prior to discharge.
- Determines that actual outcomes are within established criteria.
- Evaluates the process and recognizes opportunities for future changes.
- Measures and evaluates the results of the revised action plan.
- Reviews all data for completeness and accuracy.
- Reviews and evaluates quality assurance processes and tools for effectiveness.
- Reviews the implementation process for accuracy and validity.
- Uses evidence-based practice to determine whether the actual outcome is within established criteria.

Specific Criteria

Bone Densitometry

Refer to general criteria.

Cardiac-Interventional and Vascular-Interventional

Refer to general criteria.

Computed Tomography

Refer to general criteria.

Limited X-ray Machine Operator

Refer to general criteria.

Magnetic Resonance

Refer to general criteria.

Mammography

- Prepares the annual medical outcomes audit and provides results to the lead interpreting physician.

Medical Dosimetry

Refer to general criteria.

Nuclear Medicine

Refer to general criteria.

Quality Management

- Assesses differences between expected and actual outcomes.
- Assesses implemented changes for improvement.
- Develops methods to demonstrate continuous improvement.
- Develops strategies for maintaining improvement.
- Evaluates the effectiveness of and supports changes to processes.
- Performs procedural analysis.

Radiation Therapy

- Monitors patient status during procedures, throughout the treatment course and for follow-up care.

Radiography

Refer to general criteria.

Radiologist Assistant

- Performs follow-up patient evaluation and communicates findings to the supervising radiologist.

Sonography

Refer to general criteria.

Standard Eight – Documentation

The medical imaging and radiation therapy professional documents information about patient care, procedures and outcomes.

Rationale

Clear and precise documentation is essential for continuity of care, accuracy of care and quality assurance.

The medical imaging and radiation therapy professional:

General Criteria

- Archives images or data.
- Documents diagnostic, treatment and patient data in the medical record in a timely, accurate and comprehensive manner.
- Documents procedural timeout.
- Documents unintended outcomes or exceptions from the established criteria.
- Maintains documentation of quality assurance activities, procedures and results.
- Provides pertinent information to authorized individual(s) involved in the patient's care.
- Records information used for billing and coding procedures.
- Reports any out-of-tolerance deviations to the appropriate personnel.
- Verifies patient consent is documented.

Specific Criteria

Bone Densitometry

Refer to general criteria.

Cardiac-Interventional and Vascular-Interventional

- Documents administered medications.
- Documents or assists in documenting patient medical history related to the procedure.
- Documents radiation exposure parameters and initiates further action as needed.
- Documents use of sedation.
- Maintains documentation for tracking implantable devices.

Computed Tomography

- Documents the use of shielding devices and proper radiation safety practices.

Limited X-ray Machine Operator

- Documents radiation exposure.
- Documents the use of shielding devices and proper radiation safety practices.

Magnetic Resonance

Refer to general criteria.

Mammography

- Documents and provides evidence of quality assurance and quality control outcomes according to established guidelines.
- Documents the location of previous breast imaging procedures and obtains authorization for the release of prior studies.

Medical Dosimetry

- Reports any treatment variances in accordance with departmental, institutional and national quality assurance guidelines.

Nuclear Medicine

- Documents administered dosage and route of administration in patient records.
- Documents instrumentation quality testing procedures and maintains results for review.
- Documents radioactive materials quality testing procedures and maintains results for inspection.
- Documents the implementation, evaluation and modification of the radiation safety plan under the authority of the radiation safety officer.
- Maintains records of the receipt, administration and disposal of radioactive materials.

Quality Management

- Documents goals and outcomes based on data analysis.
- Documents process flow variances and justifies exceptions.
- Documents steps used to improve processes.
- Maintains institutional policies, protocols and guidelines by continuously evaluating compliance issues.
- Provides reports as required by institutional policy, accrediting bodies and federal and state regulations.

Radiation Therapy

- Documents radiation exposure parameters.
- Maintains imaging and treatment records according to institutional policy.
- Reports any treatment discrepancies to appropriate personnel.

Radiography

- Documents fluoroscopic time.
- Documents radiation exposure.
- Documents the use of shielding devices and proper radiation safety practices.

Radiologist Assistant

- Communicates and documents radiologist's order to other health care providers.
- Documents administration of medications.
- Documents and assists radiologist in quality reporting measures for the purpose of improved patient care.
- Documents use of minimal and moderate sedation.
- Reports clinical and imaging observations and procedure details to the supervising radiologist.

Sonography

- Documents initial impressions and technical data.

Standard Nine – Quality

The medical imaging and radiation therapy professional strives to provide optimal care.

Rationale

Patients expect and deserve optimal care during diagnosis and treatment.

The medical imaging and radiation therapy professional:

General Criteria

- Adheres to standards, policies and established guidelines.
- Anticipates, considers and responds to the needs of a diverse patient population.
- Applies professional judgment and discretion while performing the procedure.
- Collaborates with others to elevate the quality of care.
- Participates in ongoing quality assurance programs.

Specific Criteria

Bone Densitometry

- Advocates that facilities determine precision error and calculate the least significant change.

Cardiac-Interventional and Vascular-Interventional

Refer to general criteria.

Computed Tomography

Refer to general criteria.

Limited X-ray Machine Operator

Refer to general criteria.

Magnetic Resonance

- Advocates the need for a minimum of one registered magnetic resonance technologist and one trained magnetic resonance safety personnel as the standard for safe and efficient delivery of magnetic resonance procedures.

Mammography

Refer to general criteria.

Medical Dosimetry

Refer to general criteria.

Nuclear Medicine

- Performs procedures in accordance with the NRC and/or in agreement with state regulations.

Quality Management

- Verifies the achievement of goals and identifies exceptions.

Radiation Therapy

- Advocates the need for a minimum of two credentialed radiation therapists to be present for any external beam patient treatment.

Radiography

Refer to general criteria.

Radiologist Assistant

Refer to general criteria.

Sonography

Refer to general criteria.

Standard Ten – Self-Assessment

The medical imaging and radiation therapy professional evaluates personal performance.

Rationale

Self-assessment is necessary for personal growth and professional development.

The medical imaging and radiation therapy professional:

General Criteria

- Assesses personal work ethics, behaviors and attitudes.
- Evaluates performance, applies personal strengths and recognizes opportunities for educational growth and improvement.

Specific Criteria

Bone Densitometry

Refer to general criteria.

Cardiac-Interventional and Vascular-Interventional

Refer to general criteria.

Computed Tomography

Refer to general criteria.

Limited X-ray Machine Operator

- Investigates avenues to continue progress to become a registered radiographer.

Magnetic Resonance

Refer to general criteria.

Mammography

Refer to general criteria.

Medical Dosimetry

Refer to general criteria.

Nuclear Medicine

Refer to general criteria.

Quality Management

Refer to general criteria.

Radiation Therapy

Refer to general criteria.

Radiography

Refer to general criteria.

Radiologist Assistant

Refer to general criteria.

Sonography

Refer to general criteria.

Standard Eleven – Collaboration and Collegiality

The medical imaging and radiation therapy professional promotes a positive and collaborative practice atmosphere with other members of the health care team.

Rationale

To provide quality patient care, all members of the health care team must communicate effectively and work together efficiently.

The medical imaging and radiation therapy professional:

General Criteria

- Develops and maintains collaborative partnerships to enhance quality and efficiency.
- Informs and instructs others about radiation safety.
- Promotes understanding of the profession.
- Shares knowledge and expertise with others.

Specific Criteria

Bone Densitometry

Refer to general criteria.

Cardiac-Interventional and Vascular-Interventional

Refer to general criteria.

Computed Tomography

Refer to general criteria.

Limited X-ray Machine Operator

Refer to general criteria.

Magnetic Resonance

Refer to general criteria.

Mammography

Refer to general criteria.

Medical Dosimetry

Refer to general criteria.

Nuclear Medicine

Refer to general criteria.

Quality Management

Refer to general criteria.

Radiation Therapy

Refer to general criteria.

Radiography

Refer to general criteria.

Radiologist Assistant

Refer to general criteria.

Sonography

Refer to general criteria.

Standard Twelve – Ethics

The medical imaging and radiation therapy professional adheres to the profession's accepted ethical standards.

Rationale

Decisions made and actions taken on behalf of the patient are based on a sound ethical foundation.

The medical imaging and radiation therapy professional:

General Criteria

- Accepts accountability for decisions made and actions taken.
- Acts as a patient advocate.
- Adheres to the established ethical standards of recognized certifying agencies.
- Adheres to the established practice standards of the profession.
- Delivers patient care and service free from bias or discrimination.
- Provides health care services with consideration for a diverse patient population.
- Respects the patient's right to privacy and confidentiality.

Specific Criteria

Bone Densitometry

Refer to general criteria.

Cardiac-Interventional and Vascular-Interventional

Refer to general criteria.

Computed Tomography

Refer to general criteria.

Limited X-ray Machine Operator

Refer to general criteria.

Magnetic Resonance

Refer to general criteria.

Mammography

Refer to general criteria.

Medical Dosimetry

Refer to general criteria.

Nuclear Medicine

Refer to general criteria.

Quality Management

- Promotes and monitors adherence to radiation safety standards.

Radiation Therapy

Refer to general criteria.

Radiography

Refer to general criteria.

Radiologist Assistant

Refer to general criteria.

Sonography

- Opposes participation in sonography procedures for the purpose of nonmedical entrepreneurial application or entertainment contrary to the tenets of ethical medical practice.

Standard Thirteen – Research, Innovation and Professional Advocacy

The medical imaging and radiation therapy professional participates in the acquisition and dissemination of knowledge and the advancement of the profession.

Rationale

Participation in professional organizations and scholarly activities such as research, scientific investigation, presentation and publication advance the profession.

The medical imaging and radiation therapy professional:

General Criteria

- Adopts new best practices.
- Investigates innovative methods for application in practice.
- Monitors changes to federal and state law, regulations and accreditation standards affecting area(s) of practice.
- Participates in data collection.
- Participates in professional advocacy efforts.
- Participates in professional societies and organizations.
- Pursues lifelong learning.
- Reads and evaluates research relevant to the profession.
- Shares information through publication, presentation and collaboration.

Specific Criteria

Bone Densitometry

Refer to general criteria.

Cardiac-Interventional and Vascular-Interventional

Refer to general criteria.

Computed Tomography

Refer to general criteria.

Limited X-ray Machine Operator

Refer to general criteria.

Magnetic Resonance

Refer to general criteria.

Mammography

Refer to general criteria.

Medical Dosimetry

Refer to general criteria.

Nuclear Medicine

Refer to general criteria.

Quality Management

Refer to general criteria.

Radiation Therapy

Refer to general criteria.

Radiography

Refer to general criteria.

Radiologist Assistant

Refer to general criteria.

Sonography

Refer to general criteria.

Glossary

The glossary is an alphabetical list of defined terms or words specifically found in the ASRT Practice Standards for Medical Imaging and Radiation Therapy. The terms or words have meaning that might not be general knowledge. The definitions are formulated using evidentiary documentation and put into place following extensive review and subsequent approval. The glossary is not all-inclusive. New terms and new usage of existing terms will emerge with time and advances in technology.

AAPM – American Association of Physicists in Medicine

ACR – American College of Radiology

advanced-practice radiographer – A registered technologist who has gained additional knowledge and skills through the successful completion of an organized program or radiologic technology education that prepares radiologic technologists for advanced-practice roles and has been recognized by the national certification organization to engage in advanced-practice radiologic technology.

adverse event – Any undesirable experience associated with the use of a medical product in a patient.

ALARA – Acronym for “as low as (is) reasonably achievable,” which means making every reasonable effort to maintain exposures to radiation as far below the dose limits as practical, consistent with the purpose for which the licensed activity is undertaken, while taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety and other societal and socioeconomic considerations, and in relation to the use of nuclear energy and licensed materials in the public interest. The ASRT recognizes the concept of ALARA to include energies used for magnetic resonance and sonographic imaging.

anatomic (anatomical) landmarks – Bones or other identifiable points that are visible or palpable and indicate the position of internal anatomy.

archive (archival) – The storage of data in either hard (film) or soft (digital) form.

ARDMS – American Registry for Diagnostic Medical Sonography

ARRT – American Registry of Radiologic Technologists

artifact – Extraneous information on the image that interferes with or distracts from image quality.

ASRT – American Society of Radiologic Technologists

authorized user – A physician, dentist or podiatrist who meets the requirements as defined by the United States Nuclear Regulatory Commission.

beam-modification devices – Devices that change the shape of the treatment field or distribution of the radiation at (tissue) depth.

brachytherapy – A type of radiation therapy in which radioactive material sealed in needles, seeds, wires or catheters is placed directly into or near a tumor. Also called implant radiation therapy, internal radiation therapy and radiation brachytherapy.

CCI – Cardiovascular Credentialing International

change management – Systematic approach to preparing for, implementing and sustaining a change in process.

clinical – Pertaining to or founded on actual observations and treatments of patients.

clinically competent – The ability to perform a clinical procedure in a manner that satisfies the demands of a situation, as assessed and documented by a qualified individual.

contrast media – A substance administered during a medical imaging procedure for the purpose of enhancing the contrast between an internal structure or fluid and the surrounding tissue.

cropping – The process of selecting and removing a portion of the image.

custom blocks – Devices designed to shape the radiation field.

DICOM – Acronym for “Digital Imaging and Communications in Medicine.” The DICOM standards are a complex set of instructions to exchange and present medical image information.

dose distribution – Spatial representation of the magnitude of the dose produced by a source of radiation. It describes the variation of dose with position within an irradiated volume.

dosimetric calculations – Computation of treatment unit settings, monitor units, treatment times and radiation doses to anatomical areas of interest.

educationally prepared – The successful completion of didactic and clinical education necessary to properly perform a procedure in accordance with accepted practice standards.

electronic masking – Electronic collimation or cropping of the digital radiographic image that occurs during postprocessing of the acquired image and does not alter the size of the irradiated field.

fiducial markers – Fixed reference points against which other objects can be measured. They may be placed internally, at skin surface or fixed externally to the patient.

GRADE – Grading of Recommendations Assessment, Development and Evaluation

hybrid imaging – The combination of imaging technologies that allows information from different modalities to be presented as a single set of images.

image-guided radiation therapy – A process of using various imaging techniques to localize the target and critical tissues and, if needed, reposition the patient just before or during the delivery of radiotherapy.

immobilization device – Device that assists in maintaining or reproducing the position while restricting patient movement.

initial observation – Assessment of technical image quality with pathophysiology correlation communicated to a radiologist.

interpretation – The process of examining and analyzing all images within a given procedure and integration of the imaging data with appropriate clinical data in order to render an impression or conclusion set forth in a formal written report composed and signed by a licensed practitioner.

interventional procedures – Invasive medical imaging guidance methods used to diagnose

and/or treat certain conditions.

ISCD – International Society for Clinical Densitometry

JRC-DMS – Joint Review Committee on Education in Diagnostic Medical Sonography

least significant change – The least amount of bone mineral densitometry change that can be considered statistically significant.

licensed practitioner – A medical or osteopathic physician, chiropractor, podiatrist or dentist who has education and specialist training in the medical or dental use of radiation and is deemed competent to perform independently or supervise medical imaging or radiation therapy procedures by the respective state licensure board.

MDCB – Medical Dosimetrist Certification Board

medical physicist – An individual who is competent to practice independently in the safe use of x-rays, gamma rays, electron and other charged particle beams, neutrons, radionuclides, sealed radionuclide sources, ultrasonic radiation, radiofrequency radiation and magnetic fields for diagnostic and therapeutic purposes. An individual is considered competent to practice in the field of medical physics if he or she is certified by the appropriate recognized certification organization.

medication – Any chemical substance intended for use in the medical diagnosis, cure, treatment or prevention of disease.

minimal sedation (anxiolysis) – A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

moderate sedation – A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

molecular imaging – A biomedical discipline enabling the visualization, characterization and quantification of biologic processes taking place at the cellular and subcellular levels within intact living subjects.

monitor units – Unit of output measure used for linear accelerators, sometimes indicated with the abbreviation MU. Accelerators are calibrated so that 1 MU delivers 1 cGy for a standard reference field size at a standard reference depth at a standard source to calibration point.

NECS – National Education Curriculum for Sonography

NMTCB – Nuclear Medicine Technology Certification Board

noninterpretive fluoroscopic procedures – Use of fluoroscopic imaging under the direction of a licensed practitioner for purposes other than interpretation.

normal tissue tolerance – Radiation tolerance levels of healthy organs near or within the radiation treatment fields.

NRC – U.S. Nuclear Regulatory Commission

panning – Movement of the imaging equipment during image acquisition to maintain visualization of an anatomic region of interest.

personal radiation monitoring devices – Devices designed to be worn or carried by an individual for the purpose of measuring the dose of radiation received.

physics survey – Performing equipment testing, evaluating the testing results and completing a formal written report of results. The written survey report, validated by a medical physicist, contains sufficient information to document that each test was conducted according to local, federal or state requirements and includes an assessment of corrective actions and recommendations for improvements.

postprocessing – Computerized processing of data sets after acquisition to create a diagnostic or therapeutic image.

procedure – Specific course of action intended to result in an imaging study, treatment or other outcome.

protocol – The plan for carrying out a procedure, scientific study or a patient’s treatment regimen.

quality assurance – Activities and programs designed to achieve a desired degree or grade of care in a defined medical, nursing or health care setting or program. Sometimes indicated with the abbreviation QA.

quality control – The routine performance of techniques used in monitoring or testing and maintenance of components of medical imaging and radiation therapy equipment. This includes the interpretation of data regarding equipment function and confirmation that corrective actions are/were taken. Sometimes indicated with the abbreviation QC.

radiation oncologist – A physician who specializes in using radiation to treat cancer.

radiation protection – Prophylaxis against injury from ionizing radiation. The only effective preventive measures are shielding the operator, handlers and patients from the radiation source; maintaining appropriate distance from the source; and limiting the time and amount of exposure.

radioactive material – A substance composed of unstable atoms that decay with the spontaneous emission of radioactivity. Includes radiopharmaceuticals, unsealed sources (open, frequently in liquid or gaseous form) and sealed sources (permanently encapsulated, frequently in solid form).

radiobiology – The study of the effects of radiation on living organisms.

radiography – The process of obtaining an image for diagnostic examination using x-rays.

sentinel event – An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

setup – Arrangement of treatment parameters used in preparation for delivering radiation therapy; includes patient positioning data, field alignment information and equipment configurations.

shuttering – A postprocessing technique that may be used to eliminate ambient light around an image for the sole purpose of improving the quality of the displayed image. It should not be used as a substitute for insufficient collimation of the irradiated field.

simulation – A process using imaging technologies to plan radiation therapy so that the target area is precisely located and marked; the mockup procedure of a patient treatment with medical imaging documentation of the treatment portals.

SNMMI – Society of Nuclear Medicine and Molecular Imaging

static – Any medical image that is fixed or frozen in time.

supervising radiologist – A board-certified radiologist who oversees duties of the radiologist assistant and has appropriate clinical privileges for the procedure performed by the radiologist assistant.

timeout – Preprocedural pause to conduct a final assessment that the correct patient, site and procedure are identified.

tolerance levels (doses) – The maximum radiation dose that may be delivered to a given biological tissue at a specified dose rate and throughout a specified volume without producing an unacceptable change in the tissue.

treatment calculations – *See dosimetric calculations.*

treatment field (portal) – Volume of tissue exposed to radiation from a single radiation beam.

treatment planning – The process by which dose delivery is optimized for a given patient and clinical situation. It encompasses procedures involved in planning a course of radiation treatment, including simulation through completion of the treatment summary.

treatment record – Documents the delivery of treatments, recording of fractional and cumulative doses, machine settings, verification imaging and the ordering and implementation of prescribed changes.

T-score – Number of standard deviations the individual's bone mineral density is from the average bone mineral density for gender-matched young normal peak bone mass.

vascular access device – Apparatus inserted into the peripheral or central vasculature for diagnostic or therapeutic purposes.

vascular closure device – Active or passive medical devices used to achieve hemostasis after a cardiovascular or endovascular procedure that requires catheterization.

venipuncture – The transcutaneous puncture of a vein by a sharp rigid stylet or cannula carrying a flexible plastic catheter or by a steel needle attached to a syringe or catheter.

verification images – Images produced to confirm accurate treatment positioning and accurate treatment portals.

Z-score – Number of standard deviations the individual's bone mineral density is from the average bone mineral density for age- and gender-matched reference group.

Advisory Opinion Statements

Advisory opinion statements are interpretations of the practice standards. They are intended for clarification and guidance for specific practice issues.

The ASRT issues advisory opinions as to what constitutes appropriate practice. As such, an opinion is not a regulation or statute and does not have the force and effect of law. It is issued as a guidepost to medical imaging and radiation therapy professionals who wish to engage in safe practice. Federal and state laws, accreditation standards necessary to participate in government programs and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

The profession holds medical imaging and radiation therapy professionals responsible and accountable for rendering safe, effective clinical services to patients and for judgments exercised and actions taken in the course of providing those services.

Acts that are within the recognized scope of practice for a given license or certification may be performed only by those individuals who possess the education and clinical proficiency to perform those acts in a safe and effective manner.

The medical imaging and radiation therapy professional's performance should be evidence-based and consistent with federal and state laws, regulations, established standards of practice, facility policies and procedures. Links to external websites may change without notice.

Each medical imaging and radiation therapy professional must exercise professional and prudent judgment when determining whether the performance of a given act is within the scope of practice for which the individual is licensed, if applicable within the jurisdiction in which the person is employed, educationally prepared and clinically competent to perform.

The ASRT's position is to determine the practice standards and scopes of practice for medical imaging and radiation therapy professionals. The practice standards emphasize the importance of an individual being educationally prepared and clinically competent to practice in the profession of medical imaging and radiation therapy.

Guidance for the Communication of Clinical and Imaging Observations and Procedure Details by Radiologist Assistants to Supervising Radiologists

After research of evidentiary documentation such as current literature, curricula, position statements, scopes of practice, laws, federal and state regulations and inquiries received by the ASRT, the ASRT issued opinions contained herein.

Advisory Opinion

It is the opinion of the ASRT that based upon current literature, curricula set forth by the ASRT, entry-level clinical activities by the ARRT, regulatory requirements and where federal or state law and/or institutional policy permits that:

1. Communication of clinical and imaging observations and procedure details by the radiologist assistant to the supervising radiologist is an integral part of radiologist assistant practice. Without clear, consistent, appropriate and ascribed communication between members of the radiology team, there is a possibility of inadequate patient care, incomplete reports and diminished departmental productivity. To create a safe and productive radiology environment, communication between the radiologist assistant and supervising radiologist must be free-flowing, consistent and relevant to the patient examination or procedure. This communication can take many forms, including verbal, written and electronic correspondence. These communications may be included and taken into consideration by the radiologist in creating a final report. However, initial clinical and imaging observations and procedure details communicated from the radiologist assistant to the radiologist are only intended for the radiologist's use and do not substitute for the final report created by the radiologist. These communications should be considered and documented as "initial clinical and imaging observations or procedure details."
2. While assisting radiologists in the performance of imaging procedures or during the performance of procedures under radiologist supervision, the radiologist assistant must be able to communicate and document procedure notes, observations, patient responses and other types of information relevant to the radiologist's interpretation and creation of the final report. Radiologist assistants do not independently "report findings" or "interpret" by dictation or by any other means; and to avoid any confusion, these terms should not be used to refer to the activities of the radiologist assistant. However, radiologist assistants may add to the patient record (following the policies and procedures of the facility) in a manner similar to any other dependent nonphysician practitioner. Radiologist assistants who are authorized to communicate initial observations to the supervising radiologist using a voice recognition dictation system or other electronic means must adhere to institutional protocols ensuring that initial observations can be viewed or accessed only by the supervising radiologist. Initial clinical or imaging observations or procedure details created by the radiologist assistant resulting from the radiologist assistant's involvement in the performance of the procedure that are included in the final report should be carefully reviewed by the supervising radiologist and should be incorporated at the supervising radiologist's discretion.

With proper education and proven competence, the communication of clinical and imaging observations and procedure details by radiologist assistants to supervising radiologists provides

quality patient services in a safe environment.
GRADE: Strong

Definitions

The following definitions can be found in the glossary to the ASRT Practice Standards for Medical Imaging and Radiation Therapy:

- clinically competent
- educationally prepared

Evidentiary Documentation

Current Literature

Not applicable

Curricula

- Radiologist Assistant Curriculum (ASRT, 2015)

Communication of Findings and Validation of Clinical Practice

Description

Content introduces guidelines for communicating initial observations made by the radiologist assistant during imaging procedures and image assessments. The radiologist assistant's role focuses on the systematic analysis of clinical practice—the diagnosis and treatment, resources, evidence-based decision making, procedures and resulting outcomes, including the patient's quality of life.

Objectives

1. Communicate initial observations to the radiologist based on practice guidelines.
2. Identify the required legal components of a report of findings following diagnostic testing.
3. Establish and evaluate benchmarks as they apply to diagnostic imaging.
4. Explain the rationale for performing clinical audits.
5. Identify audit schemes applied to the clinical setting.
6. Identify measurement criteria and instruments employed during a clinical audit.
7. Describe how sensitivity and specificity measurements apply to diagnostic imaging.
8. Distinguish between positive and negative predictive values when evaluating the results of diagnostic imaging.
9. Discuss the importance of sampling and biases on the internal and external validity of audits of diagnostic accuracy.
10. Participate in specialty presentations.

Content

I. Clinical Reporting

- A. Legal considerations and requirements
- B. Composing, recording and archiving a report of initial observations

II. Evaluation of Diagnostic Accuracy

- A. Benchmarks
- B. Sensitivity and specificity
- C. Predictive values
- D. Prior probability
- E. Bias

III. Clinical Audit

- A. Rationale
- B. Audit schemes
 - 1. External quality assessment
 - 2. Internal quality assessment
 - 3. Accreditation
 - 4. Clinical governance (i.e., credentialing)
- C. Audit categories
 - 1. Access
 - 2. Process
 - 3. Output
 - 4. Outcome
 - 5. Use of resources
- D. Measurement criteria and instruments (i.e., ACR Appropriateness Criteria)

QUALITY OF EVIDENCE: High

Certification Agency Entry-Level Clinical Activities

- Registered Radiologist Assistant Entry-Level Clinical Activities (ARRT, 2018)

The document states that radiologist assistants may “Review imaging procedures, make initial observations, and communicate observations **ONLY** [*emphasis added*] to the radiologist; record initial observations of imaging procedures following radiologist approval; communicate radiologist’s report to appropriate health care provider consistent with the ACR Practice Parameter for Communication of Diagnostic Imaging Findings.”

QUALITY OF EVIDENCE: High

Scopes of Practice and Practice Standards Reference

- Scope of Practice
 - Communicating the supervising radiologist’s report to the appropriate health care provider consistent with the American College of Radiology Practice Guidelines for Communication of Diagnostic Imaging Findings.
 - Evaluating images for completeness and diagnostic quality and recommending additional images.
 - Obtaining images necessary for diagnosis and communicating initial observations to the supervising radiologist. The radiologist assistant does not provide image interpretation as defined by the American College of Radiology.

- Providing follow-up patient evaluation.
- The ASRT Practice Standards for Medical Imaging and Radiation Therapy
 - Performs follow-up patient evaluation and communicates findings to the supervising radiologist. (Standard Seven, radiologist assistant only)
 - Reports clinical and imaging observations and procedure details to the supervising radiologist. (Standard Eight, radiologist assistant only)
 - Maintains documentation of quality assurance activities, procedures and results. (Standard Eight)
 - Documents in a timely, accurate and comprehensive manner. (Standard Eight)
 - Documents and assists radiologist in quality reporting measures for the purpose of improved patient care. (Standard Eight, radiologist assistant only)

QUALITY OF EVIDENCE: High

Federal and State Statute References

Not applicable

Other

Not applicable

Approved: June 19, 2011

Amended, Main Motion, C-13.21 & C13.23, 2013

Amended, Main Motion, C-16.11, 2016

Amended, Main Motion, C-18.07, 2018

ASRT House of Delegates

Medication Administration by Medical Imaging and Radiation Therapy Professionals

After research of evidentiary documentation such as current literature, curricula, position statements, scopes of practice, laws, federal and state regulations and inquiries received by the ASRT, the ASRT issued opinions contained herein.

Advisory Opinion

It is the opinion of the ASRT that based upon current literature; curricula set forth by the ASRT, SNMMI and the NECS; certification examination specifications by the ARRT, NMTCB and CCI; recommendations by the ACR and Centers for Medicare & Medicaid Services; and where federal or state law and/or institutional policy permits that:

1. It is within the scope of practice for medical imaging and radiation therapy professionals to perform the parenteral administration of contrast media and other medications.
2. The parenteral administration of contrast media and other medications by medical imaging and radiation therapy professionals shall be performed only when a licensed practitioner is immediately available to ensure proper diagnosis and treatment of adverse events.

With proper education and proven competence, the parenteral administration of contrast media and other medications by medical imaging and radiation therapy professionals provides quality patient services in a safe environment when a licensed practitioner is immediately available to ensure proper diagnoses and treatment of possible adverse events.

GRADE: Strong

Definitions

The following definitions can be found in the glossary to the ASRT Practice Standards for Medical Imaging and Radiation Therapy:

- adverse event
- clinically competent
- educationally prepared
- licensed practitioner
- medication

Evidentiary Documentation

Current Literature

- ACR Committee on Contrast Media. *ACR Manual on Contrast Media*. Version 10.3. Reston, VA: American College of Radiology; 2017. Accessed November 29, 2018.
- American College of Radiology. ACR accreditation facility toolkit for validation site surveys. Revised April 9, 2018. Accessed November 29, 2018.
- American College of Radiology. ACR practice parameter for performing and interpreting magnetic resonance imaging (MRI). Revised 2017. Accessed November 29, 2018.

- American College of Radiology. ACR-SAR practice parameter for the performance of excretory urography. Revised 2014. Accessed November 29, 2018.
- American College of Radiology. ACR-SPR practice parameter for the use of intravascular contrast media. Revised 2017. Accessed November 29, 2018.
- American College of Radiology. ACR-SPR technical standard for therapeutic procedures using radiopharmaceuticals. Revised 2016. Accessed November 29, 2018.
- Covered medical and other health services. In: *Medicare Benefit Policy Manual*. Baltimore, MD: Centers for Medicare & Medicaid Services; 2017. Accessed November 29, 2018.

QUALITY OF EVIDENCE: High

Curricula

The ASRT curricula for all practice areas were reviewed.

- Cardiac-Interventional and Vascular-Interventional Curriculum (ASRT, 2014)
- Computed Tomography Curriculum (ASRT, 2018)
- Magnetic Resonance Curriculum (ASRT, 2015)
- Mammography Curriculum (ASRT, 2018)
- National Education Curriculum for Sonography (JRC-DMS, 2016)
- NEC Common Curricula (JRC-DMS, 2016)
- Nuclear Medicine Technology Competency-Based Curriculum Guide (SNMMI, 2013)
- Radiation Therapy Professional Curriculum (ASRT, 2014)
- Radiography Curriculum (ASRT, 2017)
- Radiologist Assistant Curriculum (ASRT, 2015)

QUALITY OF EVIDENCE: High

Certification Agency Examination Content Specifications

- Cardiac Interventional Radiography (ARRT, 2017)
- Computed Tomography (ARRT, 2017)
- Magnetic Resonance Imaging (ARRT, 2017)
- Nuclear Medicine Technology (ARRT, 2017)
- Radiation Therapy (ARRT, 2017)
- Radiography (ARRT, 2017)
- Registered Radiologist Assistant (ARRT, 2018)
- Vascular Interventional Radiography (ARRT, 2017)

Other Certification Agency Content Specifications

- Components of Preparedness (NMTCB, 2017)
- Examination Overview: Registered Cardiovascular Invasive Specialist (CCI, 2018)

QUALITY OF EVIDENCE: High

Scopes of Practice and Practice Standards Reference

- Scope of Practice*†
 - Identifying, preparing and/or administering medications as prescribed by a licensed practitioner.

QUALITY OF EVIDENCE: High

Federal and State Statute References

Not applicable

Other

Not applicable

Approved: July 1, 2012

Amended, Main Motion, C-13.21 and C13.23, 2013

Amended, Main Motion, C-16.13, 2016

Amended, Main Motion, C-17.09, 2017

Amended, Main Motion, C-18.11, 2018

ASRT House of Delegates

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

Medication Administration in Peripherally Inserted Central Catheter Lines or Ports With a Power Injector

After research of evidentiary documentation such as current literature, curricula, position statements, scopes of practice, laws, federal and state regulations and inquiries received by the ASRT, the ASRT issued the opinions contained herein.

Advisory Opinion

It is the opinion of the ASRT that based upon current literature; curricula set forth by the ASRT, ASRT Practice Standards for Medical Imaging and Radiation Therapy and SNMMI; certification examination specifications by the ARRT and NMTCB; and where federal or state law and/or institutional policy permits that:

1. It is within the scope of practice for medical imaging and radiation therapy professionals to access and use a Food and Drug Administration–approved peripherally inserted central catheter (PICC) line or port designated for use with power injectors, when manufacturer guidelines regarding infusion rate and pressure are followed and where federal or state law and/or institutional policy permits.

With proper education and proven competence, the use of power injectors with PICC lines or ports provides quality patient services in a safe environment.

GRADE: Strong

Definitions

access – The process of inserting the designated needle through the access point of an existing vascular access device to deliver intravenous (IV) fluids or medication.

The following definitions can be found in the glossary to the ASRT Practice Standards for Medical Imaging and Radiation Therapy:

- educationally prepared
- clinically competent

Evidentiary Documentation

Current Literature

Not applicable

Curricula

- Computed Tomography Curriculum (ASRT, 2018)
- Magnetic Resonance Curriculum (ASRT, 2015)
- Nuclear Medicine Technology Competency-Based Curriculum Guide (SNMMI, 2013)
- Radiography Curriculum (ASRT, 2017)
- Radiologist Assistant Curriculum (ASRT, 2015)

QUALITY OF EVIDENCE: High

Certification Agency Examination Content Specifications

- Components of Preparedness (NMTCB, 2017)
- Computed Tomography (ARRT, 2017)
- Vascular Interventional Radiography (ARRT, 2017)

Other Certification Agency Content Specifications

- Components of Preparedness (NMTCB, 2017)
- Positron Emission Tomography (PET) Specialty Examination Content Outline (NMTCB, 2016)

QUALITY OF EVIDENCE: High

Scopes of Practice and Practice Standards Reference

- Scope of Practice*†
 - Administering medications parenterally through new or existing vascular access, enterally or through other appropriate routes as prescribed by a licensed practitioner.
 - Administering medications with an infusion pump or power injector as prescribed by a licensed practitioner.
 - Identifying, preparing and/or administering medications as prescribed by a licensed practitioner.
- The ASRT Practice Standards for Medical Imaging and Radiation Therapy*†
 - Uses accessory equipment. (Standard Four)

QUALITY OF EVIDENCE: High

Federal and State Statute Reference(s)

Not Applicable

Other

Approved: June 19, 2011
Amended, Main Motion, C-13.21 and C13.23, 2013
Amended, Main Motion, C-16.12, 2016
Amended, Main Motion, C-17.08, 2017
Amended, Main Motion, C-18.08, 2018
ASRT House of Delegates

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

Medication Administration Through Existing Vascular Access

After research of evidentiary documentation such as current literature, curricula, position statements, scopes of practice, laws, federal and state regulations and inquiries received by the ASRT, the ASRT issued opinions contained herein.

Advisory Opinion

It is the opinion of the ASRT that based upon current literature; curricula set forth by the ASRT, SNMMI and the NECS; certification examination specifications by the ARRT, NMTCB and CCI; recommendations by the ACR; and where federal or state law and/or institutional policy permits that:

1. It is within the scope of practice for medical imaging and radiation therapy professionals to access and administer medications through existing vascular access.

With proper education and proven competence, accessing and administering medications through existing vascular access provides quality patient services in a safe environment.

GRADE: Strong

Definitions

access – The process of inserting the designated needle through the access point of an existing vascular access device to deliver IV fluids or medication.

existing vascular access – Peripheral or central vascular implanted devices or external access lines that include, but are not limited to, peripherally inserted central catheter lines, intravenous lines, central lines and ports.

The following definitions can be found in the glossary to the ASRT Practice Standards for Medical Imaging and Radiation Therapy:

- clinically competent
- educationally prepared
- medication

Evidentiary Documentation

Current Literature

- ACR Committee on Contrast Media. *ACR Manual on Contrast Media*. Version 10.3. Reston, VA: American College of Radiology; 2017. Accessed November 29, 2018.
- American College of Radiology. ACR practice parameter for performing and interpreting diagnostic computed tomography (CT). Revised 2017. Accessed November 30, 2018.
- American College of Radiology. ACR practice parameter for performing and interpreting magnetic resonance imaging (MRI). Revised 2017. Accessed November 30, 2018.
- American College of Radiology. ACR-SPR practice parameter for the use of intravascular contrast media. Revised 2017. Accessed November 30, 2018.
- Rockwell D. A competency for central line use in radiology. *J Radiol Nurs*. 2008;27(2):84. doi:10.1016/j.jradnu.2008.04.016

QUALITY OF EVIDENCE: High

Curricula

- Cardiac-Interventional and Vascular-Interventional Curriculum (ASRT, 2014)
- Computed Tomography Curriculum (ASRT, 2018)
- Magnetic Resonance Curriculum (ASRT, 2015)
- Mammography Curriculum (ASRT, 2018)
- National Education Curriculum for Sonography (JRC-DMS, 2016)
- NEC Common Curricula (JRC-DMS, 2016)
- Nuclear Medicine Technology Competency-Based Curriculum Guide (SNMMI, 2013)
- Radiation Therapy Professional Curriculum (ASRT, 2014)
- Radiography Curriculum (ASRT, 2017)
- Radiologist Assistant Curriculum (ASRT, 2015)

QUALITY OF EVIDENCE: High

Certification Agency Examination Content Specifications

- Computed Tomography (ARRT, 2017)
- Magnetic Resonance Imaging (ARRT, 2017)
- Nuclear Medicine Technology (ARRT, 2017)
- Radiography (ARRT, 2017)
- Registered Radiologist Assistant (ARRT, 2018)
- Vascular Interventional Radiography (ARRT, 2017)

Other Certification Agency Content Specifications

- Components of Preparedness (NMTCB, 2017)
- Examination Overview: Registered Cardiovascular Invasive Specialist (CCI, 2018)

QUALITY OF EVIDENCE: High

Scopes of Practice and Practice Standards Reference

- Scope of Practice*†
 - Administering medications parenterally through new or existing vascular access, enterally or through other appropriate routes as prescribed by a licensed practitioner.
 - Identifying, preparing and/or administering medications as prescribed by a licensed practitioner.
 - Performing venipuncture as prescribed by a licensed practitioner.
 - Starting, maintaining and/or removing intravenous access as prescribed by a licensed practitioner.

QUALITY OF EVIDENCE: High

Federal and State Statute References

Not applicable

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

Other

Not applicable

Approved: July 1, 2012

Amended, Main Motion, C-13.21 and C13.23, 2013

Amended, Main Motion, C-16.14, 2016

Amended, Main Motion, C-17.10, 2017

Amended, Main Motion, C-18.12, 2018

ASRT House of Delegates

Placement of Personal Radiation Monitoring Devices

After research of evidentiary documentation such as current literature, curricula, position statements, scopes of practice, laws, federal and state regulations and inquiries received by the ASRT, the ASRT issued opinions contained herein.

Advisory Opinion

It is the opinion of the ASRT that based upon current literature; curricula set forth by the ASRT and SNMMI; certification examination specifications by the ARRT and NMTCB; regulatory requirements; AAPM recommendations; and where federal or state law and/or institutional policy permits that:

1. Radiation workers wear a personal radiation monitoring device outside of protective apparel with the label facing the radiation source at the level of the thyroid to approximate the maximum dose to the head and neck.
2. In specific cases, a whole-body monitor may be indicated. This monitor should be worn at the waist under a protective lead apron.
3. In some cases, a ring monitor may be indicated. This monitor should be worn on the dominant hand with the label facing the radiation source.

With proper education and proven competence, the determination of proper use of personal monitoring devices provides quality patient services in a safe environment.

GRADE: Strong

Definitions

The following definition can be found in the glossary to the ASRT Practice Standards for Medical Imaging and Radiation Therapy:

- personal radiation monitoring device

Evidentiary Documentation

Current Literature

- Bushong S. Occupational radiation dose management. In: *Radiologic Science for Technologists: Physics, Biology, and Protection*. 11th ed. St Louis, MO: Elsevier; 2017:581-598.
- By standards number: 1910.1096(d)(3)(i) – ionizing radiation. Occupational Safety and Health Administration website. Accessed November 30, 2018.
- Statkiewicz-Sherer MA, Visconti PJ, Ritenour ER, Welch-Haynes K. Radiation monitoring. In: *Radiation Protection in Medical Radiography*. 8th ed. St Louis, MO: Elsevier; 2018:75-92.

QUALITY OF EVIDENCE: High

Curricula

- Bone Densitometry Curriculum (ASRT, 2014)
- Limited X-ray Machine Operator Curriculum (ASRT, 2015)

- Positron Emission Tomography (PET)-Computed Tomography (CT) Curriculum (ASRT, 2004)
- Nuclear Medicine Technology Competency-Based Curriculum Guide (SNMMI, 2013)
- Radiation Therapy Professional Curriculum (ASRT, 2014)
- Radiography Curriculum (ASRT, 2017)
- Radiologist Assistant Curriculum (ASRT, 2015)

QUALITY OF EVIDENCE: High

Certification Agency Examination Content Specifications

- Cardiac Interventional Radiography (ARRT, 2017)
- Limited Scope of Practice in Radiography (ARRT, 2018)
- Nuclear Medicine Technology (ARRT, 2017)
- Radiation Therapy (ARRT, 2017)
- Radiography (ARRT, 2017)
- Registered Radiologist Assistant (ARRT, 2018)
- Vascular Interventional Radiography (ARRT, 2017)

Other Certification Agency Content Specifications

- Components of Preparedness (NMTCB, 2017)

QUALITY OF EVIDENCE: High

Scopes of Practice and Practice Standards Reference

Not applicable

Federal and State Statute References

- § 19.12 Instruction to Workers (NRC, 2018)
- § 20.1208 Dose Equivalent to an Embryo/Fetus (NRC, 2018)
- § 20.1502 Conditions Requiring Individual Monitoring of External and Internal Occupational Dose (NRC, 2018)
- Regulatory Guide 8.34: Monitoring Criteria and Methods to Calculate Occupational Radiation Doses (NRC, 1992)
- Regulatory Guide 8.36: Radiation Dose to the Embryo/Fetus (NRC, 2018)
- Regulatory Guide 8.7: Instructions for Recording and Reporting Occupational Radiation Exposure Data (NRC, 2016)

QUALITY OF EVIDENCE: High

Other

AAPM Report No. 58: Managing the Use of Fluoroscopy in Medical Institutions. Appendix A: Radiation Safety/Quality Assurance Program

QUALITY OF EVIDENCE: High

pproved: July 1, 2012
Amended, Main Motion, C-13.21 & C13.23, 2013
Amended, Main Motion, C-16.15, 2016
Amended, Main Motion, C-18.09, 2018
ASRT House of Delegates

Use of Postexposure Shuttering, Cropping and Electronic Masking in Radiography

After research of evidentiary documentation such as current literature, curricula, position statements, scopes of practice, laws, federal and state regulations, and inquiries received by the ASRT, the ASRT issued opinions contained herein.

Advisory Opinion

It is the opinion of the ASRT that based upon current literature, curricula set forth by the ASRT, certification examination specifications by the ARRT, and recommendations by the ACR that:

1. It is within the scope of practice of a radiologic technologist to determine and apply appropriate pre-exposure collimation to individual projections of examinations to comply with the principle of ALARA. Postexposure shuttering, cropping, electronic collimation or electronic masking to eliminate the visibility of large regions of brightness are acceptable, where automatic processing fails to do so.
2. It is outside of the scope of practice of a radiologic technologist to use postexposure shuttering, cropping, electronic collimation or electronic masking to eliminate any anatomical information. This information is a part of the patient's permanent medical record and should therefore be presented to the licensed practitioner to determine whether the exposed anatomy obtained on any image is significant or of diagnostic value.
3. It is outside the scope of practice of a radiologic technologist to use postexposure shuttering, cropping, electronic collimation or electronic masking to duplicate and use any acquired image for more than one prescribed view or projection on any exam. Facilities acquiring digital images are legally required to retain information in the DICOM information of each image that identifies the selected view or projection at the time of image acquisition. Using the same acquired image to represent two different prescribed views or projections is a falsification of the information in the patient medical record and imaging study made available to the licensed practitioner.

With proper education and proven competence, the elimination of improper use of postexposure shuttering, cropping and electronic masking provides quality patient services in a safe environment.

GRADE: Strong

Definitions

- processing: Manipulation of the raw data just after acquisition.

The following definitions can be found in the glossary to the ASRT Practice Standards for Medical Imaging and Radiation Therapy:

- cropping
- DICOM
- electronic masking
- shuttering

Evidentiary Documentation*Current Literature*

- American College of Radiology. ACR-AAPM-SIIM-SPR practice parameter for digital radiography. Revised 2017.
- Bomer J, Wiersma-Deijl L, Holscher HC. Electronic collimation and radiation protection in paediatric digital radiography: revival of the silver lining. *Insights Imaging*. 2013;4(5):723-727. doi:10.1007/s13244-013-0281-5
- Carroll QB. *Radiography in the Digital Age*. 2nd ed. Springfield, IL: Charles C Thomas; 2014.
- Carter C, Vealé B. *Digital Radiography and PACS*. 2nd ed. Maryland Heights, MO: Elsevier; 2014.
- Chalazonitis AN, Koumarios D, Tzovara J, Chronopoulos P. How to optimize radiological images captured from digital cameras, using the Adobe Photoshop 6.0 program. *J Digit Imaging*. 2003;16(2):216-229.
- Don S, Macdougall R, Strauss K, et al. Image Gently campaign back to basics initiative: ten steps to help manage radiation dose in pediatric digital radiography. *AJR Am J Roentgenol*. 2013;200(5):W431-W436. doi:10.2214/AJR.12.9895
- Fauber TL, Dempsey MC. X-ray field size and patient dosimetry. *Radiol Technol*. 2013;85(2):155-161.
- Fauber TL. *Radiographic Imaging and Exposure*. 5th ed. St Louis, MO: Elsevier; 2016.
- Goske MJ, Charkot E, Herrmann T, et al. Image Gently: challenges for radiologic technologists when performing digital radiography in children. *Pediatr Radiol*. 2011;41(5):611-619. doi:10.1007/s00247-010-1957-3
- Herrmann TL, Fauber TL, Gill J, et al; American Society of Radiologic Technologists. Best practices in digital radiography. Published 2012.
- Lo WY, Puchalski SM. Digital image processing. *Vet Radiol Ultrasound*. 2008;49(1 suppl 1):S42-S47. doi:10.1111/j.1740-8261.2007.00333.x
- Russell J, Burbridge BE, Duncan MD, Tynan J. Adult fingers visualized on neonatal intensive care unit chest radiographs: what you don't see. *Can Assoc Radiol J*. 2013;64(3):236-239. doi:10.1016/j.carj.2012.04.004
- Seeram E. *Digital Radiography: An Introduction*. Boston, MA: Cengage Learning; 2011.
- Uffmann M, Schaefer-Prokop C. Digital radiography: the balance between image quality and required radiation dose. *Eur J Radiol*. 2009;72(2):202-208. doi:10.1016/j.ejrad.2009.05.060
- Willis CE. Optimizing digital radiography of children. *Eur J Radiol*. 2009;72(2):266-273. doi:10.1016/j.ejrad.2009.03.003
- Zetterberg LG, Espeland A. Lumbar spine radiography—poor collimation practices after implementation of digital technology. *Br J Radiol*. 2011;84(1002):566-9. doi:10.1259/bjr/74571469

QUALITY OF EVIDENCE: High

Curricula

Not applicable

Certification Agency Content Specifications

Not applicable

Scopes of Practice and Practice Standards Reference

- Scope of Practice
 - Applying principles of ALARA to minimize exposure to patient, self and others.
- The ASRT Practice Standards for Medical Imaging and Radiation Therapy
 - Analyzes digital images to determine the use of appropriate imaging parameters. (Standard Two)
 - Optimizing technical factors in accordance with the principles of ALARA. (Standard Two)
 - Verifies that exposure indicator data for digital radiographic systems has not been altered or modified and is included in the DICOM header and on images exported to media. (Standard Two)
 - Employs proper radiation safety practices. (Standard Four)
 - Optimizes technical factors according to equipment specifications to meet the ALARA principle. (Standard Four)
 - Positions patient for anatomic area of interest, respecting patient ability and comfort. (Standard Four)
 - Uses pre-exposure collimation and proper field-of-view selection. (Standard Four)
 - Adheres to the established practice standards of the profession. (Standard Five)
 - Evaluates images for overall image quality of a specific area of anatomical interest based on limited education, training and licensure/certification within the scope of practice. (Standard Five, limited x-ray machine operator only)
 - Evaluates images for optimal technical exposure factors. (Standard Five, radiography only)
 - Evaluates images for positioning to demonstrate the anatomy of interest. (Standard Five, radiography only)
 - Recognizes the need to adjust patient position or technical exposure factors to improve the quality of the procedure. (Standard Five, limited x-ray machine operator only)
 - Reviews images to determine if additional images will enhance the diagnostic value of the procedure. (Standard Five, radiography only)
 - Performs additional images that will produce the expected outcomes based upon patient condition and procedural variances. (Standard Six, radiography only)
 - Performs additional images that will produce the expected outcome based on patient's condition and procedural variance under the direction of a licensed practitioner or radiographer. (Standard Six, limited x-ray machine operator only)

QUALITY OF EVIDENCE: High

Federal and State Statute References
Not applicable

Other
Not applicable

Approved: June 28, 2015
Adopted, Main Motion, C-15.23, 2015
Amended, Main Motion, C-18.10, 2018
ASRT House of Delegates

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Program Assistant Supervisor-Adv.		2) Date When Request Submitted: 1/7/2020 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: All Boards			
4) Meeting Date:	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Annual Policy Review	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Please be advised of the following Annual Policy Review items: <ol style="list-style-type: none"> 1. Attendance/Quorum – Thank you for your service and for your commitment to meeting attendance. If you cannot attend a meeting, we ask that you let us know ASAP as quorum is required for our Boards, Sections and Councils to meet pursuant to Open Meetings Law. DSPS Boards-Open Meetings Resources 2. Walking Quorum – Please refrain from discussing Board/Section/Council business with other members outside of legally noticed meetings so to avoid walking quorum issues pursuant to Open Meetings Law. DSPS Boards-Open Meetings Resources 3. Agenda Deadlines – Please let your executive Director know if you have items to be considered on an upcoming agenda no less than 8 business days prior to a meeting when possible. DSPS Boards-Reference Materials-Meeting Timeline 4. Travel Voucher and Per Diem Submissions – Please submit all Per Diem and Reimbursement Claims to DSPS within 30 days of date an expense is incurred. DSPS Boards-Travel and Reimbursement-Travel and Reimbursement Overview 5. Lodging Accommodations/Hotel Cancellation Policy – Lodging accommodations are provided to members who must leave home before 6:00 a.m. to attend a meeting. If you cannot attend a meeting it is the board member’s responsibility to cancel their reservation within the stated cancellation timeframe. If a meeting is changed to a teleconference or cancelled or rescheduled, DSPS staff will make lodging cancellations or modifications as needed. DSPS Boards-Travel and Reimbursement-Travel and Reimbursement Overview 6. Inclement Weather Policy – In the event of inclement weather the agency may change a meeting from an in-person meeting to a teleconference. 			
11) Authorization			
<i>Kimberly Wood</i>		1/7/2020	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. 			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Megan Glaeser, Bureau Assistant		2) Date When Request Submitted: March 2, 2020 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>																
3) Name of Board, Committee, Council, Sections: Radiography Examining Board																		
4) Meeting Date: March 11, 2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Matters: 1) Election of Officers, Appointment of Liaisons and Alternates, and Delegation of Authorities																
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A																
10) Describe the issue and action that should be addressed: 1) The Board should conduct Election of its Officers for 2020. 2) The new Chairperson should review and appoint/reappoint Liaisons and Alternates as appropriate. 3) The Board should review and then consider continuation or modification of previously delegated authorities.																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">11)</td> <td style="width: 60%; text-align: center;">Authorization</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><i>Megan Glaeser</i></td> <td style="text-align: center;">March 2, 2020</td> </tr> <tr> <td></td> <td style="text-align: center;">Signature of person making this request</td> <td style="text-align: center;">Date</td> </tr> <tr> <td></td> <td style="text-align: center;">Supervisor (if required)</td> <td style="text-align: center;">Date</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				11)	Authorization			<i>Megan Glaeser</i>	March 2, 2020		Signature of person making this request	Date		Supervisor (if required)	Date		Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date	
11)	Authorization																	
	<i>Megan Glaeser</i>	March 2, 2020																
	Signature of person making this request	Date																
	Supervisor (if required)	Date																
	Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date																	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.																		

RADIOGRAPHY EXAMINING BOARD

2019 Elections and Liaison Appointments

2019 ELECTION RESULTS	
Chairperson	Donald Borst
Vice Chairperson	Tracy Marshall
Secretary	Heidi Nichols
2019 LIAISON APPOINTMENTS	
Credentialing Liaison(s)	Donald Borst <i>Alternate: Tracy Marshall</i>
Education and Exams Liaison(s)	Heidi Nichols <i>Alternate: Donald Borst</i>
Monitoring Liaison(s)	Heidi Nichols <i>Alternate: Paul Grebe</i>
Professional Assistance Procedure (PAP) Liaison(s)	Tracy Marshall <i>Alternate: Paul Grebe</i>
Legislative Liaison(s)	Donald Borst <i>Alternate: Heidi Nichols</i>
Travel Liaison	Donald Borst <i>Alternate: Tracy Marshall</i>
Practice Question Liaison(s)	Heidi Nichols <i>Alternate: Donald Borst</i>
Rules Liaison(s)	Donald Borst <i>Alternate: Tracy Marshall</i>
Website Liaison	Donald Borst
Screening Panel	Donald Borst, Tracy Marshall <i>Alternate: Heidi Nichols</i>

Delegation of Authorities

Document Signature Delegations

MOTION: Tracy Marshall moved, seconded by Heidi Nichols, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

MOTION: Heidi Nichols moved, seconded by Paul Grebe, in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director or DPD Division Administrator, the authority to sign on behalf of a board member as necessary. Motion carried unanimously.

Delegated Authority for Urgent Matters

MOTION: Paul Grebe moved, seconded by Heidi Nichols, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Monitoring Delegation

MOTION: Heidi Nichols moved, seconded by Donald Borst, to adopt the “Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor” as presented in the July 31, 2019 agenda materials pages 13-14. Motion carried unanimously.

Delegation of Authority to Credentialing Liaison

MOTION: Heidi Nichols moved, seconded by Donald Borst, to delegate authority to the Credentialing Liaison(s) to serve as a liaison between DSPS and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them except that potential denial decisions shall be referred to the full Board for final determination. Motion carried unanimously.

Delegation of Authority to DSPS When Credentialing Criteria is Met

MOTION: Donald Borst moved, seconded by Heidi Nichols, to delegate credentialing authority to DSPS to act upon applications that meet all credentialing statutory and regulatory requirements without Board or Board liaison review. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: Heidi Nichols moved, seconded by Donald Borst, that the Department’s Attorney Supervisors, DLSC Administrator, or their designee, are authorized to serve as the Board’s designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential. Motion carried unanimously.

Voluntary Surrenders

MOTION: Tracy Marshall moved, seconded by Heidi Nichols, to delegate authority to the assigned case advisor to accept or refuse a request for voluntary surrender pursuant to Wis. Stat. § 440.19 for a credential holder who has a pending complaint or disciplinary matter. Motion carried unanimously.

Education and Examination Liaison Delegation(s)

MOTION: Donald Borst moved, seconded by Heidi Nichols, to delegate authority to the Education and Examination Liaison(s) to address all issues related to education and examinations. Motion carried unanimously.

Authorization for DSPS to Provide Board Member Contact Information to National Regulatory Related Bodies

MOTION: Donald Borst moved, seconded by Paul Grebe, to authorize DSPS staff to provide national regulatory related bodies with all Board member contact information that DSPS retains on file. Motion carried unanimously.

Optional Renewal Notice Insert Delegation

MOTION: Heidi Nichols moved, seconded by Paul Grebe, to designate the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to provide a brief statement or link relating to board-related business within the license renewal notice at the Board's or Board designee's request. Motion carried unanimously.

Legislative Liaison Delegation

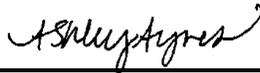
MOTION: Tracy Marshall moved, seconded by Paul Grebe, to delegate authority to the Legislative Liaisons to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

Travel Delegation

MOTION: Heidi Nichols moved, seconded by Paul Grebe, to delegate authority to the Travel Liaison(s) to approve any board member travel. Motion carried unanimously.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Ashley Ayres Monitoring and Intake Supervisor Division of Legal Services and Compliance		2) Date When Request Submitted: December 31, 2019 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Radiography Examining Board			
4) Meeting Date: March 11, 2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Appointment of Monitoring Liaison and Delegated Authorities	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: 1. Appoint primary and alternate liaisons for Monitoring, and for the Professional Assistance Procedure (PAP). 2. Adopt or reject the Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor document as presented in today's agenda packet. 3. Delegate authority to Board Counsel to sign Monitoring orders on behalf of the Board/Section, after the Board/Section has taken action on Monitoring agenda items. <i>Current practice is for Department Monitors to draft Monitoring orders after Board meetings, send them to Board Counsel for review, and then send them to the Executive Director for subsequent review and signature. With the new proposed process, Department Monitors would only send their orders to Board Counsel for review and signature, eliminating the need for a second review by the Executive Director.</i>			
11) Authorization <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">  </div> <div style="width: 35%;"> December 31, 2019 </div> </div> <hr/> Signature of person making this request Date <hr/> Supervisor (if required) Date <hr/> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor

The Monitoring Liaison (“Liaison”) is a Board/Section designee who works with department monitors to enforce Board/Section orders as explained below.

Current Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board/Section:

1. Grant a temporary reduction in random drug screen frequency upon Respondent’s request if he/she is unemployed and is otherwise compliant with Board/Section order. The temporary reduction will be in effect until Respondent secures employment in the profession. The Department Monitor (“Monitor”) will draft an order and sign on behalf of the Liaison.
2. Grant a stay of suspension if Respondent is eligible per the Board/Section order. The Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board/Section order. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. The Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board/Section approval.
5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing education.
6. Grant a maximum of one extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.
7. Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Monitor will draft an order and obtain the signature or written authorization from the Liaison.
8. Grant or deny a request to appear before the Board/Section in closed session.
9. Board Monitoring Liaison may determine whether Respondent’s petition is eligible for consideration by the full Board/Section.
10. (*Except Pharmacy*) Accept Respondent’s written request to surrender credential. If accepted by the Liaison, Monitor will consult with Board Counsel to determine if a stipulation is necessary. If a stipulation is not necessary, Monitor will draft an order and sign on behalf of the Liaison. If denied by the Liaison, the request to surrender credential will go to the full Board for review.
11. (*Except Pharmacy*) Grant Respondent’s petition for a reduction in drug screens per the standard schedule, below. If approved, Monitor will draft an order and sign on behalf of the Liaison.
 - a. Year 1: 49 screens (including 1 hair test, if required by original order)
 - b. Year 2: 36 screens (plus 1 hair test, if required by original order)
 - c. Year 3: 28 screens plus 1 hair test
 - d. Year 4: 28 screens plus 1 hair test
 - e. Year 5: 14 screens plus 1 hair test

12. (*Dentistry only*) – Ability to approve or deny all requests from a respondent.

13. (*Except Nursing*) – Board Monitoring Liaison may approve or deny Respondent's request to be excused from drug and alcohol testing for work, travel, etc.

Current Authorities Delegated to the Department Monitor

The Monitor may take the following actions on behalf of the Board/Section, draft an order and sign:

1. Grant full reinstatement of licensure if CE is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
 2. Suspend the license if Respondent has not completed Board/Section-ordered CE and/or paid costs and forfeitures within the time specified by the Board/Section order. The Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.
 3. Suspend the license (or remove stay of suspension) if Respondent fails to enroll and participate in an Approved Program for drug and alcohol testing within 30 days of the order, or if Respondent ceases participation in the Approved Program without Board approval. This delegated authority only pertains to respondents who must comply with drug and/or alcohol testing requirements.
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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Megan Glaeser, Bureau Assistant		2) Date When Request Submitted: March 2, 2020 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Radiography Examining Board			
4) Meeting Date: March 11, 2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 2020 Meeting Dates	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Please review the finalized 2020 meeting date/s. Any conflicts should be identified so to ensure quorum. 3/11/2020 7/29/2020 12/9/2020			
11) Authorization			
Megan Glaeser		March 2, 2020	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			