

The Model Practice Act for Nuclear Medicine Technology

A Tool for Public Protection and Legislative Change

Second Edition

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Legislative Intent

The legislature finds that the practice of nuclear medicine technology by qualified individuals is necessary to protect the public health, safety and welfare of the citizens of this state. It is imperative that nuclear medicine technology is administered by qualified professionals as improper administration of ionizing radiation and radiopharmaceuticals can lead to harmful effects on individual patients and the public health.

It is the legislature's intent that only individuals who meet and maintain prescribed standards of competence and conduct, through appropriate professional licensure, shall engage in the practice of nuclear medicine technology as authorized by this (act). This (act) shall be liberally construed to promote the public interest and to accomplish the purposed stated herein.

I. Definitions

1. Board

- a. "Board" means the [specify the state] Board of Nuclear Medicine Technology as established in Section [specify section of the document].

2. Nuclear Medicine Technology

- a. Nuclear medicine technology is a medical imaging and therapeutic modality that utilizes sealed and unsealed radioactive materials for diagnostic, treatment, and research purposes. Nuclear medicine instrumentation may be combined with computed tomography (CT), magnetic resonance imaging (MRI), or other modalities to produce three-dimensional images. Adjunctive and/or other imaging medications, such as contrast media, may additionally be used to enhance the evaluation of physiological processes at a molecular level.

3. Nuclear Medicine Technologist

- a. A nuclear medicine technologist is a medical professional who is certified and/or registered by the Nuclear Medicine Technology Certification Board (NMTCB), the American Registry of Radiologic Technologists (ARRT), Canadian Association of Medical Radiation Technologists (CAMRT), and/or any other certification board accepted by the state or institution and is responsible for the safe use of ionizing and nonionizing radiation and molecular imaging for diagnostic, therapeutic, and research purposes. Some of their primary responsibilities involve preparing, and administering radioactive chemical compounds, known as radiopharmaceuticals; administering adjunctive medications, performing patient imaging procedures using radiation-detecting instrumentation; and providing images, data analysis, and patient information to the physician for diagnostic interpretation.

- b. The nuclear medicine technologist will review the patient's medical history to understand the patient's illness, medical issue, and pending diagnostic or treatment procedure; instruct the patient before, during, and following the procedure. Under the direction of an authorized user a certified and/or registered nuclear medicine technologist is qualified to perform general nuclear medicine procedures, nuclear medicine therapy, nuclear cardiology procedures, nuclear breast procedures, positron emission tomography (PET) procedures, and CT attenuation correction and localization at entry level. An advanced certification in CT through the NMTCB, ARRT, CAMRT, and/or any other certification board acknowledged by the state or institution qualifies a certified and /or registered nuclear medicine technologist to perform diagnostic CT. An advanced certification in MRI from the ARRT or the CAMRT and/or other certification board acknowledged by the state or institution qualifies a certified and/or registered nuclear medicine technologist to perform MRI.
 - c. Licensed nuclear medicine technologists are allowed to perform on the job training to qualify to sit for advanced certification in CT and MRI.
- 4. **Nuclear Medicine Advanced Associate (NMAA):** A Nuclear Medicine Advanced Associate is a Masters level and board certified professional that will serve as a physician extender or mid-level provider with specialization in all areas of Nuclear Medicine. The NMAA will work under the supervision of a licensed physician and serve as an adjunct between the physician and other health care professionals to enhance patient care in the diagnostic imaging and radiotherapy environments. The NMAA performs duties and responsibilities in a manner consistent with our mission, values, guiding principles and AHA/NMTCB service standards within the scope of an NMAA practice.
- 5. **Practice of Nuclear Medicine Technology**
 - a. Involves the procurement, handling, and preparation of radiopharmaceuticals by mixing manufacturers' supplied kits with radioisotopes, and administration of radioactive materials (radiopharmaceuticals). Involves the procurement, handling, preparation and administration of adjunctive medications. Imaging instrumentation is used to evaluate molecular, metabolic, physiologic, anatomic, and pathologic conditions of the human body for the purposes of diagnosis, research and treatment.
- 6. **Accredited Programs**
 - a. Nuclear medicine technology educational programs are accredited through one or two mechanisms: programmatic accreditations through the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT), or institutions accredited through regional bodies. Each mechanism is recognized by the US Department of Education.

7. Certifying Organizations

- a. Certified and/or registered nuclear medicine technologists pass entry level examination by the NMTCB, the ARRT, CAMRT, and/or any other certification board accepted by the state or institution.

8. Radiopharmaceuticals, Ionizing and Non-ionizing Radiation

- a. "Radiopharmaceuticals" means radioactive chemicals used to diagnose, treat, or prevent disease.
- b. "Ionizing radiation" means any type of radiation that carries enough energy to liberate electrons from atoms or molecules, thereby ionizing them. Examples include alpha particles, beta particles, gamma rays, x-rays, neutrons, high-speed electrons, high-speed protons.
- c. "Non-ionizing radiation" means any type of electromagnetic radiation that does not carry enough energy per quantum to ionize atoms or molecules. Examples include: visible light, microwave, magnetic resonance, radio frequency.

9. Adjunctive Medications

- a. "Adjunctive medications" are defined as those medications used to evoke a specific physiological or biochemical response used in conjunction with diagnostic or therapeutic procedures.

10. Authorized User/Supervision

- a. "Authorized user" A person named as an authorized user on a Nuclear Regulatory Commission (NRC) license or Agreement State Radioactive Materials license is responsible for ensuring that radioactive materials are handled and used safely and in accordance with NRC/agreement state regulations and the terms and conditions of the NRC/agreement state license. For activities involving "human use" of licensed material, the person must be a physician.
- b. Meets the requirements in NRC Regulation 10 CFR Part 35 or equivalent Agreement State regulations.

11. Certification Examination

- a. Nuclear medicine technology certification examinations are used to assess the knowledge and cognitive skills, and to set minimum standards required for an applicant to exhibit that they can perform the tasks that are typically required of a nuclear medicine technologist. Applicants qualify to sit for these exams after predetermined classroom and clinical work has been achieved.
- b. Certification/registration is available from the NMTCB, the ARRT, CAMRT, and/or any other certification board accepted by the state or institution.

12. Continuing Education/Competence

- a. To maintain certification, certified and/or registered nuclear medicine technologists must maintain established continuing education requirements to stay current with advances in technology.
- b. Continuing competence is defined as the ability to provide service at specified levels of knowledge and skill, throughout an individual's professional career.

13. Modalities – such as but not limited to

- a. **Computed Tomography (CT):** A medical imaging technology that uses a computer to acquire a volume of x-ray–based images, generally reconstructed as two-dimensional (2D) or three-dimensional (3D) pictures of inside the body.
 - i. **Non-diagnostic CT:** Uses CT at a lower ionizing radiation level usually without injected contrast for the purpose of aiding Nuclear Medicine Imaging with attenuation correction and localization information.
 - ii. **Diagnostic CT:** Uses CT at various ionizing radiation levels with or without injected contrast for the purpose of providing physicians with anatomic and vascular information.
- b. **Diagnostic Imaging:** Diagnostic imaging uses technologies such as x-ray, CT, MR, ultrasound, general nuclear medicine, PET, and single-photon emission computed tomography (SPECT) to provide physicians with a way to look inside the body without surgery.
- c. **Diagnostic Nuclear Medicine:** The use of radioactive materials (called radiopharmaceuticals or radiotracers) to evaluate molecular, metabolic, physiologic, anatomic, and pathologic conditions of the body for the purposes of diagnosis and research.
- d. **Hybrid Imaging:** The combination of imaging technologies that allows information from different modalities to be presented as a single set of images.
- e. **Magnetic Resonance Imaging:** Magnetic resonance (MR) imaging is a diagnostic scan that uses high-strength magnetic fields and radio frequency transmission rather than ionizing radiation. MR imaging techniques are used primarily to study anatomy, but a special type of MR scan, functional MR imaging (fMRI), can be used to map blood flow for functional studies.
- f. **Molecular Imaging:** Molecular imaging is an array of non-invasive, diagnostic imaging technologies that can create images of physical, functional, and anatomical aspects of the living body at a molecular level. Molecular imaging technologies include, but are not limited to, nuclear medicine, optical imaging, spectroscopy, PET, and SPECT.

- g. **Nuclear Medicine Therapy:** The use of radioactive materials (called radiopharmaceuticals or radiotracers) to treat disease processes.
- h. **Positron Emission Tomography (PET):** PET is a medical imaging technology using radiopharmaceuticals emitting positrons that annihilate into two photons. These photon pairs are detected by the PET scanner to produce images.
- i. **Single Photon Computed Tomography (SPECT):** SPECT is a medical imaging technology that uses radiopharmaceuticals emitting gamma rays that are detected by a gamma camera acquiring 2-D images (projections) from multiple angles. Tomographic reconstruction algorithms are applied to the multiple projections, yielding a 3-D dataset. This dataset may then be manipulated to show thin slices along any chosen axis of the body, similar to those obtained from other tomographic techniques, such as CT, PET and MRI.

II. Board of Nuclear Medicine Technologists

2.01 Board of Nuclear Medicine

Commentary

The language in this section is constructed upon the model of an independent licensing board. The title for this section could easily be modified, if necessary, to apply to other board structures.

- A. The Board of Nuclear Medicine shall consist of [seven] members appointed by the governor.
- B. [Two] members shall be licensed nuclear medicine technologists who possess unrestricted licenses to practice in this jurisdiction and have been practicing in this jurisdiction for no fewer than five years before their appointments.
- C. [One] member shall be a board certified nuclear medicine physician who is a resident of this jurisdiction and possesses an unrestricted license.
- D. [One] member shall be a board certified nuclear medicine physicist who is a resident of this jurisdiction and possesses an unrestricted license. When a nuclear medicine physicist is not available in the given jurisdiction, a board certified medical physicist experienced in equipment testing, clinical procedure evaluation and overall maintenance of nuclear medicine equipment can be substituted.

- E. [One] member shall be a board certified radiopharmacist who is a resident of this jurisdiction and possesses an unrestricted license. When a radiopharmacist is not available in the given jurisdiction, a board-certified pharmacist with direct experience and/or oversight of nuclear medicine radiopharmaceuticals can be substituted.
- F. [One] member shall be a nuclear medicine educator who is a resident of this jurisdiction and possesses an unrestricted license.
- G. The governor shall also appoint [one] public member who shall be a resident of this jurisdiction and who is not affiliated with, nor has a financial interest in, any healthcare profession and who has an interest in consumer rights. At the discretion of the governor, should any of the positions remain unfilled due to lack of board-certified individuals, additional members of the public may be substituted to fill the required seven board positions.

2.02 Board Size

Commentary

Public members are commonly included on boards, but often there is only one public member. Some jurisdictions currently have fewer than five total board members, while larger jurisdictions have far greater numbers serving on their boards.

There should also be at least three professional members. The following ratios of professional to public members are the recommended ratios for various board sizes:

- A. Professional members 6, public members 1 (unless required adjustments be made at the discretion of the governor)
 - i. A board comprising a majority of professionals along with a well-represented component of public members is capable of addressing the many complex and technical issues related to educational preparation and practice procedures. Public representation on boards is essential. Public members heighten the sensitivity of the board to public concerns and consumer protection.
 - ii. All professional members of the board must reside in the jurisdiction, have practiced for a period of five years preceding their appointments, and have no restrictions on their licenses.
 - iii. The Model Practice Act makes no reference to a nomination process or guarantee of a position on the board from a professional association. Requirements for a nomination from the Society of Nuclear Medicine and Molecular Imaging in the statute is an inappropriate link between a public board and a private professional association.
 - iv. Public appointees should be competent to serve and effectively advocate for the public. Public members should not be members of any other healthcare discipline or be close enough to one that they shall have a financial or professional interest

in the decisions made. In addition to those working as healthcare providers, this model language precludes appointment of spouses or immediate family members and those employed by any healthcare provider or organization. The intent is to obtain representation by public members who can be uncompromised in their interests and advocacy on behalf of the public.

- B. Board members serve staggered four-year terms. Board members shall serve no more than two successive four-year terms or for more than ten consecutive years.
 - i. If a board member is appointed before their official four-year term begins, two years before their two successive terms is allowed.
 - ii. By approval of the majority of the board, the service of a member shall be extended at the completion of a four-year term until a new member is appointed or the current member is reappointed.
- C. If requested by the board, the governor shall remove any member of the board for misconduct, incompetence or neglect of duty.
- D. Board members are eligible for reimbursement of expenses pursuant to [cite applicable jurisdiction statute relating to reimbursement] to cover necessary expenses for attending each board meeting or for representing the board in an official board-approved activity.
- E. A board member who acts within the scope of board duties, without malice and in the reasonable belief that the member's action is warranted by law, is immune from civil liability.

2.03 Powers and Duties of the Board

The board shall:

Determine the requirements for a nuclear medicine license such as certification and/or registration by NMTCB or ARRT, or perhaps a State issued exam (see section 3.01)

- A. Evaluate the qualifications of applicants for licensure.
- B. Issue licenses to persons who meet the qualifications of this Nuclear Medicine Model Practice Act.
- C. Regulate the practice of nuclear medicine technologists by interpreting and enforcing this [act].
- D. Issue advisory opinions upon request regarding this [act].
- E. Adopt and revise rules consistent with this [act]. Such rules, when lawfully adopted, shall have the effect of law.

- F. Meet at least twice a year face to face and communicate by phone or electronically as needed in compliance with the open meeting requirements of [cite applicable statute]. A majority of board members shall constitute a quorum for the transaction of business. The board shall keep an official record of its meetings.
- G. Establish continuing education requirements for assessing the continuing competence of nuclear medicine technologists to practice nuclear medicine and as a requirement for license renewal.
- H. Establish and collect fees for sustaining the necessary operation and expenses of the board.
- I. Elect officers from its members necessary for the operations and obligations of the board.
- J. Maintain a current list of all persons regulated under this [act]. This information includes each person's name, residential address, email address, telephone numbers, and license number.
- K. Provide information to the public regarding the complaint process.
- L. Employ necessary personnel to carry out the administrative work of the board. Board personnel are eligible to receive compensation pursuant to [cite specific statute].
- M. Report final disciplinary action taken against a licensee to a national disciplinary database recognized by the board or as required by law.
- N. Report information of alleged unlawful conduct by licensees, unlicensed individuals, other healthcare providers, and entities to the appropriate county, jurisdiction, or federal authority.
- O. Publish, at least annually, board rulings, opinions, and interpretations of statutes or rules in order to guide persons regulated pursuant to this [act].
- P. Participate in or conduct performance audits.
- Q. Participate in a national Exam, Licensure, and Disciplinary Database.
- R. Obtain a criminal background check.
- S. Obtain minimum data set of workforce data. The core set of data elements, or minimum data set, for nuclear medicine technologists found within the NMTCB, ARRT, and/or other certification boards accepted by the state. In some jurisdictions, the Board may be required to provide this data either upon request or as required to other state agencies,

the Legislative Assembly, the public etc. The Board may choose to add this requirement in the statutory language or in rules. Whenever possible, information should be released by the Board only in the aggregate without reference to any person's name or other individual identifiers. A Board may choose to add language to that effect in the statutory language or to rules.

2.04 Disposition of Funds

- A. The State shall require licensure in order to practice the field of nuclear medicine technology. Individuals who are licensed by the state, will be required to pay an annual or bi-annual fee to the state for the licensure.

This fee schedule will be decided by the board and state government, and will define the specific monetary amounts for the following categories:

- i. The fees are paid by the applicant in the specified amount annually.
- ii. The application, renewal or conversion fees may be adjusted annually.
- iii. The collected fees will be deposited into the board general fund and cash fund.
- iv. The funds will be used to:
 - a. Pay for material expenses directly correlated to the needs of this board and the licensees it serves.
 - b. Compensate state employees' pay, of the staff who are directly involved in overseeing and assisting the directive of this bill and board.
 - c. Compensate board expenses, including compensation for appointees' expenses.

III. Examination and Licensure

3.01 Examination

- A. In addition to or independent of a national certification, a state may choose to administer an exam for the purpose of approving and/or granting licensure to a nuclear medicine technologist. Section 3.01 is applicable only to states who administer a state licensing exam.
- B. The board shall provide for examinations within the jurisdiction. To be eligible to sit for the examination, the candidate must meet nationally recognized requirements that support the integrity of the examination and are further defined in rule.
- C. Licensure applicants must agree to abide by security and copyright provisions related to the state licensing examination. If the board determines that an applicant has violated any of these provisions or engaged in or attempted to engage in any other conduct that subverts or undermines the integrity of the examination process or

validity of examination results, the board may disqualify the applicant from taking or retaking the examination permanently or for a specified period of time.

- D. Any violation of security and copyright provisions related to the state licensing examination, subversion or attempts to subvert the national examination shall be reported by the board to the Nuclear Medicine Technology Certification Board and American Society of Radiologic Technologists.
- E. If the board determines that an applicant has engaged or has attempted to engage in conduct that subverts or undermines the integrity of the examination process, including a violation of security and copyright provisions related to the national licensure examination, the board may disqualify the applicant from taking or retaking the examination and/or include civil and criminal remedies under applicable laws.

3.02 Qualifications for Licensure

- A. An applicant for licensure as a nuclear medicine technologist shall:
 - i. Complete the application process including payment of fees.
 - ii. Submit proof of graduation from a nuclear medicine technology education program accredited by an accreditation agency approved by the board.
 - iii. Pass an examination approved by the board.
 - iv. Submit to a national criminal background check.
 - v. Meet the requirements established by board rule if applicable.
- B. The board recognizes the following organizations outside of the United States as responsible for meeting application requirements as a nuclear medicine technologist:
 - i. Armed Forces Military Training Commands
 - ii. Canadian Association of Medical Radiation Technologists (CAMRT)
 - iii. Australian and New Zealand Society of Nuclear Medicine (ANZSNM)
 - iv. European Association of Nuclear Medicine (EANM)

3.03 Licensure by Endorsement

- A. The board shall issue a license to a nuclear medicine technologist who has a current unrestricted license from another jurisdiction of the United States if that person meets all qualifications prescribed in [*Qualifications for Licensure and Certification*, Article 3.02] at the time of the applicant's initial licensure, unless the board requires a state licensing test.

3.04 Exemptions from Licensure

- A. This [act] does not restrict a person licensed under any other law of this jurisdiction from engaging in the profession or practice for which that person is licensed if that

- person does not represent, imply or claim that he/she is a nuclear medicine technologist defined in [Definitions Section I].
- B. The following persons are exempt from the licensure requirements of this [act] when engaged in the following activities:
- i. A person in an entry-level professional education program approved by the board who is satisfying supervised clinical education requirements related to the person's nuclear medicine technology education while under onsite supervision of a nuclear medicine technologist.
 - ii. A nuclear medicine technologist who is practicing in the United States Armed Services, United States Public Health Service or Veterans Administration pursuant to federal regulations for jurisdiction licensure of healthcare providers. If such person, while federally employed as a nuclear medicine technologist, shall engage in the practice of nuclear medicine technology outside the course and scope of such federal employment, he/she shall then be required to obtain a license in accordance with this [act].
 - iii. A nuclear medicine technologist who is licensed in another jurisdiction of the United States or credentialed to practice nuclear medicine technology in another country if that person is teaching, demonstrating or providing nuclear medicine technology services in connection with teaching or participating in an educational seminar of no more than 60 days in a calendar year.
 - iv. A nuclear medicine technologist who is licensed in a jurisdiction of the United States and who enters this jurisdiction to provide nuclear medicine technology during a declared local, jurisdictional or national disaster or emergency. This exemption applies for no longer than 60 days following the declaration of the emergency. To be eligible for this exemption the nuclear medicine technologist shall notify the board of their intent to practice.
- C. A nuclear medicine technologist licensed in a jurisdiction of the United States who is forced to leave his/her residence or place of employment due to a declared local, jurisdictional or national disaster or emergency and due to such displacement seeks to practice nuclear medicine technology. This exemption applies for no more than 60 days following the declaration of the emergency. To be eligible for this exemption the nuclear medicine technologist shall notify the board of their intent to practice.

3.05 License Renewal

- A. A nuclear medicine technologist applying for renewal of the license shall:
- i. Complete a renewal application, send a copy of current certification card, and pay state fees.
 - ii. Demonstrate evidence of continuing competence as defined by rule.

3.06 Changes of Name, Address, or Telephone Number

- A. Each licensee is responsible for reporting a name change and changes in business and home address, email address and telephone numbers to the board within 30 days.

3.07 Reinstatement of Licensure

- A. The board may reinstate a lapsed license upon completion of a reinstatement application, submission of current certification card, and payment of fees, as defined by rule.
- B. If a nuclear medicine technologist's license has lapsed for a specified time period, as defined by rules, that person shall fulfill all requirements of [3.07 A] and demonstrate to the board's satisfaction the competence to practice nuclear medicine technology by one or more of the following as determined by the board:
- i. Complete supervised clinical practice as defined by rule with a restricted license.
 - ii. Demonstrate or complete continued competence requirements, as defined by rule, required during the lapsed licensure period.
 - iii. Pass examination(s) approved by the board.
- C. The board may reinstate a suspended or revoked nuclear medicine technologist's license upon completion of the requirements in [3.07 A] and satisfactory completion of all requirements for reinstatement that were stipulated in a consent order at the time of discipline. The board may further require evidence of competence to practice nuclear medicine technology through the following activities:
- i. Complete supervised clinical practice, as defined by rule, with a restricted license.
 - ii. Demonstrate or complete continued competence requirements, as defined by rule, required during the suspended or revoked licensure period.
 - iii. Successfully complete examinations or assessment tools approved by the board.

3.08 Fees

- A. (This is optional statute language for states requiring maximum fee ceilings within their statutes.)

IV. Regulation of the Nuclear Medicine Technologist

4.01 Ethics in the Nuclear Medicine Technologist Profession

- A. A nuclear medicine technologist shall adhere to the recognized standards of ethics of the nuclear medicine technologist profession as established by rule.

4.02 Use of Titles and Terms; Restrictions; Classification of Violation

- A. A state may decide to establish a specific title to identify and recognize a licensed nuclear medicine technologist.
 - i. In that case, that title needs to be identified in 4.02.
 - ii. A person then shall not use that established title or abbreviations in connection with that person's name to indicate or imply, directly or indirectly, that the person is a nuclear medicine technologist unless that person is licensed as a nuclear medicine technologist in pursuant to this [act].
- B. If state does not establish a specific title to identify and recognize a nuclear medicine technologist, then national certification rules shall apply to the use of the words "nuclear medicine technologist," "nuc med tech," "certified nuclear medicine technologist," "registered nuclear medicine technologist," or the letters "CNMT," "RT(N)," or "NMT" or any other words, abbreviations, or insignia indicating or implying directly or indirectly that nuclear medicine technology is provided or supplied.
- C. A person or business entity shall not advertise or otherwise promote another person as being a "state licensed nuclear medicine technologist" or "nationally certified nuclear medicine technologist" or "registered nuclear medicine technologist" unless the individual so advertised or promoted is licensed as a nuclear medicine technologist under this act.
- D. A person or business entity that violates paragraphs (B) or (C) of this section is guilty of a [cite specific legal sanction]. The board shall have authority to impose a civil penalty, in an amount not to exceed [specify number of dollars] per violation, against any person or business entity that violates paragraphs (B) or (C). In addition, the board shall seek an injunction against conduct in violation of paragraphs (B) or (C) in any court of competent jurisdiction. For purposes of this [act], the board, in seeking an injunction, need only show that the defendant violated paragraphs (B) and (C) of

this section to establish irreparable injury or a likelihood of a continuation of the violation.

4.03 Patient Care Management

A. Nuclear Medicine Technologist:

- i. See Nuclear Medicine Technologist Scope of Practice and Performance Standards Patient Care section

B. Nuclear Medicine Advanced Associate:

- i. See Scope of Practice for the Nuclear Medicine Advanced Associate Patient Care section.

4.04 Grounds for Denial of a License; Disciplinary Action

A. The following are grounds for denial of a license or disciplinary action:

- i. Violating any provision of this [act], board rules or a written order of the board.
- ii. Obtaining or attempting to obtain a license by fraud or misrepresentation.
- iii. Attempting to engage in conduct that subverts or undermines the integrity of the examination or the examination process including, but not limited to, a violation of security and copyright provisions related to the national certification exam(s), utilizing in any manner recalled or memorized examination questions from or with any person or entity, failing to comply with all test center security procedures, communicating or attempting to communicate with other examinees during the test, or copying or sharing examination questions or portions of questions.
- iv. Practicing or offering to practice beyond the scope of the practice of nuclear medicine technology.
- v. Acting in a manner inconsistent with generally accepted standards of nuclear medicine practice, regardless of whether actual injury to the patient is established.
- vi. Failing to adhere to the recognized standards of ethics of the nuclear medicine technology profession as established by rule.
- vii. Failing to complete continuing competence requirements as established by rule.

- viii. Failing to maintain adequate patient records. For the purposes of this paragraph, “adequate patient records” means legible records that contain at minimum sufficient information to identify the patient, documentation of services provided, indication of any interventions completed and not completed, and appropriate patient education and discharge instructions provided.
- ix. Failing to supervise nuclear medicine technology students or nuclear medicine technology aides in accordance with this [act] and board rules.
- x. Failing to report to the board, where there is direct knowledge, any unprofessional, incompetent, or illegal acts that appear to be in violation of this [act] or any rules established by this board.
- xi. Engaging in sexual misconduct. For the purpose of this paragraph sexual misconduct includes:
 - a. Engaging in or soliciting sexual relationships with a patient, whether consensual or non-consensual, while a nuclear medicine technologist.
 - b. Making sexual advances, requesting sexual favors or engaging in other verbal conduct or physical contact of a sexual nature with patients or clients.
 - c. Intentionally viewing a completely or partially disrobed patient in the course of treatment if the viewing is not related to patient diagnosis or treatment under current practice standards.
- xii. Having had a license revoked or suspended, other disciplinary action taken, or an application for licensure [or certification] refused, revoked or suspended by the proper authorities of another jurisdiction, territory, or country.
- xiii. Having been convicted of or pled guilty to a felony in the courts of this jurisdiction or any other jurisdiction, territory or country. Conviction, as used in this paragraph, shall include a deferred conviction, deferred prosecution, deferred sentence, finding or verdict of guilt, an admission of guilt, an Alfred plea, or a plea of nolo contendere.
- xiv. Aiding and abetting the unlicensed practice of nuclear medicine technology.
- xv. Directly or indirectly requesting, receiving or participating in the dividing, transferring, assigning, rebating or refunding of an unearned fee, or profiting by means of a credit or other valuable consideration such as an unearned commission, discount or gratuity in connection with the furnishing of nuclear medicine technology services. This does not prohibit the members of any regularly and properly organized business entity recognized by law and comprising nuclear medicine technologists from dividing fees received for

professional services among themselves as they determine necessary.

- xvi. Promoting any unnecessary device, treatment intervention, or service resulting in the financial gain of the practitioner or of a third party.
- xvii. Participating in underutilization or overutilization of nuclear medicine technology services for personal or institutional financial gain.
- xviii. Documenting fraudulent services performed or not performed.
- xix. Making misleading, deceptive, untrue or fraudulent representations in violation of this [act] or in the practice of the profession.
- xx. Practicing as a nuclear medicine technologist when physical or mental abilities are impaired by the use of controlled substances or other habit-forming drugs, chemicals or alcohol, or by other causes.
- xxi. Practicing nuclear medicine technology with a mental or physical condition that impairs the ability of the licensee to practice with skill and safety.
- xxii. Practicing after having been adjudged mentally incompetent by a court of competent jurisdiction.
- xxiii. Interfering with an investigation or disciplinary proceeding by failure to cooperate, by willful misrepresentation of facts, or by the use of threats or harassment against any patient or witness to prevent that patient or witness from providing evidence in a disciplinary proceeding or any legal action.
- xxiv. Failing to maintain patient confidentiality without documented authorization of the patient or unless otherwise required by law.

4.05 Investigative Powers; Emergency Action; Hearing Officers

- A. To enforce this Model Practice Act, the Board of Nuclear Medicine is authorized to:
 - i. Receive complaints filed against licensees and conduct a timely investigation.
 - ii. Conduct an investigation at any time and on its own initiative without receipt of a written complaint if the board has reason to believe that there may be a violation of this Model Practice Act.
 - iii. Issue subpoenas to compel the attendance of any witness or the production of any documentation relative to a case.
 - iv. Take emergency action ordering the summary suspension of a license or the restriction of a nuclear medicine technologist's practice or a nuclear medicine technologist's employment, pending proceedings by the board.

- v. Appoint hearing officers authorized to conduct hearings. Hearing officers shall not have a conflict-of-interest in the matter being investigated. Hearing officers shall prepare and submit to the board findings of fact, conclusions of law and a recommendation for Board of Nuclear Medicine action that shall be reviewed and voted on by the board.
 - vi. Require a nuclear medicine technologist to be examined in order to determine his or her mental or physical ability to practice nuclear medicine.
- B. If the board finds that the information received in a complaint or an investigation does not merit disciplinary action against a licensee it may take one of the following actions:
- i. Dismiss the complaint.
 - ii. Issue an advisory letter to the licensee. An advisory letter is non-disciplinary and notifies a licensee that, while there is no evidence to merit disciplinary action, the board believes that the licensee should become educated about the requirements of this [act] and board rules.

4.06 Hearings

- A. The board shall hold hearings as appropriate and as determined by state statute.

4.07 Disciplinary Actions; Penalties

- A. Upon proof that any grounds prescribed in section [Grounds for Denial of License []; Disciplinary Action, Article 4.04], have been violated, the board may take the following disciplinary actions singly or in combination:
- i. Issue a censure.
 - ii. Restrict a license. The board may require a licensee to report regularly to the board on matters related to the grounds for the restricted license.
 - iii. Suspend a license for a period prescribed by the board.
 - iv. Revoke a license.
 - v. Refuse to issue or renew a license.
 - vi. Impose a civil penalty of at least but not more than [dollar amount of penalty] the (state should include minimum and maximum dollar amounts of civil penalties).
 - vii. Accept a voluntary surrendering of a license based on an order of consent from the board.

4.08 Procedural Due Process

- A. Actions of the board shall be taken subject to the right of notice, opportunity to be heard, and the right of appeal in accordance with [specify the jurisdiction] law relating to administrative law and procedure.

4.09 Unlawful Practice; Classification; Civil Penalties; Injunctive Relief

- A. It is unlawful for any person or business entity, its employees, agents, or representatives not licensed as a nuclear medicine technologist under this [act] to engage in the practice of nuclear medicine technology. Any person who violates this paragraph [(A) or Use of Titles and Terms, Restrictions; Classification of Violation, Article 4.02], is guilty of [cite specific criminal sanction, e.g., class 1 misdemeanor] and subject to any other remedies specified in this [act].
- B. The board shall investigate any person or business entity to the extent necessary to determine whether the person or business entity is engaged in the unlawful practice of nuclear medicine technology. If an investigation indicates that a person or business entity is practicing nuclear medicine technology unlawfully, the board shall inform the person or the business entity of the alleged violation. The board may refer the matter for prosecution regardless of whether the person or business entity ceases the unlawful practice of nuclear medicine technology.
- C. The board shall apply to any court of competent jurisdiction for an order enjoining any person or business entity from committing any violation of this [act]. Injunction proceedings under this paragraph shall be in addition to, and not in lieu of, all penalties and other remedies prescribed in this [act].
- D. If a person or business entity knowingly violates this [act] or board rules, fraudulently uses or permits the use of a license number, or knowingly aids or requires another person to violate this [act] or board rules, the board may impose upon such person a civil penalty of not more than [dollar amount of penalty] for the first violation and not more than [dollar amount of penalty] for each subsequent violation.
- E. [Optional Statute] The board shall transmit all monies it collects from civil penalties pursuant to this [act] to the [specify the disposition of these funds if different from other funds].

4.10 Reporting Violations; Immunity

- A. A person, including but not limited to a licensee, corporation, insurance company, healthcare organization or healthcare facility and jurisdiction or local governmental agencies, shall report to the board any conviction or determination by an agency or court that a licensee has committed an act that constitutes a violation of [Grounds for

Denial of a License]; Disciplinary Action, Article 4.04].

- B. A person is immune from civil liability, whether direct or derivative, for reporting such facts as set forth in "A" above to the board in good faith and participating in the board's investigation and subsequent disciplinary process, if applicable.
- C. The board shall not disclose the identity of a person who provides information unless such information is essential to proceedings conducted pursuant to [Investigative Powers; Emergency Action; Hearing Officers and Hearings, Articles 4.05 and 4.06], or unless required by a court of law.

4.11 Substance Abuse Recovery Program

- A. The board may permit a licensee to actively participate in a board-approved substance abuse recovery program if:
 - i. The board has evidence that the licensee is impaired.
 - ii. The licensee enters into a written agreement with the board for a restricted license and complies with all the terms of the agreement, including making satisfactory progress in the program and adhering to any limitations on his or her practice or employment imposed by the board to protect the public. Failure to enter into such an agreement shall activate an immediate investigation and disciplinary proceeding by the board.
 - iii. As part of the agreement established between the licensee and the board, the licensee signs a waiver allowing the substance abuse program to release information to the board if the licensee does not comply with the requirements of this section or is unable to practice or work with reasonable skill or safety.

4.12 Rights of Consumers

- A. The public shall have access to the following information:
 - i. A list of licensees that includes place of employment, employer address and telephone number, license number, date of license expiration and status of license.
 - ii. A list of final adverse actions taken by the board.
 - iii. The address, website, email and phone number of the board.
- B. Each licensee shall display a copy of his or her license in a location accessible to public view or produce a copy immediately upon request.

- C. The board shall provide the public with information on how to file a complaint with the board against a licensee.
- D. Any person may submit a complaint regarding any licensee or any other person potentially in violation of this [act]. Confidentiality shall be maintained subject to law.
- E. The home address, email address and home telephone numbers of nuclear medicine technologist are not public records and shall be kept confidential by the board unless they are the only addresses and telephone numbers of record.
- F. A patient has freedom of choice in selection of services and products.
- G. Information relating to the nuclear medicine technologist -patient relationship is confidential and shall not be communicated to a third party who is not involved in that patient's care without the written authorization of the patient. The nuclear medicine technologist -patient privilege does not extend to cases in which the nuclear medicine technologist has a duty to report information as required by law.
- H. The board shall keep all information relating to the receipt and investigation of complaints filed against licensees confidential until the information is disclosed in the course of the investigation or any subsequent proceeding or until disclosure is required by law. Patient records, including clinical records, files, any other report or oral statement relating to diagnostic findings or treatment of patients, any information from which a patient or his family might be identified, or information received and records or reports kept by the board as a result of an investigation made pursuant to this [act] shall not be available to the public and shall be kept confidential by the board.