



Nuclear Medicine Technology Policies & Procedures Student Handbook

Molloy University
The Barbara H. Hagan School of Nursing & Health Sciences
1000 Hempstead Avenue
Rockville Centre, NY 11571-5002

Office: (516) 323-3383
Fax: (516) 323-3399

Accredited by both:

JRCNMT
200 W. Danforth Road
Edmond, OK 73003
Suite 130 #203

Middle States Commission on Higher Education
3624 Market Street
Philadelphia, PA 19104
2nd Floor West

DISCLAIMER

Molloy University, the Department of Allied Health Sciences, and the Nuclear Medicine Technology Program reserve the right to make policy and procedure changes at any time. Such changes will be distributed for insertion into the appropriate section of the Student Handbook. All students enrolled in any courses sponsored by the Program must comply with such changes at the time specified.

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SECTION I
ACADEMIC POLICIES

NUCLEAR MEDICINE TECHNOLOGY FACULTY

John R. Patro Jr.

OTD, OTR/L, CPAM, FNAP

Associate Dean for Health Sciences

516-323-3660

jpatro@molloy.edu

Marc Fischer, MBA, CNMT, RT (N), LNMT

Program Director

Assistant Professor

Email: mfischer@molloy.edu

Office Phone: 516 323-3389

Liz Gardner

Administrative Assistant

Email: egardner@molloy.edu

Office Phone: 516 323-3383

Dr. Steven Mendelsohn, MD, ABR, AU

Medical Director

Email: smendelsohn@zprad.com

Office Phone: 516 798-4242

Leon Lipkovich, MBA, CNMT, RT(CT, NM), LNMT

Clinical Coordinator

Email: llipkovich@molloy.edu

Office Phone: 516 323-3383

Dr. Margaret Doonan, DHSc, CNMT, LNMT

Adjunct Professor

Email: mdoonan@molloy.edu

Office Phone: 516-323-3383

Dr. Jason Tavel, PhD

Auxiliary Professor

Email: Jtavel@molloy.edu

Office Phone: 516 323-3389

Benjamin Astarita, MS

Adjunct Professor

Email: Bastarita@astaitaassociates.com

Office Phone: 516 323-3389

Dr. George Kourlas, PharmD

Adjunct Professor

georgekourlas@hotmail.com

Office Phone: 516-323-3383

Simranjit Kaur, MS, RT ®(CT)(MR)

Adjunct Professor

Skaur3@numc.edu

Office Phone- 516-323-3389

INTRODUCTION

To meet the challenges of the present and future of health care, the nuclear medicine technologist must function competently in an expanding multi-faceted role. Recent trends and advances in the delivery of health care indicate that the nuclear medicine technology curriculum must provide the student with opportunities to develop skills in multiple areas of patient care. Of equal importance is the need for the graduate to understand the relationships of various imaging specialties to patient care. Graduates can pursue a career in a variety of nuclear medicine areas, including clinical practice, education, management, sales, and research.

MISSION STATEMENT OF MOLLOY UNIVERSITY

Molloy University, an independent, Catholic University, rooted in the Dominican tradition of study, spirituality, service, and community, is committed to academic excellence with respect for each person. Through transformative education, Molloy promotes a lifelong search for truth and the development of ethical leadership.

VISION STATEMENT OF MOLLOY UNIVERSITY

Molloy University, built on Catholic and Dominican characteristics of intellectual life, study and the search for truth, is committed to academic excellence through a value-centered, holistic education in liberal arts and professional programs. Molloy University is dedicated to fostering a diverse and inclusive learning community, which focuses on respect for each person and leadership through service.

GOALS OF MOLLOY UNIVERSITY

Molloy University is committed to:

- Being Catholic and Dominican in philosophy and outlook
- Student-centered learning
- Academic quality
- Leadership through service
- Engagement with the wider community
- Maintaining stewardship

MISSION OF THE NUCLEAR MEDICINE TECHNOLOGY PROGRAM

The Nuclear Medicine Technology Program's mission is to develop competent and professional nuclear medicine technologists who, by virtue of theory and practice, are proficient in all facets of nuclear medicine, are capable of passing the certification examination and have a high degree of adaptability in a changing technology.

STUDENT LEARNING OUTCOMES

SLO #1: The student will demonstrate effective and accurate oral communications of information in both the didactic and clinical setting concerning the practice of nuclear medicine

SLO #2: The student will demonstrate knowledge and competency in the clinical application of imaging systems, instrumentation, quality control procedures, and radiopharmaceuticals.

SLO #3: The student will demonstrate knowledge of radiation protection precautions, procedures and ALARA.

SLO #4: The student will demonstrate didactic and clinical knowledge of the full variety of diagnostic and therapeutic nuclear medicine procedures.

SLO #5: The student will demonstrate knowledge appropriate patient care and integrate professional skills and provide patient care in an ethical and compassionate manner.

SLO #6: The student will demonstrate knowledge of Computed Tomography physics and imaging and be able to perform the related clinical requirements in PET/CT, SPECT/CT and CAT SCAN to qualify for the NMTCB CAT SCAN Examination

GOALS OF THE NUCLEAR MEDICINE TECHNOLOGY PROGRAM

The goals of the Nuclear Medicine Technology Program are to familiarize students with the theories and practices concerned with the nuclear medicine area of a hospital or other clinical facility. Introduce students to the most recent imaging systems and radiopharmaceuticals and guarantee their competency in their use. Equip students with the knowledge base to perform proper diagnostic studies on patients and thus contribute to patient well-being. Ensure student awareness of the importance of ethics, self-evaluation, and cooperation in the health care field. Prepare students to qualify and sit for examinations leading to certification, registration, and licensure.

The didactic, laboratory, and clinical components of the Nuclear Medicine Technology Program curriculum within the Department of Allied Health Sciences of Molloy University provide an environment for students to develop and master; knowledge, insight and skills required producing and delivering optimal diagnostic images and therapies. Effective communication techniques are required to interact successfully with both patients and other members of the health care team. Self- assessment skills are required to correctly evaluate the quality and quantity of their work. Critical thinking and problem-solving skills are required to meet the challenges of the dynamic healthcare environment; and values for commitment to life-long learning, public education, and involvement in their professional organizations.

OBJECTIVES OF THE NUCLEAR MEDICINE TECHNOLOGY PROGRAM

The objectives of the program are to prepare a nuclear medicine technology professional who will:

- Pass the national registry examination(s)
- Produce images providing optimal information obtained with appropriate techniques
- Apply appropriate protection practices toward the patient, self, the health care team, and the public
- Apply critical thinking and problem solving in making decisions about imaging exams
- Contribute to the physical and psychological comfort of the patient under the guidelines of the

Patients' Bill of Rights (Appendix A)

- Adhere to the Code of Ethics in professional practice (Appendix C)
- Assume responsibility for professional development
- Demonstrate communication ability by establishing rapport with patients and the healthcare team

THE STUDENT HANDBOOK

This Student Handbook on Academic Policies and Clinical Education serves as a guide for students enrolled in the Nuclear Medicine Technology Program within the Department of Allied Health Sciences at Molloy University.

The Molloy University student is required to uphold a high standard of academic and nonacademic conduct. That standard is presented in this document and will be upheld by the

Department of Allied Health Sciences. Academic and nonacademic misconduct at Molloy University is subject to disciplinary action.

This Student Handbook is given to matriculating students during orientation. The Nuclear Medicine

Technology Program will obtain documentation of the receipt and review of the Student Handbook.

Each student will be responsible for maintaining his/her knowledge of the information contained in this

Student Handbook.

ACCREDITATION

The Molloy University Nuclear Medicine Technology Program is accredited by the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) [www.jrcnmt.org] located at 820 W. Danforth Road # B1, Edmond, OK 73003, (405) 285-0546.

The program is also approved by the New York State Department of Education. Middle States Commission on Higher Education Accreditation accredits Molloy University.

Graduates are eligible to take the American Registry of Radiologic Technology (ARRT)(N) and the Nuclear Medicine Technology Certification (CNMT) examinations to become certified Nuclear Medicine Technologists.

Graduates will need to apply to the New York State Department of Education to obtain a license to practice as a Nuclear Medicine Technologist in New York State. Please

Visit: <https://www.health.ny.gov> for further information.

GENERAL ADMISSIONS REQUIREMENTS

FRESHMEN

Entrance requirements include graduation from high school or equivalent* with 20.5 units, including the following:

English	4
Foreign Language	3
Mathematics	3
Social Studies	4
Science	3

Nuclear medicine Technology majors must have biology, chemistry, and mathematics.

Applicants who apply with a General Equivalency Diploma (GED) must submit an official high school transcript, as well as a copy of their GED Score Report.

ENTRANCE EXAMINATIONS

Entrance examinations should include one of the following tests:

Scholastic Achievement Test (SAT). Information may be obtained through the high school guidance office or by writing to the University Entrance Examination Board, P.O. Box 592, Princeton, New Jersey 08540.

American University Test (ACT). Information may also be obtained through the high school guidance office or by writing American University Testing Program, P.O. Box 168, Iowa City, Iowa 52250.

ADMISSIONS APPLICATION PROCEDURE

Obtaining an application form from the Office of Admissions and carefully following the directions on the application initiate the application procedure. Upon receipt of high school credentials, SAT/ACT scores (freshmen only), the application and a \$30.00 non-refundable Application Fee, the Admissions Committee considers applications for admission. Although not required, a personal interview is strongly suggested to clarify Molloy's programs to the applicant.

Based on the results of the above evaluation, students may be admitted into the program or given recommended coursework required to obtain eligibility for admission. Non-matriculated students are not eligible to take any coursework that involves clinical experiences. The Committee for Admissions reviews credentials and notification of the decision of this committee is made to all applicants who complete the application procedure.

Acceptances are based on rolling admissions. To receive confirmation of acceptance, a candidate must submit a \$200.00 non-refundable Confirmation Deposit, which is required as soon as possible after acceptance or by the date specified in the acceptance letter.

All students must submit documentation of immunization, as mandated by the New York State Public Health Law. Students born after January 1, 1957, must submit documentation of immunization to Measles (2 doses), Mumps, and Rubella. It is recommended that all students have a current physical and tuberculin test (PPD) prior to University studies.

TRANSFER STUDENTS

Transfer students who have attended regionally accredited two-year colleges will be awarded credit for their previous coursework up to a maximum of 64 credits. Programs with established articulation agreements may award additional credits. Students transferring in with a regionally accredited AA, AS or AAS and Molloy associate degree graduates will have all General Education Requirements waived except for three credits in Theology and Religious Studies and three credits in Ethics unless these credits are transferred in and accepted at the time of admission.

Transfer students who have attended regionally accredited four-year institutions will be awarded credit for their previous coursework up to a maximum of 98 credits. Students entering into a bachelor's degree program at Molloy who already hold a bachelor's degree from another regionally accredited institution will receive 98 credits in transfer and will have all General Education requirements waived. Transfers must still complete a minimum of 30 credits in residency at Molloy.

Transfer credit is awarded only for courses with grades of "C" or better from the institution at which these courses were completed. Courses with grades lower than "C" are considered only if a degree was completed at the school where the credits were taken. In such a case, "D" credit, which was part of the program leading toward that degree will be acceptable or unacceptable in the same way a grade of "D" at Molloy would be applied (i.e., not in the Major, where a grade of "C" or better is required). Programs may require a minimum grade of C+ for credit in related requirements.

For all transfer students, the grade of "P" will be considered for transfer credit, to be used in the same way that the Pass/Fail rules at Molloy allow. The "P" grade must be the equivalent of a "C" grade at the institution where the credits were completed to be considered unless, again, a degree was completed.

Transfer students coming from non-regionally accredited colleges or schools will have their previous coursework reviewed on a case-by-case basis.

The total number of credits earned prior to admission through independent study, advanced placement, and credit by examination (CLEP, RCE, REDE), may not exceed 46.

ADVANCED PLACEMENT EXAM TRANSFER CREDIT

Advanced Placement credit will be granted by Molloy University to qualified students based on a score of “3” or better on the Advanced Placement Examination of the University Entrance Examination Board. Students anticipating a major in Biology need a minimum score of “5” to award Advanced Placement credit in Biology. A score of “3” or better will be considered for general elective credit. Official score reports must be forwarded to the Admissions Office to be granted credit.

ADMISSIONS AND PROGRESSION REQUIREMENTS

- Pre-requisites: high school algebra, biology, and chemistry or its equivalent.
- Applicants may be required to have an interview with the Program Director at the department’s discretion.
- All students are responsible for their own transportation to and from designated clinical sites.
- Students are responsible for meeting all program requirements.
- Students may be required to have a background check and drug screening.

PREGNANCY POLICY

The purpose of the student pregnancy policy is to assure students a safe pregnancy and to follow federal and state radiation regulations as well as the Equal Employment Opportunity Commission guidelines. Pregnant student nuclear medicine technologists may continue in the Nuclear Medicine Technology program. It is the individual student’s responsibility to utilize the guidelines set forth in this policy for protection of the embryo/fetus and self. (See Pregnancy Acknowledgement).

Any suspected or known pregnancy can be voluntarily reported to the Program Director and/or the Clinical Coordinator in writing. The pregnant student will sign the Pregnancy Release form to acknowledge comprehension of the information provided by the program faculty. The pregnant student will be issued an additional fetal monitor (radiation dosimeter) which will be worn at the waist.

According to the NRC Report # 53, the maximum permissible dose equivalent from occupational exposure to the expectant mother is 500 mrem (5 mSV) for the entire pregnancy. The monthly radiation exposure report inclusive of a cumulative dose for everyone is made available to the program faculty and the student.

It is not recommended that a pregnant student directly perform or observe any radiation therapy technique or PET injection procedures for the duration of the pregnancy. Clinical rotation schedules may be modified to schedule the pregnant student through low radiation areas especially during the first trimester. The pregnant student is expected to meet all objectives and clinical competencies of each clinical education course without exception. Failure to complete all required clinical assignments could possibly result in a failing grade or an incomplete for that clinical course.

A student is offered two alternatives after the consultation with the program Director upon voluntarily declaring pregnancy. These options are:

- 1) The declared pregnant student can immediately withdraw from all clinical and didactic courses and write a letter to the Program Director for re-entry the following year.
- 2) The declared pregnant student can continue in the program after being given specific instruction regarding radiation safety practices, additional radiation monitoring, and specific clinical and laboratory assignments.

GRADING CRITERIA FOR PROGRESSION

- A student must have an overall 2.5 Cumulative Index prior to beginning nuclear medicine courses.
- A grade of “B-” or better is necessary for all required Nuclear Medicine Technology courses.
- A grade of “C+” or better is necessary for math and science courses.

The following priorities apply when a student attains a grade below “B-” in NMT courses:

- NMT courses may be repeated one time. Failure to attain a grade of at least “B-” when taking an

NMT course for the second time will necessitate withdrawal from the Program.

- Clinical NMT courses may be repeated once with permission of the Program Director. A subsequent failure to achieve a “B-” in any other clinical necessitates withdrawal from the Program.
- A maximum of two NMT courses may be repeated within the major. On the third failure to achieve a “B-”, the student will be removed from the Program.
- Students who have been withdrawn due to academic failure may not be readmitted to the NMT Program.
- Students may withdraw from the same NMT course no more than one time.

NOTE: The Nuclear Medicine Technology Program reserves the right to make necessary program alterations in response to changes in professional nuclear medicine practice and/or the health care delivery system.

TITLE IX

Title IX is a federal civil rights law that prohibits discrimination in education:

“No person in the United States shall, on the basis of sex, be excluded from participation in, be denied benefits of, or be subjected to discrimination under an educational program or activity receiving federal financial assistance.” Any person who believes that discriminatory practices have been engaged in based upon gender may discuss their concerns and file informal or formal complaints of the possible violation of Title IX with the Title IX Coordinator. The Title IX Coordinator at Molloy University is Lisa Miller, Director of Human Resources, located in Kellenberg Hall, Room 112. The phone number is 516-323-3046.

NON-DISCRIMINATION POLICY

Molloy University admits students without regard to age, race, color, sex, religion, national or ethnic origin, or physical and/or learning disability to all the rights, privileges, programs, and activities generally accorded or made available to students at the University. It does not discriminate based on age, race, color, sex, religion, national or ethnic origin, or physical and/or learning disability in the administration of its educational policies, admissions policies, scholarship, loan programs, athletic, and other University administered programs. Inquiries concerning these policies may be referred to Lisa Miller, Human Resources Director, K112 Kellenberg Hall, or by calling 516-323-3046.

ADA AND REHABILITATION ACT

In compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and its amendments, Molloy University provides reasonable accommodations and services upon request to individuals with documentation supporting a covered disability or chronic illness. The ADA/Section 504 Coordinator at Molloy University is Cari Rose-Tomo in the William J. Casey Center, Room C011. The telephone number is 516-323-3315.

DSS/STEEP – DISABILITY SUPPORT SERVICES/SUCCESS THROUGH EXPANDED EDUCATION PROGRAM

Molloy University provides a supportive environment for students with documented disabilities and is committed to complying with all applicable provisions of the Americans with Disabilities Act (ADA), ADA Amendments Act (ADAAA) of 2008 and Section 504 of the Rehabilitation Act of 1973. Students who are requesting accommodations and services must contact the DSS/STEEP office to initiate the process. Students are required to provide documentation, from a qualified professional, of their disability or chronic illness and to discuss how reasonable accommodations may assist them in fulfilling course requirements and participating in campus life. Determination of reasonable accommodations is an ongoing and interactive process. Students have the choice of whether or not to utilize accommodations. Students who have

injuries, surgeries, or other conditions which will temporarily restrict them on campus, may contact DSS/STEEP to arrange for reasonable short-term accommodations. Documentation will be required.

DSS/STEEP also provides services to assist students in various areas of campus life. Appointments are scheduled on an as-needed basis to determine which individual and/or group services may be appropriate. For more information, contact the staff at 516-323-3315 or dss@molloy.edu. Accommodations and services are designed to equalize opportunities and access, not to lower the academic standard for these students or to alter the essential nature of the degree requirements.

ACE – ACADEMIC ENRICHMENT PROGRAM

The Academic Enrichment (ACE) Program assists all students in achieving their academic potential in math, science, and modern languages. Assistance in other disciplines is provided according to students' individual needs.

Tutees receive two kinds of assistance:

1. Remedial – When failing a course or below “C” in a major field
2. Supplemental – When passing a course but in need of reinforcement or clarification in particular aspects of the course work

Academic Tutors fall into three categories:

1. Professional: Active/semi-retired individuals certified in the courses they tutor
 2. Graduate: Individuals who have a graduate or undergraduate degree from Molloy University or another University or university
 3. Peer: Students who have taken and successfully passed the course(s) they tutor.
- FERPA RIGHTS**

The Family Educational Rights and Privacy Act (FERPA) of 1974, as Amended, affords eligible students certain rights with respect to their educational records. (An “eligible student” under FERPA is a student who is 18 years of age or older or who attends a postsecondary institution). These rights include:

- the right to inspect and review the student’s education records within 45 days after the day Molloy University receives a request for access. A student should submit to the registrar, dean, head of the academic department, or other appropriate official, a written request that identifies the record(s) the student wishes to inspect. The school official will decide for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the Molloy University official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.

- the right to request the amendment of the student's education records that the student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.
- a student who wishes to ask Molloy University to amend a record should write the Molloy University official responsible for the record, clearly identify the part of the record the student wants changed and specify why it should be changed.
- if Molloy University decides not to amend the record as requested, the University will notify the student, in writing, of the decision and the student's right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing. (Molloy University information is further described under "Grade Appeals" and "Complaint Procedures" of the University catalog, as well as in the Molloy University Student Handbook.)
- the right to provide written consent before Molloy University discloses Personally Identifiable

Information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

- Molloy University discloses education records without a student's prior written consent under the FERPA exception for disclosure to school officials with legitimate educational interests. A school official is a person who is employed by Molloy University in an administrative, supervisory, academic, research or support staff position (including law enforcement unit personnel and health staff); a person serving on the board of trustees; or a student serving on an official committee, such as a disciplinary or grievance committee. A school official also may include a volunteer or contractor outside of Molloy University who performs an institutional service or function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, or collection agent or a student volunteering to assist another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order for Molloy University.
- upon request, Molloy University also discloses education records, without consent, to officials of another school in which a student seeks or intends to enroll.
- the right to file a complaint with the U.S. Department of Education, concerning alleged failures by Molloy University to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

Family Policy Compliance Office

U.S. Department of Education

400 Maryland Avenue, S.W. Washington, D.C. 20202-5901

- Molloy University's public notice on directory information is provided under "Confidentiality and

Directory Information" in the catalog.

- FERPA permits the disclosure of personally identifiable information (PII) from students' education records, without consent of the student, if the disclosure meets certain

conditions found in §99.31 of the FERPA regulations. Except for disclosures to school officials, disclosures related to some judicial orders or lawfully issued subpoenas, disclosures of directory information and disclosures to the student. §99.32 of FERPA regulations requires the institution to record the disclosure. Eligible students have a right to inspect and review the record of disclosures. A postsecondary institution may disclose PII from the education records without obtaining prior written consent of the student.

- to other school officials, including teachers, within Molloy University whom the school has determined to have legitimate educational interests. This includes contractors, consultants, volunteers, or parties to whom the school has outsourced institutional services or functions, provided that the conditions listed in §99.31(a)(1)(i)(B)(1) – (a)(1)(i)(B)(2) are met.

{§99.31(a)(1).}

- to officials of another school where the student seeks or intends to enroll, or where the student is already enrolled if the disclosure is for purposes related to the student's enrollment or transfer, subject to the requirements of §99.34. {§99.31(a)(2).}
- to authorized representative of the U.S. Comptroller General, the U.S. Attorney General, the U.S.

Secretary of Education or State, and local educational authorities, such as a State postsecondary authority that is responsible for supervising the university's State-supported education programs. Disclosures under this provision may be made, subject to the audit or evaluation of Federal- or State- supported education programs, or for the enforcement of or compliance with Federal legal requirements that relate to those programs. These entities may make further disclosures of PII to outside entities that are designated by them as their authorized representatives to conduct any audit, evaluation or enforcement or compliance activity on their behalf. (§§99.31(a)(3) and 99.35).

- in connection with financial aid for which the student has applied or which the student has received, if the information is necessary to determine eligibility for the aid, determine the amount of the aid, determine the conditions of the aid or enforce the terms and conditions of the aid. {§99.31(a)(4).}
- to organizations conducting studies for, or on behalf of, the school, to (a) develop, validate or administer predictive test; (b) administer student aid programs; or (c) improve instruction.

{§99.31(a)(6).}

- to accrediting organizations to carry out their accrediting functions. {§99.31(a)(7).}
- to parents of an eligible student if the student is a dependent for IRS tax purposes. {§99.31(a)(8).}
- to comply with a judicial order or lawfully issued subpoena. {§99.31(a)(9).}
- to appropriate officials in connection with a health or safety emergency, subject to §99.36.

{§99.31(a)(10).}

- information the school has designated as "directory information" under §99.37. {§99.31(a)(11).}

- to a victim of an alleged perpetrator of a crime of violence or a non-forcible sex offense, subject to the requirements of §99.39. The disclosure may only include the final results of the disciplinary proceeding with respect to that alleged crime or offense, regardless of the finding. (§99.31(a)(13).)
- to the general public, the final results of a disciplinary proceeding, subject to the requirements of

§99.39, if the school determines the student is an alleged perpetrator of a crime of violence or non-forcible sex offense and the student has committed a violation of the school's rules or policies with respect to the allegation made against him or her. (§99.31(a)(14).)

- to parents of a student regarding the student's violation of any Federal State or local law, or of any rule or policy of the school, governing the use or possession of alcohol or a controlled substance if the school determines the student committed a disciplinary violation and the student is under the age of 21. (§99.31(a)(15).)
- the disclosure concerns sex offenders and other individuals required to register under section 17010 of the Violent Crime Control and Law Enforcement Act of 1994.

STATEMENT OF ACADEMIC INTEGRITY

The administration and faculty of the Department of Allied Health Sciences believe that academic integrity is one of the most important values and behaviors that should be practiced by students during their academic and clinical education. Integrity and honesty are especially valued in the health care professions because accurate diagnosis and treatment of patients are greatly dependent upon a health practitioner's honest and capable assessment of symptoms and diagnostic tests. This assessment can only be rendered by the practitioner who has "real" knowledge obtained as a student who answered test questions independently, thereby identifying and correcting mistakes. The successful practitioner can communicate important diagnostic and therapeutic information in writing because as a student, such skills were developed and/or enhanced by completing writing assignments independently. The practitioner who was dishonest in his or her educational pursuits is at great risk for making diagnostic and therapeutic mistakes and such errors can mean that someone's health care is mismanaged. Because we are committed to educating practitioners who provide the highest quality of health care, the University administration and faculty are equally committed to mandating and enforcing the practice of academic integrity by all students.

Molloy University is an independent comprehensive University, Catholic and Dominican in tradition and dedicated to academic excellence. Genuine commitment to excellence is the fundamental purpose of a university community and demands responsible standards of scholarship, teaching and learning. By seeking to promote an atmosphere of trust and dialogue, Molloy University intends to foster goodwill among its Faculty, Students, and Administrators. Within the framework of a liberal arts core, Molloy University is concerned not only with critical and creative thinking, but also with the virtuous formation of character. Of essential importance to Molloy University is Academic Integrity which confirms our common responsibility for fulfilling the goals of education

Certain guidelines of Academic Integrity need to be specified to enhance the traditional relationship between faculty and students involved in their sincere pursuit to attain excellence. The professional and legal rights of all members within the University community are to be recognized and upheld with the highest standards of mutual respect and honesty. Continuous effort must be made by the community to share accountability on the various levels of academic concerns.

It is incumbent upon the faculty to provide an environment of Academic Integrity and to fulfill all professional responsibilities, which include but are not limited to the following:

- Distributing and reviewing course outline
- Meeting classes as scheduled and making appropriate preparations for all class sessions
- Providing an atmosphere conducive to serious and scholarly study
- Encouraging students to fulfill their potential
- Respecting the dignity of students
- Grading assignments, tests, and papers within a reasonable amount of time and by criteria mutually understandable and acceptable within the field of study
- Using academic evaluations based on unbiased professional judgment
- Being available for appointments with students

These professional responsibilities are the criteria used for a grade appeal. It is expected that students fulfill their responsibilities within the University community by:

- attending and being prepared for scheduled class meetings
- complying with course requirements as stated in course outline

It is also expected that administrators fulfill their responsibilities with the University community by:

- promoting an atmosphere of trust and integrity
- lending support to the accomplishments of the academic goals and objectives of both students and faculty

HONOR PLEDGE

In the spring 2000, the Honor Pledge was ratified by the Molloy University community. The following pledge was approved by the ad hoc Committee on Academic Integrity, which is a subcommittee of Undergraduate Academic Policies and Programs Committee:

As a member of Molloy University, Catholic and Dominican in tradition, I dedicate myself to the ideals of truth, scholarship, and justice. I pledge to demonstrate personal and academic integrity in all matters. I promise to be honest and accountable for my actions and to uphold the Honor System to better myself and those around me. I will refrain from any form of academic dishonesty or deception.

ACADEMIC INFRACTIONS SUBJECT TO DISCIPLINARY ACTION

Engaging in any form of academic dishonesty is an Academic Infraction Subject to Disciplinary Action (AISDA). Students are responsible for knowing the policies regarding cheating, plagiarism, facilitating academic dishonesty, and fabrication, as well as the penalties for such behavior. Academic

Infractions Subject to Disciplinary Action include:

- A. Cheating – utilizing a source other than self during an exam or in completing an assignment.
- B. Fabrication – intentional and unauthorized falsification or invention of any information.
- C. Facilitating academic dishonesty – intentionally or knowingly helping or attempting to help someone commits an act of academic dishonesty. For example, allowing another to copy from you during an examination, doing work for another and allowing her/him to represent it as her/his own, and supplying information regarding examinations to others.
- D. Plagiarism – failure to document the direct words of another or the rephrasing of another's words so as to represent them as one's own, handing in another's paper or project as one's own, or reusing your own paper from another course without the prior instructor approval.

DUE PROCESS PROCEDURE IN ACADEMIC AREAS

The President, who is the Chief Executive Officer of the University, delegates the supervision of student conduct and discipline in academic areas to the Associate Dean for Academic Services.

PROCEDURE

718. All persons concerned should first make every effort to resolve the matter through informal consultation with the faculty member and Chairperson of the department. If they are still not satisfied, they can approach the Associate Dean for Academic Services to reach an acceptable solution short of the use of the formal procedure. If there is no resolution at this level or no acceptance by the student of the discipline meted out by the Associate Dean for Academic Services, formal proceedings may be initiated provided a written charge against the student is filed by the complainant on the official AISDA Complaint Form which can be found in the Office of the Associate Dean for Academic Services. The Associate Dean for Academic Services may also elect to initiate formal proceedings in those situations serious enough to warrant the use of these formal channels for disciplinary action.
2. Upon the filing of such a written charge, the Associate Dean for Academic Services gives written notification to the student of the charges and the general nature of the evidence to support these charges. The student must be notified within twenty-one (21) calendar days of the complaint of the offense in question.
3. The student has fourteen (14) calendar days after receipt of the formal notification to answer the charges in writing. She/he may choose to:

A. Not initiate a formal procedure and accept the discipline of the Associate Dean for Academic Services. This option is not available when the formal proceeding has been initiated by the Associate Dean for Academic Services

B. Waive her/his defense at the hearing before a Judicial Committee

C. Appear before the Judicial Committee

D. Withdraw from the University

4. The Judicial Committee shall be composed of two faculty members chosen by the Faculty President, two students chosen by MSG President, or, in the event of a graduate student hearing, by the Department, and one appropriate administrator chosen by the Associate Dean for Academic Services. The Associate Dean for Academic Services shall serve as chairperson for the committee, with no vote except in the case of a tie. A majority vote of the judicial committee will make the decision.

5. The Associate Dean for Academic Services will notify the accused and complainant of the composition of the committee. If any member of the committee is unacceptable to either the accused or the complainant, that party must notify the Associate Dean for Academic Services within three (3) days of receiving this information. Each party is limited to two (2) objections. Members of the Committee are expected to be impartial, to seriously consider the facts of the case, and to avoid imposition of sanctions against any participants in the process.

6. If the charges in the academic dishonesty case are not sustained by the Judicial Committee, then, based on the information presented and the decision reached during the hearing, this Committee would be empowered to request a grade change from the faculty member concerned with the work or course in question in accordance with the course outline that is on file in the office of the Associate Dean for Academic Services. Should the faculty member not wish to comply, the term paper, test or other project in question is to be given to the Associate Dean for Academic Services to be re-graded by a qualified scholar of her choice. After the work in question has been re-graded, the Committee will reconvene to calculate the student's grade which, when filed, will be the grade for such work.

7. If the accused student chooses not to appear before the Judicial Committee, this committee will weigh the evidence and hand down a decision.

RIGHTS OF STUDENTS IN DISCIPLINARY PROCEEDINGS

For any disciplinary action for which sanctions may be imposed, the student shall have the right to:

1. be considered innocent until found guilty, by clear and convincing evidence, of academic dishonesty.
2. be informed of his/her rights.
3. receive written, timely and complete notice of the specific charges to be resolved.

4. seek advice and/or counsel. If any attorney-at-law is chosen, this attorney may not participate directly in the proceedings.
5. have fair disposition of all matters as promptly as possible under the circumstances.
6. elect to have a public or private hearing.
7. hold unaltered student status pending a final adjudication and disposition of all matters, except in extraordinary circumstances.
8. be informed of the maximum and minimum sanctions which may be imposed.
9. be informed of the general nature of the evidence to be presented.
10. confront and question all parties and witnesses except when extraordinary circumstances make this impossible.
11. present a factual defense through witnesses, personal testimony, and other relevant evidence.
12. suggest questions which might be put to witnesses.
13. decline to testify against oneself.
14. have only relevant evidence considered by the Judicial Committee.
15. be informed of all decisions within 14 calendar days of the conclusion of the hearing.
16. request an appeal of the disciplinary sanction of suspension from the Vice President for Academic Affairs and to request an appeal of the disciplinary sanction of dismissal from the President of the University. Students are to notify the Associate Dean for Academic Services if they want to file an appeal.
17. be free from repeated disciplinary proceedings where the parties and the issues are the same.

FORMAL HEARING

1. The accused student has the right to have the hearing before the Judicial Committee. The accused student chooses whether the hearing is to be private or public.
2. At the hearing before the Judicial Committee, both the accused and the complainant may have the advisor or counsel of their choice present; however, the advisor or counsel may not participate directly in their proceedings.
3. It will be the policy of the University that a record of the hearing shall be taped.
4. Both accused and complainant have the right to cross-examine all witnesses.
5. After the presentation of both the accused and the complainant, the committee shall deliberate in private until a decision is reached. When a decision has been reached, the hearing shall be reconvened and the decision announced.
6. If a decision is entered against an accused, the Committee shall recommend the imposition of disciplinary, and restitutionary sanctions which may include:

- A. **Disciplinary Warning:** A written statement from the Associate Dean for Academic Services expressing disapproval of conduct. No record of the Disciplinary Warning shall be maintained in the student's file.
- B. **Disciplinary Reprimand:** A written statement from the Associate Dean for Academic Services expressing disapproval of conduct. A record of this disciplinary reprimand shall be maintained in the student's folder in the Office of the Associate Dean for Academic Services for the length of time the student attends the University. This record may be introduced in subsequent disciplinary proceedings.
- C. **Disciplinary Probation:** A conditional retention of student status for a specified period. During the probationary period, a student is excluded from participation in any extracurricular activities of the University and may not hold any appointed or elected positions.
- D. **Disciplinary Suspension:** A termination of registration as a student for a specified period. During the period of suspension, a student is excluded from classes and all other University privileges and activities. A record of the Disciplinary Suspension shall be maintained in the student's folder in the Office of the Associate Dean for Academic Services and made a permanent part of this folder. This record may be introduced in subsequent proceedings.
- E. **Disciplinary Dismissal:** A termination of registration of a student. If the student applies for readmission, the student will not be allowed to return to the University. A record of this Disciplinary Dismissal shall be maintained in the student's folder as a permanent record in the Office of the Associate Dean for Academic Services.
- F. **Substituted Sanction:** A constructive and voluntary undertaking by a student which by agreement with the Judicial Committee, shall be substituted for any of the above sanctions. A record of this substituted sanction shall be maintained in the student's folder in the Office of the Associate Dean for Academic Services for the length of time the student attends the University. If the substituted sanction is not satisfactorily completed, the Judicial Committee shall reinstate the original sanction.
- G. Partial credit for the exercise involved.
- H. Score of zero on the exercise involved.
- I. Failure of the course.

APPEAL

Students who want to appeal the sanction of suspension or dismissal should notify the Associate Dean for Academic Services.

1. Students have the right to petition the President of the University for an appeal from a disciplinary sanction of the Judicial Committee resulting in dismissal from the University. The President will review the evidence as presented to her/him by the Judicial Committee and will make her/his decision after review of the case in question.
2. Students have the right to petition the Vice President for Academic Affairs for an appeal from a disciplinary sanction of the Judicial Committee resulting in suspension from the University. The Vice President for Academic Affairs will review the evidence as presented to

her/him by the Judicial Committee and will make her/his decision after the review of the case in question.

DISCIPLINARY DISMISSAL/DISCIPLINARY SUSPENSION

Even in the absence of a student appeal, any sanction of Disciplinary Dismissal handed down by the Judicial Committee always requires administrative review and approval by the President of the University and may be altered, deferred, or suspended by the President.

Average may apply to the Office of Student Success and Assessment for a Fresh Start. The grades and grade points will still show on the record and be counted in the “term” GPA”. The Fresh Start earned credits will count in the overall cumulative earned hours. The Fresh Start grade points will not be included in the cumulative overall GPA. This fresh start does not remove grades from the student record. The grades remain on the transcript as part of the student’s permanent record.

POLICY AND PROCEDURES CONCERNING GRADE APPEALS

Molloy University is dedicated to ensuring that all course, departmental, and institutional policies and practices are applied as indicated, and that any student who has a question or issue regarding grading can initiate the established grade appeal process. Students are entitled to a timely, fair, and equitable evaluation of their academic work, and share responsibility for their learning. Students’ responsibilities within the University community include attending and being prepared for scheduled class meetings; and complying with all departmental, programmatic, and course requirements.

Grade appeals are time sensitive. All grade appeals within the course of the semester must be initiated within ten (10) school days of receipt of the grade by the student. Final course grade protests must be initiated within 30 calendar days from the grade posting on Lion’s Den. A grade appeal is considered initiated when the student first contacts the faculty, department chairperson or program director, School Dean, or the Dean of Student Success and Assessment. Generally, appeals that are not initiated by these deadlines will not be considered, except under extenuating circumstances. Students may appeal a grade if there is evidence of a procedural error or if additional compelling evidence becomes available that was not considered.

Students appealing a grade must first attempt to reach a resolution by following the established informal process. Certain programs of study and academic schools provide informal process details to follow, and the student should check the student handbook for their program of study or academic school. The informal process starts by the student directing all questions concerning grades first to the Course faculty in order to reach a resolution. If a resolution is not reached with the Course faculty, the student then directs questions to the Department Chairperson or Program Director and the Dean of the School to seek a resolution.

If resolution is not reached through the school-level informal process; or if a response is not received from the Course faculty or School leadership within a reasonable timeframe, or if the student has a compelling reason not to direct questions first with the faculty or school leadership, the student may contact the Office of Student Success and Assessment in Kellenberg Hall, Room K009 or email studentsuccess@molloy.edu regarding guidance completing the school-level process or to initiate the institutional formal grade appeal process.

Further details and the complete instructions can be found in the current Student Handbook.

The first step is to attempt an informal resolution between student and instructor, with mediation by either the department chairperson or Dean. If an informal resolution is not successful, the next step is for the student to complete the University Wide Grade Appeal Form. Some majors require an academic review as the first step. Please refer to your major's handbook. If there is a conflict between the procedures and a major's handbook, the major's handbook will govern. In lieu of an academic review procedure for the major, students may follow the University-wide procedure and complete the Academic Review Grade Appeal Form (**see Pg 96**).

Formal Grade Appeal Before Tribunal

The formal appeal begins when a student submits a University Wide Academic Review Grade Appeal form to the Dean of the Office of Student Success and Assessment. The request must be submitted within 14 calendar days of the informal resolution attempt. The request should list the specific complaints that the student has regarding the grade at issue, the academic integrity, and/or the fulfillment of professional responsibilities of the faculty. If the student or faculty refused the school level resolution, or there is insufficient evidence to support the specific complaint, the Dean of Student Success in consultation with the Dean of Students and the School Dean reserve the right to determine if the complaint should proceed to the formal process.

1. After receiving written notification regarding a grade appeal, two (2) faculty members and two (2) students are selected to serve on the grade appeal committee known as the Tribunal. The Tribunal consists of the Dean, or a delegate, two (2) faculty members, and two (2) students. A Tribunal is empowered as the final board of appeals in the event that a student has exhausted all appropriate channels (instructor, chairperson, and Dean) to make a final decision.
2. Tribunal member's selection – Faculty members with the required academic background of a Tribunal are recommended by the Faculty Council President in consultation with the School Dean, program leadership and the Dean of Student Success and Assessment. Student members of a Tribunal for an undergraduate student will be recommended by the MSG President with clearance from the Dean of Students and/or the Dean of Student Success and Assessment. Student members of a Tribunal for a graduate student are recommended by the department, and there will be one (1) appropriate administrator chosen by the Dean.

3. Confidential files related to the case will be made available for review in the Dean's presence at least two days before the Tribunal
4. Tribunal responsibilities and policies:
 - a. Formulate a decision regarding the grade appeal after review of all resources and information related to the case
 - b. Assure confidentiality, to the extent possible, of all parties (faculty and student).
 - c. Both parties appear before the Tribunal together, to the extent possible
 - d. Allow both parties the right to submit questions to be asked of each other. The Tribunal will ask all questions and has discretion regarding whether to ask suggested questions of parties or witnesses.
 - e. Permit both parties to have witnesses and submit evidence (if necessary). Evidence and requested witnesses should be submitted to the Office of Student Success and Assessment at least 2 days before the scheduled Tribunal
 - f. Allow the parties concerned the right to submit questions to be asked of the witness brought forward. The Tribunal will ask all questions and has discretion regarding whether to ask suggested questions of parties or witnesses.
 - g. Make appropriate recommendations to the faculty and student
 - h. Inform the Dean of their deliberations and decision
 - i. Retain a recording of the appeal
 - j. Lawyers and/or counsel may not participate in these academic proceedings.
 - k. Advisors or Advocates considered anyone other than the student and faculty are also not permitted in academic proceedings.
 - l. Votes are made by faculty and student members who serve on the Tribunal, and a majority decides
 - m. In the case of a tie, the Dean, who serves as a chairperson for the committee, may vote
 - n. The Tribunal or Dean reserves the right to call an independent scholar for review of grade calculations, or other evidence associated with the processes. This individual is chosen by the Dean.
5. The Dean's responsibilities:
 - a. Obtain from the student a written request for a formal hearing before a Tribunal
 - b. Review the validity of the review on grounds.
 - c. Send a copy of the written request for the Tribunal to the faculty involved
 - d. Make necessary arrangements. If a mutually agreeable time for the Tribunal cannot be obtained within a one-week period, a date will be set by the Dean
 - e. Confirm with the student and faculty, that the members of the Tribunal are acceptable to both (faculty and student are each limited to two objections)
 - f. Monitor any disposition made by the Tribunal to the conclusion of the case
 - g. The Dean serves as chairperson for the committee, with no vote except in the case of a tie.

- h. Inform all parties involved in writing (email) of the final decision of the Tribunal, which will be issued within fourteen (14) business days of the conclusion of the hearing.
6. Evidence used during the final grade appeal review may include grades received throughout the semester if these grades were used in calculating the final grade for the course. If during the semester a grade was brought before a Tribunal and a decision handed down, then that grade cannot be re-appealed before a final grade Tribunal.
7. In the event a faculty leaves Molloy, dies, is non-responsive or unwilling to appear, or cannot feasibly appear before the Tribunal, the student will still present his/her case. In this eventuality, a recommendation will be made at the discretion of the Tribunal. If both parties remain associated with Molloy and a date has been set for the Tribunal, if any party (faculty or student) fails to appear at the Tribunal without good cause, the Tribunal may, in its discretion, have the present party present their case and issue a decision without hearing from the other party.
8. Tribunal decisions, including but not limited to change of grade, are considered final and binding and expected to be acted upon in a timely fashion deemed one week by both parties. If additional time is needed, either party can make that request to the Dean of Student Success and Assessment.

ACADEMIC REVIEW PROCESS

Students share responsibility for their learning and are expected to meet program and course requirements.

Students are entitled to timely, fair, and equitable evaluation of their academic work. A student who has a question or issue regarding grading may initiate the Academic Review Process.

INFORMAL PROCESS

Step One:

A student who has an academic issue meets with the faculty concerned. The intent of this meeting is to discuss the academic problem and together seek resolution. The student has the option to move to Step Two if there is failure to obtain a satisfactory agreement.

Step Two:

A meeting between the student, faculty and Chairperson is held in a second attempt to reach resolution. The student has the option to move to Step Three if there is failure to solve the problem.

Step Three:

FORMAL PROCESS

The student submits a completed *Academic Review Form* to the Dean, School of Nursing and Health Sciences.

- A formal meeting is held with:
- Dean
- Associate Dean or Department Chair
- Faculty member
- Student
- The student may select to be accompanied by a non-legal support person.
- The student has the option to move to Step Four if there is a failure to obtain a satisfactory resolution.

Step Four:

If there are grounds for a subsequent formal grade appeal per university policy, the student may implement the Molloy University Grade Appeal Process. Refer to the **Molloy University College Undergraduate/Graduate Student Handbook and Calendar**. It is the responsibility of the student to obtain the instructions and to observe the deadlines for filing an appeal. **NOTE THE UNIVERSITY'S TIMEFRAME for submitting appeals.**

Revised 8-2023

MOLLOY UNIVERSITY

The Barbara H. Hagan School of Nursing & Health Sciences

ACADEMIC REVIEW FORM

**THIS FORM IS TO BE COMPLETED BY STUDENTS WHO WISH TO PURSUE
MEDIATION OF AN ACADEMIC ISSUE.**

Student Name:

Date: _____

(Please print)

Course:

It is understood that an informal discussion has taken place between the student and the faculty member concerned.

Faculty name: _____

Date of meeting: _____

Outcome:

It is also understood that an informal discussion has taken place with the student, faculty, and the Associate Dean

& Director.

Associate Dean or Department Chair: _____

Date of meeting: _____

Outcome:

FORMAL MEDIATION FOR ACADEMIC REVIEW

1. Specify problem or complaint:

2. Provide evidence to support the complaint:

3. State desired outcome:

Student Signature

Date

FOR DEPARTMENT USE ONLY

_____ **Resolution**

_____ **No basis for grade appeal**

_____ **Grade appeal**

Recommended Action

Signature

Date

Rev 8-2023

ATTENDANCE

The policy on attendance is one of “responsible attendance.” Students are expected to attend all classes, regularly and punctually. First semester freshmen students are limited to three absences in a course. All other students: see attendance policy as stated in the course outline. This is also described in the current University Catalog. Students are to notify the Office of the Vice President for Student Affairs, located on the third floor of the Public Square Building if they will be absent from classes so this information can be brought to the attention of their instructors.

ATTENDANCE POLICY:

It is the accepted practice at Molloy University that faculty take attendance in all courses. Students should notify faculty if an absence, if necessary, as the result of a serious situation. Failure to attend class for two (2) consecutive weeks at any point in the semester, without notification of extenuating circumstances, will result in an administrative withdrawal from the course.

In the case of an online or hybrid course, attendance is considered similarly important.

Therefore, failure to participate in academic activities in any given week is considered an absence. Examples of participation in academic activities representing attendance would be participation in a class chat or discussion board on an academic topic, submissions of a required

assignment, digital interaction with the professor on an academic topic, and completion of a quiz or exam.

Administrative withdrawal results in removal from the course with a grade of “WA” or “WF” determined by the point in the term and the academic performance.

Students should consult the University catalog for complete details regarding withdrawals and the potential financial implications of a withdrawal. *Religious Observances* – A student who is to be absent from class because of a religious obligation or practice, should inform the instructor in writing at least one week before the day. The student has the right to make up any examination, study, or work requirements which may have been missed because of religious observances.

OFFICIAL MOLLOY UNIVERSITY GRADING POLICY

(Effective Fall 2024)

A student’s scholastic standing is determined by an evaluation of grades attained. Each credit hour has a quality equivalent. The student’s index equals the total number of quality points divided by the total number of credit hours for which the student has received quality points.

Grades:

A	Excellent	93.0–100	4.0 quality points
A-		90.0–92.9	3.7 quality points
B+		87.0–89.9	3.3 quality points
B	Good	83.0–86.9	3.0 quality points
B-		80.0–82.9	2.7 quality points
C+		77.0–79.9	2.3 quality points
C	Average*	73.0–76.9	2.0 quality points
C-		70.0–72.9	1.7 quality points
D+		67.0–69.9	1.3 quality points
D		60.0–66.9	1.0 quality points

A	Excellent	93.0–100	4.0 quality points
F	Failure: For students that attended the course and failed	Below 60.0	0 quality points
I	Incomplete – Computed as failure until changed. (Automatically becomes as F if requirement is not met by the last day of the following semester and may require a completion contract between the student and faculty)		
W	Withdrawn – Student request Course Withdrawal through the end of the 10 th week of the semester (prorated for shorter sessions and terms) (No credits earned and no quality points)		
WF	Withdrawn//Failing – (Not Computed as a failure in quality points/GPA)		
WIP	Work-in-Progress		
P	Passed (Course taken for credit and no quality points; Equivalent to “D” or better)		
AU	Audit (No credits earned and no quality points; attendance not needed to record audit status)		

All assignments and assessments must be completed for a passing grade. Late submissions will result in point deductions.

REMEDIATION

Molloy College utilizes a Mid-Semester Appraisal System to assist students in identifying weaknesses and to direct students to resources for remediation:

Midsemester Performance Appraisal:

- | | |
|---|---|
| ☐ Excessive Absence | ☐ Unsatisfactory Performance |
| ☐ Weak in Content Area | ☐ Failing at this Point |

Missing:

- | | |
|--|--|
| ☐ Class | ☐ Homework |
| ☐ Exams | ☐ Paper |
| ☐ Test | ☐ Lab Report |
| ☐ Quiz | ☐ Essay |
| ☐ Oral Presentation | ☐ Service Learning Contract |
| ☐ Speech | ☐ Journal Critique |

Recommendations:

- | | |
|--|--|
| ☐ Ask Questions | ☐ Use CD Interactive Video for Different Skills |
| ☐ Participate in Class/Clinical | ☐ Use Study Guides |
| ☐ Speak with Instructor | ☐ Participate at Clinical Site |
| ☐ Review Materials | ☐ Makeup Exam |
| ☐ Complete Assignments | ☐ Hand in Homework and Papers Before Deadline. |
| ☐ Put More Quality Time and Effort into Class | ☐ Review Materials Before-Class |
| ☐ Meet with Instructor to Review Study Skills | ☐ Please Consider Withdrawing |

Referrals:

- | | |
|--|---|
| ☐ Tutoring | ☐ Go to Lab |
| ☐ Writing Resource Center | ☐ Go to Student Assistance Program |
| ☐ Join Group Study | ☐ Go to Language Research Center |

Additional Comments:

In addition to this system, faculty will recommend students seek remediation through attendance in **Open laboratory times**; to remediate deficits in psychomotor skills identifies through lab and clinical performance evaluations.

FACULTY ADVISING AND OFFICE HOURS

All students in the Nuclear Medicine Technology Program are assigned a faculty advisor from the Nuclear Medicine Program. Please consult with your advisor first regarding all academic and non-academic issues. Your advisor will refer you for additional assistance, as needed. All full-time faculty members have office hours posted. Please email for an appointment. Please see the Clinical Coordinator/Program Director of the program for all issues regarding clinical rotations, health clearances, and background checks.

If you have a problem with any of the Departmental faculty or staff, please make an appointment with the Chairperson/Program Director, Allied Health Sciences Department, to discuss your concerns.

INTELLECTUAL PROPERTY

Students are not to share electronic files previously obtained from the faculty with anyone for any reason, including other students. Any student who is in possession of any electronic file previously obtained from a faculty member without that faculty member's permission is to destroy it immediately after having notified the faculty member that it was surreptitiously obtained.

STUDENT ACTIVITIES

Students are encouraged to participate in orientation programs, recruitment functions, social and cultural events, the Nuclear Medicine Technology Open House, and Career Days. They can represent students' viewpoints on Program, School, and University committees.

STUDENT AWARDS

Students are eligible to receive multiple awards from the NMT Program:

- **John J. Magovern, MD Educational Scholarship:** awarded to the most outstanding Junior NMT student.
- **PHARMALOGIC (Nuclear Diagnostic Products) Achievement Award:** awarded based on high academic achievement and financial need to a Junior Student.

- **Jubilant Radiopharmacy Outstanding Graduate Award:** awarded based on excellence in patient care, high academic achievement, and the ability to work well in a clinical setting.
- **Pinestar Award:** awarded to a graduate who has shown the most improvement .
- **Anand Foundation Scholarship:** awarded to a NM graduate who demonstrates professionalism and exemplary service to the community.

PROFESSIONAL SOCIETIES

Students are expected to apply for student membership in the Society of Nuclear Medicine and Molecular Imaging (SNMMI). Membership in the SNMMI is a vital component of being a professional member of this field. Benefits of student membership include access to electronic media, subscriptions to the journal, and significantly discounted admission fees at national, state, and local symposiums. The program director applies for a free trial membership for each NMT student. Please visit <http://www.snmmi.org/>

Students are strongly encouraged to participate in professional activities and to seek memberships in national, state, and local societies, which sponsor student competitions.

Student memberships are offered by the following organizations:

- *American Society of Radiologic Technologists (ASRT)*
- *Society of Nuclear Medicine and Molecular Imaging (SNMMI)*

SUMMER CLINICAL COURSEWORK

The curriculum for the Nuclear Medicine Technology program includes required clinical courses that run in the summer following the third year. Students must pay separate tuition and fees for the summer session. This session is not included in either the fall or spring semester tuition bills and is considered a separate summer session.

NUCLEAR MEDICINE TECHNOLOGY – B.S. DEGREE COURSE REQUIREMENTS

New York State Registered Program Code: 35927 HEGIS Code: 1225.00 -Radiologic Technologies

Baccalaureate and higher.

Molloy Program of Study Code: NMTBS. This new program code began accepting students beginning in the fall of 2014.

Credits General Education Requirements (32 credits):

- Arts and Fine Arts (2 out of 3 disciplines) -3 Credits

1 of either Art History/Music History; and

1 COM/Speech - 6 Credits

- English and Modern Languages) - 9 Credits

One of each discipline-Eng1100, Modern Language, Modern Language/ Modern Language Literature

- Social and Behavioral Sciences (2 out of 3 disciplines): His/Pol/Soc- 6 Credits

Related Requirements (33 credits):

- Bio 1200 Anatomy and Physiology I -4 Credits
- Bio 1210 Anatomy and Physiology II-4 Credits
- CHE 1090 University Chemistry 1 credit
- CHE 1120 University Chemistry II with Lab – 4 Credits
- ETH 2880 Ethics and Health Care-3 Credits
- MAT 1150 Elementary Statistics-3 Credits
- MAT 1180 University Calculus/Algebra 3 Credits
- PHY 1880 University Physics I-3 Credits
- PHY1890 University Physics II-3 Credits
- PSY 1110 General Psychology- 3 Credits

Major NMT Requirements (62 credits):

- **NMT 2990** Introduction to Fundamentals in Nuclear Medicine Technology- 3 Credits
- **NMT 3000** Radiation Physics- 3 Credits
- **NMT 3010** Patient Care in Nuclear Medicine Technology -3 Credits
- **NMT 3020** Radio-Pharmaceutical Chemistry-3 Credits
- **NMT 3030** Instrumentation and Computer Applications-3 Credits
- **NMT 3040** Radiation Protection and Biology- 3 Credits
- **NMT 3050** Clinical Procedures I-3 Credits
- **NMT 3060** Clinical Procedures II-3 Credits
- **NMT 3070** Clinical Procedures III- 3 Credits
- **NMT 3100** Nuclear Medicine Internship I-1 Credit-112 Clinical Hours
- **NMT 3110** Nuclear Medicine Internship II-3 Credits-336 Clinical Hours
- **NMT 3120** Nuclear Medicine Internship III-3 Credits-384 Clinical Hours
- **NMT 3150** Hematology and Immunology in Nuclear Medicine Technology-3 Credits
- **NMT 4030** Advanced Imaging Physics -3 Credits
- **NMT 4070** Nuclear Medicine/CT Cross Sectional Anatomy-3 Credits
- **NMT 4080** Advanced Practice/Registry Review in Nuclear Medicine Technology-3 Credits
- **NMT 4090** Clinical Conference I and Management of Health Care Systems-3 Credits
- **NMT 4120** Nuclear Medicine Internship IV- 6 Credits-448 Clinical Hours
- **NMT 4140** Nuclear Medicine Internship V- 6 Credits-448 Clinical Hours
- **NMT 4900-** Clinical Conference II -3 Credits

Total Credits 128- Total Clinical Hours 1,728

NUCLEAR MEDICINE TECHNOLOGY COURSE DESCRIPTIONS

NMT 2990 INTRODUCTION TO FUNDAMENTALS IN NUCLEAR MEDICINE TECHNOLOGY-3 Credits

This course is designed to offer students with an introduction into the fascinating domain of nuclear medicine. Students will learn about the basic principles of nuclear medicine, along with the advantages and its limitations. It is intended to be a basic study of the terminology, radiotracers, instrumentation, physics, and radiation safety involved in Nuclear Medicine. It will allow the student to have a general knowledge of the activities of a Nuclear Medicine Department to complement their first clinical experiences. The Nuclear Medicine Code of Ethics as well as the history of Nuclear Medicine will be discussed. Basic quality assurance/quality control measures will be introduced. The specific “jargon” used in the field will be reviewed. The student will be introduced in a cursory manner to imaging procedures to prepare them for their first internship setting. This course will prepare the student to advance to the Clinical Procedures I, II, and III level courses.

NMT 3000 RADIATION PHYSICS- 3 Credits

The course starts with an introduction to atomic and nuclear physics. The principles of radioactivity and radioactive decay are thoroughly described. Radionuclide production methods are discussed followed by the various means by which radiation interacts with materials. Basic principles of radiation detectors, radiation measuring electronics and related statistics are presented. The last part of the course presents an introduction to the problems of radiation safety and health physics with specific discussion of the methods of internal radiation dose calculation that are so important to the safe use of radioactive materials in nuclear medicine studies. Prerequisites: CHE 1100, CHE 1110, PHY1880, PHY 1890, NMT 2990. (Offered Fa

NMT 3010 PATIENT CARE IN NUCLEAR MEDICINE TECHNOLOGY-3 Credits

Students study medical terminology and basic assessment skills necessary to function as technologists. Venipuncture techniques, starting Ivs and taking vital signs will be demonstrated and practiced. Medical and legal considerations and ethics are discussed. An emphasis is placed on the concept of the patient’s mental condition during hospitalization and describes anxiety and other emotional states and their manifestations in different individuals. Patient care issues and the problems of dealing with critically and terminally ill patients are discussed. **Prerequisite: NMT 2990**

NMT 3020 RADIOPHARMACEUTICAL CHEMISTRY-3 Credits

This course begins with a study of the basic concepts of inorganic, organic and biochemistry. Specific topics include atomic structure, chemical bonding, and reactions, as well as use of periodic tables. This introduction leads into a comprehensive study of radiopharmaceutical

methodologies, mathematical equations, basic properties of radioisotopes, production of radionuclides and an in-depth discussion of generator systems and tracer principles. Additional topics for discussion will include characterization and classification of diagnostic and therapeutic radioisotopes, bio distribution of medical tracers as well as the use of pharmaceutical adjuncts, radiopharmaceutical preparation, quality assurance, storage and record keeping.

Prerequisites: CHE 1090, **NMT 2990**

NMT 3030 INSTRUMENTATION AND COMPUTER APPLICATIONS-3 credits

The course presents detailed discussions of nuclear medicine systems and applications. Pulse height spectrometry, which plays an important role in many nuclear medicine procedures is described followed by general problems in nuclear medicine counting for both in vivo and in vitro measurements. Radionuclide imaging, beginning with a description of the principles and performance characteristics of gamma cameras, still the workhorse of nuclear medicine, is covered. General concepts of image quality in nuclear medicine are discussed followed by an introduction to the basic concepts of reconstruction tomography. Instrumentation and implementation of reconstruction techniques are discussed for single photon emission computed tomography (SPECT) and positron emission tomography (PET) systems. Hybrid imaging and the basic principles of computed tomography (CT) scanning are presented. Finally, digital image processing techniques are summarized. **Prerequisite: NMT 3000, NMT 3010, NMT 3020, NMT 3050, NMT 3100, NMT 3150**

(Offered Spring)

NMT 3040 RADIATION PROTECTION AND BIOLOGY- 3 Credits

This course will examine specific components related to radiation biology, radiation safety and radiation protection in nuclear medicine operations. Personnel working within this environment must be aware of the effects of ionizing radiation in an occupational setting. **Prerequisite: NMT 3000, NMT 3010, NMT 3020, NMT 3050, NMT 3100, NMT 3150**

NMT 3050 CLINICAL PROCEDURES I- 3 Credits

This course is the student's first in-depth look at the field of nuclear medicine. Students will begin to learn fundamentals of nuclear medicine procedures, what they are used for and all relevant anatomy and physiology. Topics will include nuclear medicine computer systems musculoskeletal system, respiratory system, infection and oncology, and genitourinary system. Students will also learn appropriate use of radiopharmaceuticals, radiation safety and patient care.

These skills will be learned in the classroom with use of various educational aids and applied in clinical settings. Prerequisite: NMT 2990.

NMT 3060 CLINICAL PROCEDURES II-3 Credits

In this course the students will continue their study of the field of nuclear medicine by exploring further into more complex nuclear medicine procedures. Knowledge of medical terminology, anatomy & physiology, and radiation safety will play a large role. Students will incorporate skills and knowledge acquired in NMT 3050 to advance further. In NMT 3050, topics will include Nuclear Cardiology and Gastrointestinal System. Students will continue to learn appropriate use of radiopharmaceuticals as well pharmaceuticals, radiation safety and patient care. These skills will be learned in the classroom with use of various educational aids and applied in clinical settings. **Prerequisite: NMT 3000, NMT 3010, NMT 3020, NMT 3050, NMT 3100, NMT 3150**

NMT 3070 CLINICAL PROCEDURES III- 3 Credits

After successfully completing NMT 3050 and NMT 3060, students will be ready immerse into topics of Radiation Therapy, Central Nervous System, Endocrine System, Pediatric Nuclear Medicine, Non-Imaging Procedures and PET/CT Technology. Students' area of studies will include complex radiopharmaceuticals used in PET imaging, radiation safety and regulations involved in Nuclide Therapy, as well as learning skills of working with young children. A complete overview of healthcare ethics and patient care is also included in NMT3070. During this semester, a special emphasis will be placed on medical terminology and nuclear medicine technology board exams. **Prerequisite: NMT 3060, NMT 3040, NMT 3030, NMT 3110**

NMT 3100 NUCLEAR MEDICINE INTERNSHIP I- 1 Credit-112 Clinical hours

Students at this level will undergo an orientation to nuclear medicine technology in their first clinical experience. At this level, students should be able to perform work following demonstration by their clinical instructors. The student will aid the clinical instructor and perform patient related nuclear medicine services, quality control and quality assurance testing under supervision of their clinical preceptors always. One required seminar or class meeting with faculty. Minimum of 2 clinical visits to site conducted by Molloy faculty. **Prerequisite: NMT 2990.**

NMT 3110 NUCLEAR MEDICINE INTERNSHIP II-3 Credits-336 Clinical hours

Students should be able to perform work following demonstration by their clinical instructors. The student will aid the clinical instructor and perform patient related nuclear medicine services, quality control and quality assurance testing under supervision of their clinical preceptors at all times. At this level, the student should perform procedures step by step as the technologist gives direction and assistance. Clinical competencies should begin during this rotation. One required seminar or class meeting with faculty. Minimum of 2 clinical visits to site conducted by Molloy faculty. **Prerequisite: NMT 3000, NMT 3010, NMT 3020, NMT 3050, NMT 3100, NMT 3150**

NMT 3120 NUCLEAR MEDICINE INTERNSHIP III-3 credits-384 Clinical hours

At this level, the student should perform routine clinical procedures without instructional assistance, but under close observation always. One required seminar or class meeting with faculty. Minimum of 2 clinical visits to site conducted by Molloy faculty. **Prerequisite: NMT 3060, NMT 3040, NMT 3030, NMT 3110**

NMT 3150 HEMATOLOGY AND IMMUNOLOGY IN NUCLEAR MEDICINE TECHNOLOGY- 3 Credits

In order to understand the rationale used and the complexities associated with the use of radiopharmaceuticals in radio immunotherapy, it is essential for the Nuclear Medicine Technologist to understand the key steps in the development and function of the Hematologic and Immunologist systems. Radio immunotherapy has necessitated a deeper knowledge of the role of these systems in various disease states and cancers. **Prerequisite: NMT 2990.**

NMT 4030 ADVANCED IMAGING PHYSICS- 3 Credits

Hybrid imaging is fast becoming the primary imaging modality. The ability to see anatomy and function superimposed is critical to diagnosis in modern medicine. With that in mind this course is designed to teach nuclear medicine technologists the basic principles of computed tomography (CT) and magnetic resonance (MR) imaging. The CT section will focus on principles of image quality, measurement of radiation dose and “image gently” which addresses the modifications required to image pediatric patients. The MR section will focus on the basic principles of nuclear magnetic resonance, how to form an MR image and important safety considerations of MR imaging devices and patients undergoing MR scans. Nuclear medicine has become increasingly important in the research environment and therefore imaging systems that are used for small animals and other research purposes are discussed. Tracer kinetic modeling and its applications embody the most important strengths of nuclear medicine. Mathematical models and assumptions are described and examples of applications for calculating physiologic, metabolic, and biochemical parameters are presented. **Prerequisite: NMT 3070, NMT 3120**

(Offered Fall)

NMT 4070 NUCLEAR MEDICINE/CT CROSS SECTIONAL ANATOMY- 3 Credits

Sectional Anatomy & Imaging Strategies covers essential sectional anatomy and physiological aspects of radiology affecting image quality as well as the accepted clinical imaging techniques for each clinical area. Hundreds of labeled Nuclear Medicine, PET, MR and CT sectional images – both normal and pathological – are used to explain modern imaging techniques. The course is intended for Nuclear Medicine Technology students as the educational program to advance their knowledge into the field of Fusion Imaging. Sectional imaging strategies and the sectional presentation of anatomical structures will include the entire human body. **Prerequisite: NMT 3070, NMT 3120**

NMT 4080 ADVANCED PRACTICE/REGISTRY REVIEW NUCLEAR MEDICINE TECHNOLOGY-3 Credits

Licensing for Nuclear Medicine Technologists is mandatory in 30 of the 50 states. Therefore, completion and passage of the certification/registry exam that will lead to a student attaining licensure will have an impact on the student's future career plans and mobility. All New York State Nuclear Medicine Technologists mandate licensure as of the beginning of 2009. This course is designed to prepare the students finishing basic coursework and clinical practicum to successfully pass the qualifying exam for licensure. **Prerequisite: NMT 3070, NMT 3120**

NMT 4090 CLINICAL CONFERENCE I AND MANAGEMENT OF HEALTHCARE SYSTEMS-3 Credits

Writing-Intensive Course. This course will enable students to share their experiences from their clinical rotations with other students. Through extensive case study presentations, students can incorporate their previously taught didactic training to actual work-related activities in the clinical laboratories. It is recommended that students attend society functions and read society journals. The course will look at Health Care Systems and management related to Nuclear Medicine. This course will include research methods. Students will do a research project and write a scientific/professional paper and present their work to the class. Upon completion of this course, all students will have a broad understanding and proficiency in the management of health care systems to fulfill the role of a practicing nuclear medicine technologist. **Prerequisite NMT 3070, NMT 3120**

NMT 4120 NUCLEAR MEDICINE INTERNSHIP IV-6 Credits-448 Clinical hours

At this level, the student should perform routine clinical procedures without instructional assistance, but under close observation at all times. When this stage of competency is attained, the student will be able to perform departmental functions and routine procedures under supervision. One required seminar or class meeting with faculty. Minimum of 2 clinical visits to site conducted by Molloy faculty. **Prerequisite: NMT 3070, NMT 3120**

NMT 4140 NUCLEAR MEDICINE INTERNSHIP V-448 Clinical hours-6 Credits

When this stage of competency is attained, the student is able to perform departmental functions and routine procedures under supervision. Upon completion of this internship, students will be proficient in the broad scope of practice to be an entry-level nuclear medicine technologist. All mandated clinical experience requirements for Nuclear Medicine

Technology and CAT scan set forth by the Registry (ARRT) and Certification (NMTCB) bodies must be achieved by the completion of this internship. One required seminar or class meeting with faculty. Minimum of 2 clinical visits to site conducted by Molloy faculty. **Prerequisite: NMT 4120, NMT 4090, NMT 4070, NMT 4030**

NMT 4900 CLINICAL CONFERENCE II – 3 Credits

This course offers a concise review of CT board examination and prepares the students by reviewing CT exam board modules. The course design is based on 8 modules that cover topics such as image acquisition, imaging protocols, cross sectional anatomy, x-ray production, image characteristics, attenuation artifacts and more.

Prerequisite: NMT 4120, NMT 4090, NMT 4070, NMT 4030

QUALIFICATIONS FOR BOARD EXAMINATIONS:

To graduate, students must meet all of the degree/course requirements (credits) listed below AND also obtain all of the required competencies to meet the JRCNMT standards and hours to qualify to sit for examinations leading to certification, registration and licensure in both Nuclear Medicine and Cat Scan through the national certification agencies: the American Registry of Radiologic Technologists and the Nuclear Medicine Technology Certification Board. Eligibility to take either national certification examination in CT requires certification in nuclear medicine technology, radiography, or radiation therapy first.

SECTION II

STANDARDS OF CLINICAL BEHAVIOR AND PRACTICE

INTRODUCTION

Clinical experience is the opportunity for the Nuclear Medicine Technology student to practice and attain proficiency in diagnostic imaging and technical skills, as well as other hospital-based procedures. The hospital environment is used to make the transition from theoretical learning and laboratory practice to actual patient care and the development of interdisciplinary collaboration.

Clinical practice will help to develop skills in the following areas:

- Patient communication, safety, and therapeutic relationship
- Health care team communication and collaboration
- Nuclear Medicine Technology examination protocol (practices and procedures)
- Hospital organization and procedures
- Safe practices

The hospital or clinical setting is a learning environment. Your personal gains depend upon your actions, reactions, ambitions, assertiveness, and willingness to help and learn toward to application of the didactic training you have gained on campus utilizing the laboratory experience, simulation laboratory, and competencies you will perform on campus.

Your supervision and evaluation is achieved through the preceptor model; a technologist (preceptor) at the clinical site will provide ongoing and consistent evaluation during your clinical rotations. The hospital is a learning environment. Your personal gains depend on your desire to have a positive learning experience. You are a representative of the Molloy University Nuclear Medicine Technology Program while engaged in clinical education sites. Clinical rotations are the beginning of your professional life.

RADIATION SAFETY POLICY

The student will have knowledge of the clinical sites Radioactive Materials license (RAM) and comply with regulations.

The student will follow appropriate radiation safety procedures:

- 1) employ personnel monitoring devices
- 2) review monthly personnel exposure records in regard to maximum permissible dose (MPD)limits
- 3) keep exposure as low as reasonably achievable using appropriate protection parameters (ALARA)
- 4) use proper methods for storage and disposal of radioactive materials
- 5) calibrate and check survey instruments
- 6) perform wipe tests and maintain records
- 7) perform decontamination procedures and maintain records

PHYSICAL EXAM AND IMMUNIZATION RECORDS/CASTLEBRANCH

Students are required to purchase (at their own expense) a CASTLEBRANCH account to maintain health clearance and other records electronically. The total cost is currently \$227.99. Compliance with CASTLEBRANCH requirements is **mandatory**.

To set up an account and place an order, go to castlebranch.com, the package code for the NMT program is OX49.

Follow the directions, for the help desk call 1(888) 723-4263, 8am-8pm EST Monday-Thursday, 8am-6:30pm EST Friday.

Students are required to complete the Molloy Forms (these forms should be downloaded through the CastleBranch website-Molloy forms) and submit these completed forms through the

CastleBranch website (current cost \$227.99). Any student who does not provide the required health clearance documentation **will not** be allowed to attend clinical courses until all the requirements are completed.

Admission to clinical internships require screenings, immunizations, and blood titers, as described in the CastleBranch website. Students should arrange for required screenings, immunizations, and blood titers prior to beginning clinical rotations each semester. In some instances, a chest x-ray may be also required.

A second physical is required prior to the fall clinical internship of the second year (NMT 4120). Mandatory backgrounds checks, CPR requirements, and drug testing will also be administered through the CastleBranch website.

Students may be subject to any additional requirements that may be requested at 49 specific clinical facilities used during the school year. These requirements will be specified after the clinical placements have been determined and may include additional laboratory, diagnostic, and/or drug screenings.

Students are required to complete the additional requirements and to have the appropriate documentation sent, as directed, to the specified receiving agency (Nuclear Medicine Technology Program and/or Clinical Affiliate). If a criminal background check, physical examination, drug test, and/or lab data uncovers information, which would preclude student participation, the student will not be permitted to undertake that given activity. The Clinical Coordinator, in consultation with the Program Director, will review the nature of the situation with the student. The student will be informed when, and if, clinical rotations may be resumed.

STUDENT HEALTH INSURANCE

All Molloy University students are required to either purchase health insurance through the University or provide proof of equivalent insurance. This is a university-based policy for all full-time students.

STUDENT INJURIES OR ILLNESS WHILE ATTENDING CLINICAL

All incidents involving student illness or injury during a clinical rotation are to be reported to the Clinical Coordinator, as soon as possible, via email, text, or phone call. The Clinical Coordinator will communicate all incidents to the Program Director.

The student should be seen for emergency care and/or needle sticks as recommended by the covering clinical faculty. This does not include routine care for colds, flu, or other routine

medical care. All paperwork required by the clinical site must be completed. Treatment at a clinical site's Emergency Room may incur a financial obligation for the student.

NON-EMPLOYEE POLICY

Students must not assume the responsibility or take the place of qualified staff during their scheduled clinical internship assignments. Students shall not receive any form of remuneration in exchange for work they perform during their clinical training hours. Students must not be used to substitute for clinical, instructional, or administrative staff.

NUCLEAR MEDICINE TECHNOLOGY IN A CULTURALLY DIVERSE WORLD

Nuclear Medicine Technology Practitioners need to become informed about, and sensitive to, culturally diverse subjective meanings of health, illness, caring, and healing practices. A transcultural care perspective is now considered essential for healthcare professionals to deliver quality care to all clients. Working with clients (patients) of different cultural beliefs provides the opportunity to enrich healthcare workers' lives through a respectful understanding of the differences of others.

Kittler and Sucher (1990) suggest a four-step process to improve cultural sensitivity:

1. Become aware of one's own cultural heritage. Technologists should identify his/her own cultural values and beliefs. For example, does the healthcare worker value stoic behavior in relation to pain? Are the rights of the individual valued over cultural (values, practices, and beliefs) can a person be ready to learn about another's individual perspective.
2. Become aware of the clients' culture as described by the client. It is important to avoid assuming that all people of the same ethnic background have the same culture. When the technologist has knowledge of the client's culture, mutual respect between client and technologist is more likely to develop.
3. Become aware, from the client, of adaptations made to live in the North American culture. During this interview, the technologist should identify the client's preferences in health practices, diet, hygiene, and so on.
4. Form a technologist protocol care plan with the client that incorporates his or her culture. In this way, cultural values, practices, and beliefs can be incorporated with care and judgment
5. Students will participate at enhancing their problem-solving, critical-thinking and decision-making skills;
6. Participating as an effective member of an inter-professional healthcare team
7. Showing respect for diversity by following University's published DEI principles.
8. Demonstrating responsibility and ethical principles by following the Patient's Bill of Rights and other industry Ethical Principles.

THE CLINICAL PRECEPTOR MODEL

The Clinical Preceptor Model is used for clinical training by healthcare programs across the country. A preceptor is a person, generally a staff technologist or supervisor, who teaches, counsels, inspires, and acts as a role model for the student. This person supports the growth and development of an individual (the novice) for a fixed and limited amount of time. The careful pairing of a novice with an experienced, educated staff technologist in the clinical setting provides an environment of nourishment and growth for the novice and often results in recognition and reward for the preceptor.

We determined that this model has the following characteristics that we want to use:

1. The students do their clinical rotations by being paired (one student typically with one staff person) with a staff member (referred to as a clinical preceptor) who has a normal patient load assignment.
2. A limited amount of supervision is provided by the University through the use of its classroom and faculty/clinical educators who visit the facility
3. At first the student primarily observes the staff member perform patient care procedures, but soon after, gradually begin assisting the staff member with the accomplishment of their patient load. The students are eventually able to take and correctly accomplish the patient care assignment.
4. Only one or two students are likely to be scheduled per shift at any one time.
5. Students attend their internship for an 8-hour shift
6. The students are more like apprentices, vs students' formal instruction.
7. Students must be supervised by qualified personnel at all times.

Goals for the Student:

Students are required to complete clinical hours and competencies as required by the accrediting agency guidelines and the Molloy University Nuclear Medicine Technology Program. Make a smooth transition from the student level role to an entry-level competent Nuclear Medicine Technologist.

Goal for the Clinical Affiliate:

Clinical site staff technologists are required to contribute to the learning process of Nuclear Medicine Technology students, which will ensure the preparation of competent graduate Nuclear Medicine Technologists. The clinical site provides an opportunity for selected Nuclear Medicine Technology technologists to gain experience in the role of preceptor. They assist in the transition of new graduates when they enter the job market.

RESPONSIBILITIES OF THE MOLLOY UNIVERSITY NUCLEAR MEDICINE TECHNOLOGY PROGRAM

The Clinical Coordinator organizes and oversees the daily operations of clinical education under the direction of the Program Director. Duties include, but are not limited to:

- coordinating student placements at clinical sites
- evaluating and tabulating students' clinical forms and attendance sheets
- mentoring, counseling and supervising students
- locating and investigating additional clinical sites
- monitoring and keeping in contact with current clinical sites by visitation, telephone and correspondence regarding updates, student progress and changes in policy

RESPONSIBILITIES OF THE MOLLOY UNIVERSITY NUCLEAR MEDICINE TECHNOLOGY STUDENT

Each facility is governed by a set of policies and procedures; you are to follow the guidelines of the clinical facility. These are always kept current and accessible to students. If any questions arise as to matters related to policy or procedure, please refer to these manuals. The student will:

- A. perform patient care under supervision a preceptor assuming an increasing level of responsibility on a daily basis.
- B. notify clinical affiliate preceptor and Program Director/Clinical Coordinator if going to be tardy or absent in a timely and appropriate manner.
- C. adhere to the Molloy University NMT student dress guidelines by displaying a professional appearance when in clinical facilities.
- D. review necessary theory and clinical content to maximize safety and performance.
- E. consult with Molloy University Clinical Coordinator at designated intervals and as needed.
- F. participate in on-going communication with preceptor and Molloy University faculty.
- G. participate in the evaluation of the clinical site.
- H. conform to all policies and procedures particular to the clinical facility.
- I. Every patient has the right to privacy (HIPAA). As students you will have access to personal, patient information. You must respect the patient's right to privacy. You should not discuss any patient's condition with anyone who is not professionally involved with the patient's care.
- J. when determining appropriate behavior, do not always copy fellow practitioners. It is the responsibility of the student to follow acceptable practice at any assigned site.
- K. promoting harmonious working relationships with the clinical site personnel through a professional and dignified posture
- L. using all equipment and materials responsibly, correctly, and safely
- M. observing and assisting the clinical staff.

- N. attending and participating in all scheduled clinical activities
- O. consulting with Clinical Affiliate Supervisors and/or program faculty for assistance with problems
- P. participating in the development of an individualized clinical education plan
- Q. maintaining an accurate record of clinical examinations/competencies
- R. recording the number and types of evaluations required during each academic semester.
- S. striving to broaden his/her knowledge and background on clinical subject matters by reading the professional literature available and attending conferences and seminars.
- T. incurring all travel costs and expenses relative to clinical attendance
- U. adhering to established policies and procedures in order to insure a harmonious learning environment for all students.

Venipuncture and Radiopharmaceutical Administration Policy

PLEASE NOTE: The student may perform the actual venipuncture and/or oral administration of radiopharmaceuticals ONLY in institutions where technologists are allowed to administer radiopharmaceuticals and ONLY with the approval of the clinical supervisor and direct supervision by a certified and/or registered technologist.

The student will use Universal Precautions (glove usage) during radiopharmaceutical administration and venipuncture.

The student will identify procedure to be performed, verify physician approval, and identify radiopharmaceutical by label, dosage, and assay.

The student will identify the patient using two identifiers against patient request.

The student will ask female patients if she is or may be pregnant. Notify supervisor if patient is or may be pregnant.

The student will inform the patient the details of the procedure, radiopharmaceutical being administered, route of administration, and time frame between injection and procedure.

The student will obtain consent where required.

The student will screen patient for contraindications.

The student will perform proper patient preparation for route of administration.

The student will perform venipuncture administration by using proper tourniquet application, vein selection, needle placement, aseptic technique, and re-identify proper radiopharmaceutical by label.

The student will use existing venous access by choosing appropriate IV site for dose administration using aseptic technique and check for patency.

The student will dispose of supplies using Universal Precautions and following Radiation Safety Guidelines.

The student will use proper record keeping techniques regarding administration and disposal of radiopharmaceuticals.

CASTLE BRANCH

Students are required to open (at their own cost) and comply with an electronic health record repository, Castle Branch, and comply with the requirements set forth in the Castle Branch application. Molloy University forms must be used to document all physicals, vaccines, titers, CPR requirements, and drug testing before they will be admitted to a clinical setting.

CPR Certification

One of the following is required:

- American Heart Association BLS Provider course

OR

- American Red Cross Professional Rescuers course

OR

- American Red Cross BLS for Healthcare Providers course

Online courses are NOT acceptable, see CastleBranch requirements.

The front and back of the card must be submitted at the same time and the “Holders Signature” line must be signed.

Temporary approval will be granted for 30 days with the submission of either a certificate of completion, or letter stating course completion from the provider. A new requirement will be created for you to upload your certification card within 30 days.

The renewal will be set for the **1st day of the month** that your certification expires.

Please visit CastleBranch for the Drug Testing Authorization form and the Latex Protocol

MOLLOY UNIVERSITY

Clearance for Clinical Placements

In addition to other clinical clearance requirements (physical, vaccines, and titers) Allied Health Sciences' students must complete a drug test (Lab Corp) and initial background check through the program's approved vendor (CastleBranch), prior to participating in clinical learning experiences. Clearance requirements vary by clinical site and are subject to change at any time. Students are responsible for all costs associated with the drug test and background check, along with all other clinical clearance procedures. Students entering the clinical sequence of an Allied Health Sciences' program curriculum will be informed as to the timeline and deadline (August 15th) for completion of all clinical clearance requirements.

Students must be aware that clinical placement sites reserve the right to deny, in their sole discretion, a student's clinical placement based upon the results of the background check , drug screening, noncompliance with safety or vaccination requirements, or other site-specific requirements. Procedures related to clearance for clinical experiences are documented in each respective Allied Health Sciences' program student handbooks. The Molloy University Barbara H. Hagan School of Nursing and Health Sciences ("The School") is not responsible for the clinical ineligibility of any student for any reason, including but not limited to whether a history of conviction, potential drug use, or to other circumstances which were disclosed to the School of the University prior to the student's matriculation. If a student's clinical placement at a clinical site is denied, the school does not guarantee the availability of an alternative clinical placement. The School or University is under no obligation to affirmatively seek out additional clinical placement sites that may be willing to accept a student who has been denied a clinical placement. If a student cannot be placed in an established clinical site for any reason, including, but not limited to, a failed background check or drug test, clinical clearance, or other finding, he/she will not be able to complete the Allied Health Sciences' program and will therefore be removed and dismissed from the Allied Health Sciences' program.

NUCLEAR MEDICINE TECHNOLOGY PROGRAM CLINICAL GUIDELINES

CLINICAL ATTENDANCE POLICIES

A. Students will attend clinics every scheduled day, for an 8-hour day. B. Clinical hours may vary according to hospital placement.

C. Students who are not at clinic during the scheduled day and time will be assessed an absence period. D. After three absences all absences must be made up. All make-up time must be completed prior to the last week of the clinical rotation in order to complete the course.

E. Make-up time is not scheduled to interfere with scheduled classes or clinical days. The Clinical

Coordinator, in conjunction with the hospital affiliate, does the scheduling of make-up time. F. Absence periods may be excused or unexcused at the discretion of the Clinical Coordinator.

G. Excused absences generally include illness with documentation or family crisis. Make-up time will be required.

H. Students are required to send a weekly email of internship activities to the Program Director. Failure to do so prior to the next week of internship will result in a reduction of ½ grade point/week missed.

I. Unexcused absence periods are assessed for:

- Two late arrivals
- Failure to notify the Program Director or Clinical Coordinator of late arrival or absence **PRIOR** to the start of the clinical shift.
- Failure to notify the clinical site of late arrival or absence **PRIOR** to the start of clinical shift.
- Leaving clinic before designated time.

Failure to e-mail progress reports of clinical activities to the program director each week

J. Make-up time will be required for all absences.

K. The student will lose one grade level for ONE unexcused absence. TWO unexcused absences will result in a failing grade.

L. In severe weather follow Molloy University closures.

M. Attendance must be documented daily and signed off weekly by the Clinical Supervisor or designee.

N. Bereavement Absences-Students are granted a maximum of 3 absences for the death of an immediate family member, father, mother, sister, spouse, child, or brother: 2 absences for an extended family member, in-laws, and grandparents. Special permission may be granted for others not described. All bereavement absence requests are to be in **writing and authorized** by the Program Director.

GENERAL STATEMENT ON CONDUCT

All students enrolled at Molloy University are expected to follow a code of behavior consistent with the high standards of the health professions and to uphold the reputation of the University. In addition, students will comply with the rules and regulations duly established within the school. Deviation shall constitute misconduct. This includes, but is not limited to:

- dishonesty, such as cheating, plagiarism or knowingly furnishing false information to the University
- forgery, alteration, or misuse of university documents, records, time sheets or identification
- violation of public law
- disruption of class or clinical session such as by use of abusive or obscene language
- insubordination (defined as "unwilling to submit to authority; disobedient; rebellious")
- inappropriate behavior at the clinic affiliate or on university premises
- being intoxicated or under the influence of illegal drugs while on clinical assignment or on university premises
- vandalism or stealing
- sleeping during a clinical assignment
- leaving a clinical assignment or room/area assignment without the supervisor's permission
- failure to notify Clinical Education Affiliate and the Clinical Coordinator of absence or lateness
- violation of any duly established rule or regulation

CLINICAL DRESS CODE

The goal of DRESS CODE is to direct the Nuclear Medicine Technology Program student towards a professional appearance and appropriate wardrobe in the clinical setting. Any alterations in APPEARANCE from this dress code may result in the student being sent home by department administrator, clinical supervisor and/or Clinical Coordinator. Students are required to wear white lab coats. * Clinical clothing must be clean and reflect a professional appearance during clinical rotations. Men are encouraged to wear ties. Clinical I.D. badges must be worn at all times to properly identify you as a Molloy University Nuclear Medicine Technology student. They can be purchased at any Staples or office supply store. Radiation badges will be provided to you by the Clinical Coordinator/Program Director and should be worn on the outside of the lab coat at chest level, a ring badge is to be worn on the ring finger of your dominant hand. Gloves (vinyl or rubber) shall be worn when handling radioactive material and when using universal precautions.

Due to the COVID 19 Pandemic it is mandatory for students to wear Fit Tested N-95 masks during clinical hours, eyewear is recommended.

Students will be charged \$25 per lost dosimetry badge.

Confine any jewelry to simple, non-swinging types that display a professional appearance. Tattoos and piercing should be covered or removed. No sandals, clogs or high tops, or open toed shoes permitted. Hair and beards must be clean and neatly trimmed. Fingernails should be kept neatly trimmed and short in length. No perfume or cologne may be worn. No gum chewing is permitted. The student must maintain a clean, neat, professional appearance at all times. The

instructor may send a student home that is not properly attired. This will result in an unexcused absence.

*Scrubs may be worn under a lab coat only with the permission of the Clinical Supervisor at the site.

NON-COMPLIANCE WITH DRESS CODE

Any student found inappropriately attired will be dismissed from the clinical site immediately and appropriate disciplinary action determined by the Clinical Coordinator. Any clinical time missed due to dress code violation will be made up by the student at a later date. The Clinical Coordinator in cooperation with the Clinical Affiliate Supervisor will determine make-up time.

ADDITIONAL STUDENT RESPONSIBILITIES

STUDENT RESPONSIBILITIES

Students should become familiar with the clinical site's policy and procedure manual including emergency disaster plans. The clinical site will schedule student lunch breaks. Students are responsible for proper completion of all assigned procedures. Any conflicts should be discussed with the clinical preceptor or supervisor.

Students should not be idle. Time between examinations should be utilized to assist with the needs of the clinical site, to work on case reports, to study (**if permission is granted**) to complete requisite clinical packet documentation, to reprocess scans, to simulate studies, or review procedure manuals. Students should conduct themselves in an ethical and professional manner at all times. Students are subject to dismissal for poor or apathetic performance, unsafe conduct, or any unprofessional behavior.

Weekly e-mails documenting clinical activities should be sent to the program director no later than Sunday evening, failure to do so will result in clinical grade reduction.

Health care workers including nuclear medicine technologists (NMTs) care for patients that may have communicable diseases. NMTs prepare by wearing appropriate PPE. NMTs have the ethical obligation to care for patients and NMT students have that same obligation. Additionally, NMTs and student NMTs will not discriminate against any individual based on the perception that he or she has or is suspected of having an infectious or communicable disease.

When NMT students are assigned to a hospital unit that includes segregated infectious patients; the NMT students are expected to remain on the unit and complete their clinical assignments.

- Faculty and/or an associate dean will speak with NMT students who are concerned that they cannot remain in the clinical environment.
- NMT students unwilling to remain, or who insist on leaving the site will receive a withdrawal from the course.
- WA will be entered as long as the NMT student is currently passing the didactic portion of the course.
- The course must be repeated in a subsequent semester, as available.

- Withdrawal from the semester will be treated as any other course withdrawal. When the course is repeated, the NMT student must continue for the full semester and earn a grade.

Cellular telephones are not permitted during clinical rotations, except during designated lunchtime and in the case of emergency. It is strongly suggested that cell phones be put in a locker if possible.

CLINICAL INTERNSHIP ROTATIONS

Documentation and Evaluation

All required clinical forms and evaluation instruments would be provided to the student, and reviewed, by the Clinical Coordinator/Program Director. These forms include attendance records, competencies, clinical checklist, and a clinical site evaluation. Students must maintain a clinical daily log, which they will e-mail to the Program Director on a weekly basis. It is the responsibility of the student to keep the clinical documentation updated and to obtain required signatures. Failure to do so may result in a lowering of the final course grade.

Students must complete five clinical rotations that ensure that the breadth and depth of all required competencies are obtained in a clinical setting with proper supervision and documentation of competencies completed successfully. If for some reason competencies are incomplete by commencement, the student will have the opportunity to return to a clinical site for completion, simulate the necessary competency in the laboratory setting at the university, and/or receive remediation to aid in the completion of the competency in question.

All students are responsible for conducting themselves in a professional manner during any educational experience at a clinical affiliate and for demonstrating respect towards its personnel, patients, and families. Should a problem arise (personally, professionally, or medically), the student should immediately contact the clinical instructor and Program Director/Clinical Coordinator. It is our hope to make your clinical rotation as rewarding as possible.

PROFESSIONAL CONFIDENTIALITY – HIPAA

The importance of confidentiality cannot be overemphasized. It is mandatory that you adhere to all HIPAA (Health Insurance Portability and Accountability Act) standards. Discussion of patients must be limited to professionals involved in the patient's care and Nuclear Medicine Technology classes. At no time are patients to be discussed at breaks, on elevators, or in other inappropriate settings. Only patient's room numbers may be used on written work. Patient charts are confidential records and may not be photocopied.

SOCIAL MEDIA-ELECTRONICS & CELL PHONES

Absolutely no patient information can be used on social media sites such as YouTube, Facebook, Myspace, Snap chat, Twitter (X), etc. This information is available to everyone in the world who has Internet access, including Molloy University faculty and staff, as well as potential employers.

Students are urged to take this into consideration when posting on these or other Internet networks. The best postings adhere to appropriate Internet etiquette and portray a professional network identity. The Nuclear Medicine Technology Program will take swift action to protect patient confidentiality with resultant dismissal of the student from the program if the student is found in violation of this mandate.

The use of a cell phone is only permitted during breaks and lunch periods.

SMOKING POLICY

All Affiliated Hospitals/Agencies have smoke-free and tobacco-free campuses for all employees, medical staff, students, volunteers, patients, and visitors - both inside and outside of the facilities (including cars in the parking areas). No smoking or use of smokeless tobacco products is allowed while in uniform. The faculty, patients, and clinical preceptors should not be able to detect the smell of tobacco products on students while in the clinical setting. Students failing to follow the smoking policy will be sent home with an unexcused absence.

As a Molloy University Nuclear Medicine Technology student, you will have first-hand experience with the latest imaging technologies and participate in clinical rotations at various affiliate hospitals, radiopharmacies, and imaging centers located primarily within, but not limited to, Long Island, Brooklyn, and New York City. The Program has established agreements with a variety of clinical education centers to maximize student exposure to multiple settings and to provide experience in applying nuclear medicine techniques. Students are responsible for providing their own transportation to clinical facilities. In most situations, personal transportation will be necessary.

TRANSPORTATION TO CLINICAL AFFILIATES

The student will be responsible for his/her own transportation to and from agencies utilized for clinical experiences. It is necessary for students to have reliable transportation.

STATEMENT OF ETHICS AND PROFESSIONAL CONDUCT *

Code of Ethics for the Profession of Nuclear Medicine Technologists

PREAMBLE

The goal of this code of ethics is to promote excellence in patient care by fostering responsibility and accountability among nuclear medicine technologists. In so doing, the integrity of the profession of nuclear medicine technology will be maintained.

**See “Appendix C” for the full statement*

Nuclear Medicine Technology Program

Clinical Affiliate List

Northwell Imaging at Bayshore 440 E. Main St Bayshore, NY, 11702 Tel-631-414-8010	Affiliate Education Supervisors: Nicole Mio, LNMT, RT(N)RT(CT),CNMT Shannon Szpilka, RT®(CT)(MRI) Emails- npersichet@northwell.edu stardugno@northwell.edu
Northwell CFAM (Center for Advanced Med) 450 Lakeville Rd, Entrance E Lake Success, NY 11042 Tel- (516) 734-8600	Affiliate Education Supervisors: Lisa DeStefano, CNMT, RT(N)NMTCB(CT) Nicole Campasano, RT®(CT)(MRI)(M) Emails- ldestafano3@northwell.edu ncampasano@northwell.edu
Mercy Medical Center (Catholic Health Services of Long Island) 1000 North Village Avenue Rockville Centre, NY 11571	Affiliate Educational Supervisors Leigh Ann Russack, CNMT and Michael Sander, CT (516) 705-2127 Emails: LEIGHANNE.RUSSACK@CHSLI.ORG MICHAEL.SANDER@CHSLI.ORG
South Shore University Hospital 301 East Main Street Bayshore, NY 11706	Affiliate Educational Supervisors Yair Chervony, CNMT, RT (N) and James Joos, RT®(CT) (631) 968-3180 Emails: ychedvony@northwell.edu jjoos@northwell.edu
Good Samaritan Hospital Medical Center (Catholic Health Services of Long Island) 1000 Montauk Highway West Islip, NY 11795	Affiliate Educational Supervisors Janet Colloca, CNMT and Doreen Randazzo, CT (631)376-3352 Emails: JANET.COLLOCA@CHSLI.ORG DOREEN.RANDAZZO@CHSLI.ORG
	Affiliate Educational Supervisors

Long Island Jewish Medical Center (Northwell Health) 270-05 76 th Avenue New Hyde Park, NY 11040	Fritz Leveque, CNMT and Jacob Kollanethu, CNMT(Cardiology) (718)470-7080 Emails: Fleveque@northwell.edu Jkollanethu@northwell.edu
Mount Sinai South Nassau One Health Way Oceanside, NY 11572	Affiliate Educational Supervisors Fay Hamilton, CNMT and Amrita Maniram, CT (516)632-3908 Emails: fay.hamilton@mountsinai.org ; amrita.maniram@mountsinai.org
Mount Sinai Medical Center 1 Gustave Levy Place New York, NY 10029	Affiliate Educational Supervisors Eric Mayott, CNMT, Krista Demers CNMT (Cardiology), Ahmed Ayesh, CT, and Vanessa DeSouza, CNMT (PET/CT) (212)241-6969 Emails: ERIC.MAYOTT@MOUNTSINAI.ORG KRISTA.DEMERS@MOUNTSINAI.ORG AHMED.AYESH@MOUNTSINAI.ORG VANESSA.DESOUZA@MOUNTSINAI.ORG x6611
NewYork Presbyterian/Queens 56-45 Main Street Flushing, NY 11355	Affiliate Educational Supervisors Cara Dubas, CNMT and John LePurc, CT (718)670-1075 Emails: johnlepurc@nyp.org ; CAD9111@nyp.org
North Shore University Hospital (Northwell Health) 300 Community Drive Manhasset, 11030	Affiliate Educational Supervisor Man-Wei Liu, CNMT (516)562-4406 Email: mliu@northwell.edu
St. Francis Hospital (Catholic Health Services of Long Island) 100 Port Washington Boulevard Roslyn, NY 11576	Affiliate Educational Supervisor Victoria Craig, CNMT, NMTCB (CT), RT(N) (516)562-6513 Email: VICTORIA.CRAIG@CHSLI.ORG
RLS (USA) Radioisotope Life 80 East Seaview Blvd. Port Washington, NY 11050	Affiliate Educational Supervisor Richard Osnard, PharmD (516)626-2799 Email: RICHARD.OSNARD@RLS.BIO
NYU Langone Long Island Hospital 259 First Street Mineola, NY 11501	Affiliate Educational Supervisor Juan Aranalde, RT (N) (516)663-2778 Email: JUAN.ARANALDE@NYULANGONE.ORG

NYU Langone Long Island Hospital-Perlmutter Center (lower level) 120 Mineola Blvd. Mineola, NY 11501	Affiliate Educational Supervisor Tanya Bernard, CNMT, RT (N), CT (516)663-2631 or 516-663-4512 Email: TANYABERNARD@NYULANGONE.ORG Affiliate Educational Supervisor
New York Cancer and Blood Specialists 49 Route 347 Port Jefferson Station, NY 11776	AES- Samantha Milla, CNMT, (CT), RT(N) Email: smilla@nycancer.com
Zwanger Pesiri Radiology Group 80 Maple Avenue Smithtown, NY 11787	Affiliate Educational Supervisors Sara Lewis, CNMT and Adam Alberti, CT (631)870-8765 Emails: slewis@zwangerpesiri.com aalberti@zwangerpesiri.com
Lenox Hill Radiology & Medical Associates, PC 9 Bond Street Brooklyn, NY 11201	Affiliate Educational Supervisors Francy Belizaire, CNMT and Jonathan Gao, RT, CT (Cell)(917) 545-0398 or Office- 917-246-4957 Emails: francy.belizaire@radnet.com jonathan.gao@radnet.com
Maimonides Medical Center 4802 10 th Avenue Brooklyn, NY 11220	Affiliate Educational Supervisor Ortavia Jackson, CNMT (718)283-7130 Email: OJackson@maimonidesmed.org
Lenox Hill Radiology & Medical Associates, PC 8002 Kew Gardens Road Kew Gardens, NY 11415	Affiliate Educational Supervisors Barbara Monteforte, RT(N), CNMT(N)(CT)- (516) 325-6533 and Anthony Casamassima, RT (R,CT) (718) 544-2159 office Barbara Cell- 516-325-6533 Emails: barbara.monteforte@radnet.com Anthony.Casamassima@radnet.com
Maimonides Cancer Center Alliance Healthcare Radiology 6300 8th Avenue Brooklyn, NY 11220	Affiliate Educational Supervisor Chinwe Ogbonna, CNMT, PET, RT (CT), MR(N) (718) 765-2718 Email: COgbonna@maimonidesmed.org
Memorial Sloan Kettering Medical Center (MSKCC) 1275 York Avenue New York, NY 10065	Affiliate Educational Supervisor Cesar G. Villar, RT(N) (212) 639-7375 Email: villarc@mskcc.org
NY Presbyterian Hospital/Columbia Center 177 Fort Washington Ave. New York, NY 10032	Affiliate Educational Supervisor Emanuel Rodriguez (212)305-8032 Email- manny86@aol.com

New York Cancer and Blood Specialties 1 Delaware Drive New Hyde Park, NY 11042	Affiliate Educational Supervisor Cassandra Kortlang, CNMT (CT), RT(N) (516)336-5255 Email: ckortlang@nyimaging.com
New York Cancer and Blood Specialists 365 East Main Street Patchogue, NY 11772	Affiliate Educational Supervisor Connor Leigh, CNMT,(CT),RT (N) and Elizabeth Dillion, CNMT,(CT),RT(N) (833) 269-4624 Email: cleigh@nycancer.com edillon@nycancer.com
NYP Weill Cornell 525 East 68 th New York, NY 10065	Affiliate Educational Supervisors Brett Muench, CNMT and Jorel Rosado, CT (212) 746-4574 Email: brm9189@nyp.org JDR9011@nyp.org
Stony Brook University Medical Center 101 Nicolls Road Stony Brook, NY 11794	Affiliate Educational Supervisors Jodi Lemarie, CNMT, PET and Andrew Adams, CT (631) 444-2418 Emails: Jodi.Lemarie@stonybrookmedicine.edu Andrew.Adams2@stonybrookmedicine.edu
Zwanger Pesiri Radiology Group 126 Hicksville Road, Massapequa, NY 11758	Affiliate Educational Supervisors Kaitlin Karris, CNMT and Amanda Horvath, CT (631) 798-4242 Ext 3039 Email: KKARRIS@ZWANGERPESIRI.COM AHORVATH@ZWANGERPESIRI.COM

Specific contact information will be provided to students during pre-clinical orientation at each rotation.

CLINICAL EDUCATION ELIGIBILITY

In order to be assigned to a Clinical Affiliate Site, the student must meet the following requirements or obligations:

Maintain good academic standing in the Department of Allied Health Sciences (refer to the “Academic Policies” section of this Student Handbook) provide and maintain proof of certification in adult cardiopulmonary resuscitation (CPR) provide a current health certificate from a certified physician indicating that the student is in good health. The document should include a description of any physical disability that may require monitoring during the student's course of study. If a disability interrupts the student's course of study, it should be discussed with the Program Director/Clinical Coordinator. Satisfy all immunization requirements and obtain clearance from University Health Services prior to commencing or resuming participation in didactic, laboratory and clinical courses. Failure to meet these health requirements may result in the delay of attending classes, laboratory sessions and clinical (with associated make-up time), the failure of these courses and dismissal from the Program.

POLICIES GOVERNING CLINICAL EDUCATION SCHEDULING

The purpose of clinical education is to correlate didactic knowledge with practical skills. Although competency-based, clinical education under the supervision of a Registered Nuclear Medicine

Technologist will be required for all students.

The total number of students assigned to any clinical site shall be determined by the Program Director/Clinical Coordinator in compliance with the recommendation from the Joint Review Committee on Nuclear Medicine Technology, and in coordination with individual Clinical Affiliate Supervisors.

The student is subject to all rules and regulations of the clinical site. The Clinical Affiliate Preceptor reserves the right to suspend or terminate a student from participation in clinical education within their facility who does not maintain appropriate behavior or adhere to the responsibilities of the student as outlined. (Refer to "Responsibilities of the Student" section of this Student Handbook).

If a student is suspended or dismissed from a clinical site, the student will be transferred to another site only if the Program Director/Clinical Coordinator deems this action appropriate. The Clinical Coordinator in coordination with the Program Director may initiate the procedure for dismissal from the program. The Committee on Academic and Professional Standing makes the recommendation to the Dean for final action regarding student dismissals.

CLINICAL SITE ASSIGNMENT

The Program Director/Clinical Coordinator determines student schedules and assignments at Clinical

Affiliate Sites. Assignments are intended to provide the student with a comprehensive clinical education as deemed appropriate by the faculty and serves to correlate didactic knowledge with practical laboratory skills. Making sure all areas of Nuclear Medicine Technology are covered including PET, PET/CT, SPECT, SPECT/CT, radio pharmacy, Nuclear Cardiology and General Nuclear Medicine.

Students' clinical assignments will be based on:

- Students' experience and competency level
- Students' clinical education needs, directed toward reaching entry-level nuclear medicine technologist competency status
- Site availability
- Students' preference might be taken into consideration but not guaranteed

Any student requesting changes in the clinical schedule must submit written request along with justification for the change to the Program Director/Clinical Coordinator. A decision will be made based on the criteria outlined above. Clinical schedule changes should not cause a disruption to the clinical sites under any circumstance.

Commuting time and costs are not primary determining factors for clinical placements and are borne solely by the student.

STATEMENT TO CLINICAL AFFILIATES

The following information is provided to clinical affiliates directly by Nuclear Medicine Technology students, when they initially arrive at new clinical rotations. Students are to provide this documentation to the clinical affiliate upon request.

, is a student currently enrolled in the Nuclear Medicine Technology program at Molloy University and has fulfilled the following requirements:

- Infection Control Training
- Hospital Fire and Safety training
- Confidentiality Policy and HIPAA Training
- Hepatitis B Vaccine Information
- Health Certificates (on file in the Allied Health Sciences Department)
- Malpractice Insurance Certificate (available upon request)
- OSHA training

HOSPITAL JOB ACTIONS OR STRIKES

Whenever a strike or job action occurs at an assigned clinical site, the student will leave the assignment immediately and report to the Clinical Coordinator for further instruction.

At no time should a student attempt to cross a picket line to enter a Clinical Affiliate Site.

JURY DUTY

Being selected for jury duty is a civic responsibility in which Molloy University encourages students to participate.

However, any clinical time missed while performing jury duty will need to be made up by the end of the semester. Proper documentation of jury duty must be provided to the Clinical Coordinator.

Please be advised that Molloy University cannot intervene on the student's behalf regarding a summons for jury duty.

INCIDENT REPORTS AT A CLINICAL AFFILIATE SITE

When a student is injured or involved in an incident during a clinical rotation, he/she will:

1. Report immediately to his/her Clinical Affiliate Preceptor/Supervisor and follow departmental protocol.
2. Present a note to the Program Director/Clinical Coordinator from the Emergency Room physician, University

Health Services physician, or a family physician stating when the student may resume education.

4. An incident report should be completed at the clinical site where the exposure occurred and should include the following details:
 - a. Type of exposure – needle stick
 - b. The hepatitis or HIV status of the patient if known, if unknown the clinical supervisor should contact the attending physician and request serologic testing of the patient

The student should submit a copy of the incident report and/ or copy of treatment received within a week of the exposure. The

NMT Program Director or Clinical Coordinator should be informed promptly after the incident occurred.

If a patient is injured while in a student's care, the student should make sure that the patient is safe and then report the incident to the Clinical Affiliate Supervisor to review

departmental protocol. Prior to leaving the site, the student must fill out an incident report and provide a copy to the Program Director/ Clinical Coordinator for documentation.

IMMUNIZATIONS/INFECTIOUS DISEASES

Should a student be diagnosed as having an infectious disease, he/she must report such diagnosis to the Program Director/Clinical Coordinator and the Clinical Affiliate Supervisor. If the student is on clinical assignment, the Clinical Affiliate Supervisor will inform the student of the hospital's infection control procedure. After the illness, the student must present a physician's note to the Clinical Coordinator stating when the student may resume his/her education.

See the Molloy University *Faculty Handbook* for complete feature.

Appendix A- these forms should be downloaded through the CastleBranch website



**ALLIED HEALTH SCIENCES DEPARTMENT
PHYSICAL FORM**

Last Name: _____ First Name: _____ ID#: _____
 Maiden Name: _____ Date of Birth: _____
 Address: _____ Male _____ Female _____
 Phone: _____

**Titers Required on Initial Physical Only: TITERS NEED TO BE DONE ONE TIME ONLY
 LAB REPORTS MUST BE ATTACHED FOR EACH TITER!**

Rubella	Titer Value _____	Result: _____	Date _____	Booster _____	Follow Up Titer _____
Rubeola	Titer Value _____	Result: _____	Date _____	Booster _____	Follow Up Titer _____
Varicella	Titer Value _____	Result: _____	Date _____	Booster _____	Follow Up Titer _____
Mumps	Titer Value _____	Result: _____	Date _____	Booster _____	Follow Up Titer _____
HepB	Titer Value _____	Result: _____	Date _____	Booster _____	Follow Up Titer _____

HISTORY OF VACCINATIONS: Please provide immunization dates if *Titers are Equivocal or Negative*

MMR #1 _____	MMR #2 _____	VARICELLA #1 _____	VARICELLA #2 _____
Hepatitis B Vaccine: _____	HepB #1 _____	HepB #2 _____	HepB #3 _____

ALLIED HEALTH SCIENCES STUDENTS ARE TO BE IMMUNIZED WITH HEPATITIS B VACCINE PRIOR TO THE BEGINNING OF CLINICAL PRACTICE OR MUST SIGN A DECLINATION STATEMENT.

DECLINATION STATEMENT

If HepB titer is Negative or Equivocal and you DO NOT have record of your immunization you must sign declination.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been informed of the need to be vaccinated with Hepatitis B Vaccine. However, I decline Hepatitis B Vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Name (Print): _____

Date: _____ SIGNATURE: _____

Diphtheria/TetanusPertussis: [Within Last 10 Years] (Tdap) _____ (Td) _____
 If, as an adult you have not had a vaccine that contains pertussis (whooping cough), one of the doses you receive **needs to have pertussis in it.**



**MOLLOY
UNIVERSITY**

**ALLIED HEALTH SCIENCES DEPARTMENT
PHYSICAL FORM (Continued)**

I certify that _____ (print name of student) is in good health as determined by a recent physical examination of sufficient scope to ensure that he or she is free from health impairments which may be of potential risk to patients or other personnel or which may interfere with the performance of his or her duties, including habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter individual behavior. This individual is able to participate in clinical learning experiences as an Allied Health Sciences student.

I have identified the following:

BP: _____ Vision: _____ Hearing: _____ Allergy to Latex: Yes ____ No: ____

Other Allergies: _____

Illnesses: _____

Injuries: _____

Restrictions on activity: _____

Medications: _____

Disabilities: _____

*Students with disabilities are considered on an individual basis. Students must be able to meet program objectives.

Name of Health Care Provider:

(Stamp is required)

Address: _____ Phone: _____

Health Care Provider Signature: _____ Date: _____

RELEASE OF HEALTH RECORDS

I, the undersigned, authorize release of information from my Health Record to affiliating clinical agencies.

PLEASE SIGN BELOW:

Signature of Student: _____ Date: _____

COPY OF BLS/CPR CARD MUST BE SUBMITTED, IF REQUESTED BY INSTRUCTOR.



**MOLLOY
UNIVERSITY**

**ALLIED HEALTH SCIENCES DEPARTMENT
PHYSICAL FORM - PPD**

AHS Program (circle one): CVT NMT RES

Last Name: _____ First Name: _____ ID #: _____
Maiden Name: _____ Date of Birth: _____ Male _____ Female _____
Address: _____
Phone: _____

ONE OF THE FOLLOWING MUST BE COMPLETED WITHIN THE PAST 12 MONTHS.

If positive results, submit physician clearance on letterhead. A *TWO STEP PPD* is required for first time clinical students *only*.

1. Two Step PPD - Tuberculin Test (PPD intradermal only) [MUST BE READ 48 – 72 HOURS LATER]

Date Implanted: _____ Date Read: _____ Result: _____

SECOND (2ND) PPD IS REQUIRED AND SHOULD BE PLANTED 1-3 WEEKS AFTER FIRST PPD

Date Implanted: _____ Date Read: _____ Result: _____

or

2. QuantIFERON TB Gold Result: _____ Date: _____ [LAB SHEET MUST BE ATTACHED]

➤ POSITIVE FINDINGS OF ALL TUBERCULOSIS TESTS REQUIRE A NEGATIVE *CHEST X-RAY* REPORT.
[X-RAY REPORT MUST BE ATTACHED]

Date: _____ Result: _____

Name of Health Care Provider:

(Stamp is required)

Address: _____ Phone: _____

Health Care Provider Signature: _____



**MOLLOY
UNIVERSITY**

**ALLIED HEALTH SCIENCES DEPARTMENT
PHYSICAL FORM - LATEX ALLERGY**

AHS Program (circle one): CVT NMT RES

Last Name: _____ *First Name:* _____ *ID #:* _____
Maiden Name: _____ *Date of Birth:* _____ *Male* _____ *Female* _____
Address: _____
_____ *Phone:* _____

The student will be responsible for sharing information regarding his/her latex allergy with the respective clinical agency and lab personnel.

I am a student in the Molloy University Allied Health Sciences Department.
I do not have any allergy to latex, or I have a latex allergy and I have previously so notified the Allied Health Sciences Department at Molloy University.
I am fully aware of the dangers arising out of exposure to latex and I agree to exercise appropriate caution.
I hereby release Molloy University, its Board of Trustees, officers, administrators and employees from any claim or liability arising out of my exposure to latex, either on the campus of Molloy University or in any clinical setting.

Print Name: _____

Signature: _____ **Date:** _____



**MOLLOY
UNIVERSITY**

**ALLIED HEALTH SCIENCES DEPARTMENT
PHYSICAL FORM - FLU VACCINE**

AHS Program (circle one): CVT NMT RES

Last Name: _____ *First Name:* _____ *ID #:* _____
Maiden Name: _____ *Date of Birth:* _____ *Male* _____ *Female* _____
Address: _____
_____ *Phone:* _____

Manufacturer of Vaccine: _____

Lot Number of the Vaccine: _____

Dose Administered: _____

Date Administered: _____

Name of the Provider: _____ License Number: _____

Address of the Provider: _____

PROVIDER STAMP:

Appendix B

PATIENTS' BILL OF RIGHTS

We consider you a partner in your hospital care. When you are well informed, participate in treatment decisions and communicate openly with your doctor and other health professionals, you help make your care as effective as possible. This hospital encourages respect for the personal preferences and values of everyone.

While you are a patient in the hospital, your rights include the following:

- You have the right to considerate and respectful care.
- You have the right to be well informed about your illness, possible treatments and likely outcome and to discuss this information with your doctor. You have the right to know the names and roles of people treating you.
- You have the right to consent to or refuse a treatment, as permitted by law, throughout your hospital stay. If you refuse a recommended treatment, you will receive other needed and available care.
- You have the right to have an advance directive, such as a living will or health care proxy. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy for your family and your doctor.
- You have the right to privacy. The hospital, your doctor, and others caring for you will protect your privacy as much as possible.
- You have the right to expect that treatment records are confidential unless you have given permission to release information or reporting is required or permitted by law. When the hospital releases records to others, such as insurers, it emphasizes that the records are confidential.
- You have the right to review your medical records and to have the information explained except when restricted by law.
- You have the right to expect that the hospital will give you necessary health services to the best of its ability. Treatment, referral, or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you.
- You have the right to know if the hospital has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, other health care providers or insurers.

- You have the right to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.
- You have the right to be told of realistic care alternatives when hospital care is no longer appropriate.
- You have the right to know about hospital rules that affect you, your treatment, charges, and payment methods. You have the right to know about hospital resources, such as patient representatives or ethic committees that can help you resolve problems and questions about your hospital stay and care.
- You have responsibilities as a patient. You are responsible for providing information about your health, including past illnesses, hospital stays and use of medicine. You are responsible for asking questions when you do not understand information or instructions. If you believe you can't follow through with your treatment, you are responsible for telling your doctor.
- This hospital works to provide care efficiently and fairly to all patients and the community. You and your visitors are responsible for being considerate of the needs of other patients, staff and the hospital. You are responsible for providing information for insurance and for working with the hospital to arrange payment, when needed.
- Your health depends not just on your hospital care but, in the long term, on the decisions you make in your daily life. You are responsible for recognizing the effect of lifestyle on your personal health.
- Hospitals serve many purposes. They work to improve peoples' health; treat people with injury and disease; educate doctors, health professionals, patients, and community members and improve understanding of health and disease. In carrying out these activities, this institution works

respect your values and dignity.

Appendix C

Code of Ethics

Source: Retrieved from <http://snmmi.org>

Nuclear Medicine Technologists, as Certificants of the health care profession, must strive as individuals and as a group to maintain the highest of ethical standards.

The principles (SNMTS Code of Ethics) listed below are not laws, but standards of conduct to be used as ethical guidelines by nuclear medicine technologists. These Principles were adopted by the Technologist Section and the Society of Nuclear Medicine at the 2004 Annual Meeting. They are the standards of conduct to be used as a quick guide by nuclear medicine technologists.

Principle 1: The Nuclear Medicine Technologist will provide services with compassion and respect for the dignity of the individual and with the intent to provide the highest quality of patient care.

Principle 2: The Nuclear Medicine Technologist will provide care without discrimination regarding the nature of the illness or disease, gender, race, religion, sexual preference or socioeconomic status of the patient.

Principle 3: The Nuclear Medicine Technologist will maintain strict patient confidentiality in accordance with state and federal regulations (HIPPA).

Principle 4: The Nuclear Medicine Technologist will comply with the laws, regulations, and policies governing the practice of nuclear medicine.

Principle 5: The Nuclear Medicine Technologist will continually strive to improve their knowledge and technical skills.

Principle 6: The Nuclear Medicine Technologist will not engage in fraud, deception, or criminal activities.

Principle 7: The Nuclear Medicine Technologist will be an advocate for their profession.

APPENDIX D

Technical Standards

A Nuclear Medicine Technologist is typically employed in a hospital or clinic or in a mobile service to provide diagnostic procedures and direct patient care. Clinical and laboratory assignments for students enrolled in nuclear medicine technology programs require certain physical demands that are the technical standards of admission.

1. Sufficient visual acuity to read nuclear medicine orders& patient charts, observe conditions of the patient & evaluate images.
2. Sufficient auditory perception to receive verbal communication from patients and members of the healthcare team to obtain and record an accurate patient history and to assess the health needs of people through the use of monitoring devices such as intercom systems, cardiac monitors, respiratory monitors, fire alarms, etc.
3. Sufficient gross and fine motor coordination to respond promptly and to implement skills related to the performance of nuclear medicine procedures, such as positioning and transporting patients and obtaining diagnostic images. NMT's must be able to manipulate equipment in order to achieve diagnostic images.
4. Sufficient communication skills (verbal, reading, writing) to interact with individuals and to communicate their needs promptly and effectively, as may be necessary in the patient's/client's interest, collaborate with physicians and other members of the health care team, and provide an oral or written summary of the technical findings to the physician for medical diagnosis.
5. Sufficient intellectual and emotional function to plan and implement quality patient care, analyze technical information, and use independent judgment in recognizing the need to extend the scope of the procedure according to the diagnostic findings.

Examples of specific technical standards the nuclear medicine technology student must be able to meet are:

- Lift, transfer and/or assist patients from wheelchair/stretchers to examination table. Lift, move, reach, push or pull equipment.
- Manual dexterity and ability to bend/stretch
- Have full use of both hands, wrists, and shoulders
- Work standing on their feet 80% of the time
- Adequately view and process images, including color distinctions and shades of gray
- Organize and accurately perform the individual steps in a nuclear medicine procedure in the proper sequence
- Demonstrate effective interpersonal relation skills, including patient instruction
- Interact compassionately and effectively with the sick or injured

- Read and extract information from the medical chart or patient requisitions
- Explain the clinical study verbally and/or in writing
- Start an intravenous line and inject radioactive materials



APPENDIX E

POLICY ON CLINICAL EDUCATION ASSIGNMENTS

The following sites are approved for the clinical rotation of students enrolled in the Nuclear Medicine

Technology Program at Molloy University:

1. Good Samaritan Hospital Medical Center
2. Long Island Jewish Medical Center
3. Mercy Medical Center
4. Maimonides Medical Center
5. Mount Sinai Hospital
6. NYP/ New York Hospital Queens
7. North Shore University Hospital
8. St. Francis Hospital
9. Zwanger Persiri Radiology Group Massapequa
- 10- Zwanger Pesiri Radiology Group- Smithtown
11. Lenox Hill Radiology (2 sites)
12. NYU- Winthrop University Hospital
13. RLS/GE Radiopharmacy
14. Mt. Sinai/South Nassau Hospital
15. Columbia Presbyterian Medical Center
16. South Shore University Hospital
17. Alliance Imaging

- 18. MSKCC
- 19. Stony Brook University Medical Center
- 20. NYP Weill Cornell
- 21. NYU- Perlmutter Center
- 22- NYCB Specialists (3 Sites)
- 23- Northwell Center for Advance Medicine- Lake Success
- 24- Northwell Imaging at Bayshore

The Nuclear Medicine Technology Program continually strives to provide quality clinical affiliate sites for students. Because of this, clinical sites may be added or removed.

I understand that I will be assigned to clinical affiliate sites in contractual agreement with the Program and that I am responsible for travel and expenses.

Name _____

(Printed)

Signature _____

—



APPENDIX F

POLICY REGARDING ADVANCED PLACEMENT, TRANSFER OF CREDIT, AND CREDIT FOR EXPERIENTIAL LEARNING

The Molloy University Nuclear Medicine Technology Program does NOT:

- offer Advanced Placement options
- accept transfer of credit into the program for Nuclear Medicine courses specific to the Major
- provide credit for experiential learning

The Molloy University Nuclear Medicine Technology Program does:

- accept transfer of credit into the program for general education and related courses

Name (print): _____ Signature: _____

Date: _____



APPENDIX G

POLICY ON SERVICE WORK FOR STUDENTS

The Molloy University Nuclear Medicine Technology Program prohibits payment to students by clinical affiliate sites relative to required clinical rotation assignments. Employment by students enrolled in the Program may NOT interfere with the students' successful completion of established requirements.

Name (print): _____ Signature: _____

Date: _____



APPENDIX H

PERMISSION TO RELEASE INFORMATION

I agree that the Nuclear Medicine Technology Program may provide the following information, in addition to the University's designated "public information," to prospective employers:

- University/Program activities
- honors and awards
- general academic and clinical assessment
- recommendation for employment

Name (print): _____ Signature: _____

Date: _____



APPENDIX I

PERMISSION TO RELEASE REGISTRY EXAMINATION SCORES

I approve of the release of my most recent registry examination scores to the Nuclear Medicine Technology Program for statistical purposes only. Only composite results will be reported and all individual information will be kept confidential within the University.

Name (print): _____ Signature: _____

Date: _____



APPENDIX J

CONFIDENTIALITY POLICY

As a student enrolled in the Molloy University Nuclear Medicine Technology Program, I agree to:

- remember at all times that the information within patient medical records is to be kept in the strictest confidence. Release of confidential information will result in failure of the directed clinical course.
- NOT discuss information from patient medical records or any information acquired about a patient, except as it is necessary in the working situation in a professional manner.
- NOT seek to obtain the medical records of friends, relatives, acquaintances, or information therefrom for any reason outside of requisite and approved professional medical care.
- NOT seek to obtain his/her own medical record information therefrom, except along established and appropriate channels which are outlined in the facility's policies.
- NOT photocopy any part of patient medical records without proper consent.
- NOT discuss hospital business, personnel, or members of the medical staff, except as is necessary in the working situation in a professional manner.

Name (print): _____ Signature: _____

Date: _____



APPENDIX K

DOCUMENTATION OF CLINICAL EDUCATION REQUIREMENTS FOR STUDENTS

_____, a Nuclear Medicine Technology student currently enrolled and in good standing, has successfully completed the following clinical education requirements:

- Infection Control and Blood Borne Pathogens Training
- Hospital Fire and Safety Training
- Confidentiality Policy and HIPAA Training
- Hepatitis B Vaccine Immunization
- Student Health Certificate (on file in the Department of Allied Health Sciences)
- Student Malpractice Insurance (Molloy University insurance certificate available upon request)

Please contact either of us directly with any questions or concerns at
mfischer@molloy.edu/kmorrison@molloy.edu

Sincerely,

Marc Fischer

Program Director, Nuclear Medicine Technology

Leon Lipkovich

Clinical Coordinator, Nuclear Medicine Technology



APPENDIX L

ACKNOWLEDGMENT OF RECEIPT, UNDERSTANDING, AND AGREEMENT TO REMAIN IN COMPLIANCE WITH THE

Molloy University Nuclear Medicine Technology Program

STUDENT HANDBOOK

- I have received and thoroughly read the *Molloy University Nuclear Medicine Technology Program*

STUDENT HANDBOOK

- I understand these policies and regulations and the responsibilities to be undertaken.
- I have had the opportunity to obtain clarification on these policies and regulations.
- I agree to comply with these policies and regulations.
- I understand that failure to comply with the established policies and regulations may result in dismissal from the program.

Name (print): _____ Signature: _____

Date: _____

Separation from University Instructions

(as of 10.1.2022)

All matriculated students leaving the University for one or more semesters off must submit a Separation from University Form. Information on the Withdrawal Consequences for Financial Aid is included in the online form.

Students may submit these requests online by logging in to their Lion's Den Login account, then by going to their **My Academics Tab**. **There is a link for the Separation from University Form. For most devices the link is in the left menu.**

Students may take up to two semesters off on leave without going through Admissions and may participate in Early Registration as a continuing student when they are returning. Students taking longer than two semesters will be considered withdrawn from the University. They may notify Admissions to request to be readmitted.

Please contact the Registrar's staff for

MOLLOY UNIVERSITY PHLEBOTOMY STUDENT INTERNSHIP EVALUATION

The student intern:

- | | | |
|---|-----|----|
| 1. Is able to properly identify the site selection for intravenous access | YES | NO |
| 2. Is able to identify the proper injection supplies | YES | NO |
| 3. Is able to explain the procedure to the patient | YES | NO |
| 4. Uses aseptic technique | YES | NO |
| 5. Follows proper protocol for intravenous access: | | |
| Placement of tourniquet | YES | NO |
| Methods to enhance vessel access | YES | NO |
| Patient position | YES | NO |
| Selection of site | YES | NO |
| Needle position and injection technique | YES | NO |
| Assurance of free flow | YES | NO |
| Catheter/needle removal | YES | NO |

The total number of successful needle sticks was out of a possible number of ____.

**Molloy University / Nuclear Medicine Technology
Program**

Student Evaluation

**Student
Name**_____. **Date:**

Clinical Affiliate Institution:

Clinical Supervisor:

A. Professionalism: A nuclear medicine technology graduate must:	Satisfactory	Not Satisfactory	Not Applicable
1. Practice in accordance with ethical standards, legal statutes, and published standards of practice.			
2. Demonstrate professionalism befitting a health care provider.			
3. Collaborate as a member of an interprofessional team.			
4. Display respect for diversity.			
5. Apply problem-solving, critical-thinking, and decision-making strategies.			
6. Evaluate published research studies and apply appropriate principles to improve evidence-based practice.			
B. Patient Care: A nuclear medicine technology graduate must:	Satisfactory	Not Satisfactory	Not Applicable
1. Practice universal precautions.			
2. Practice standard precautions, inclusive of adhering to U.S. Pharmacopeia (USP) standards.			
3. Assess patient status and vital signs.			
4. Establish, verify and maintain vascular access.			
5. Provide appropriate patient comfort, monitoring, and care before, during and after procedures.			
6. Recognize and respond appropriately to unexpected and emergency situations.			

C. Radiation Safety: A nuclear medicine technology graduate must:	Satisfactory	Not Satisfactory	Not Applicable
1. Maintain compliance with institutional radioactive materials license under supervision of an authorized user or radiation safety officer.			
2. Maintain compliance with local, state and federal radiation safety regulations.			
3. Practice ALARA principles thereby limiting the radiation exposure of the patient, public, fellow workers, and self.			
4. Perform and document radiation surveys and when necessary, take appropriate action.			
5. Respond appropriately to a radioactive spill.			
6. Perform decontamination procedures in accordance with the radiation safety program.			
7. Participate in appropriate in-service programs to educate other personnel regarding radiation and principles of radiation protection.			
8. Prepare to participate in the management of radiation disasters.			
D. Instrumentation and Quality Control: A nuclear medicine technology graduate must:	Satisfactory	Not Satisfactory	Not Applicable
1. Identify the function and application of the following instruments:			
a) Dose calibrators			
b) GM survey meters			

c) NaI(Tl) counting and/or uptake systems			
d) Imaging systems including:			
i. Planar			
ii. SPECT			
iii. PET			
iv. CT component of hybrid imaging v. Fusion or hybrid imaging system			
2. Perform the appropriate quality control for the instruments listed in			
3. Document performance and results of all quality control testing according to quality control program procedures.			
4. Analyze QC results and take appropriate corrective action(s) when necessary.			
5. View, process and archive acquired data on picture archival communicating systems (PACS).			
6. Utilize radiology and hospital information systems, managing patient information in these systems according to facility policies, state and federal statutes and accreditation standards.			
E. Radiopharmaceuticals and Pharmaceuticals: A nuclear medicine technology graduate must:	Satisfactory	Not Satisfactory	Not Applicable
1. Procure appropriate radiopharmaceuticals for the day's schedule in accordance with license possession limits.			
2. Store radiopharmaceuticals consistent with established safeguards and institutional radiation safety guidelines.			

3. Follow Department of Transportation (DOT) and institutional radiation safety guidelines in the transport, receipt, and shipment of radioactive materials.			
4. Prepare radiopharmaceuticals in accordance with institutional protocols.			
5. Apply radioactive decay calculations as appropriate to determine required volume and activity.			
6. Verify physician order, procedure, time, patient, radiopharmaceutical or adjunctive pharmaceutical, dosage, and route for administration.			
7. Apply weight and age-based calculations as appropriate to verify the prescribed dosage of radiopharmaceuticals or pharmaceuticals.			
8. Dispense and administer radiopharmaceuticals and/or adjunctive pharmaceuticals under the direction of an authorized user.			
9. Document radiopharmaceutical and/or adjunctive pharmaceutical administration in accordance with institutional policies.			
10. Follow institutional protocols for blood withdrawal and radioactive labeling.			
11. Evaluate patients for contraindications, precautions, physiological response and side effects of radiopharmaceuticals and adjunctive pharmaceuticals.			
12. Manage the disposal of radioactive materials.			
F. Diagnostic Procedures: A nuclear medicine technology graduate must:	Satisfactory	Not Satisfactory	Not Applicable
1. Identify indications for performing imaging and physiologic quantitation.			

2. Identify the chemical and brand names of the radiopharmaceutical(s) for a specific procedure.			
3. Identify the acceptable dose ranges for the radiopharmaceutical(s).			
4. Identify the route of administration for the radiopharmaceutical(s).			
5. Explain the appropriate methods to administer the radiopharmaceutical(s).			
6. Describe the normal bio-distribution of the radiopharmaceutical including route of excretion and organ receiving highest radioactive dose.			
7. Schedule a procedure, keeping in mind appropriate sequence when multiple procedures have been ordered.			
8. Review and evaluate patient medical history in preparation for the nuclear medicine procedure.			
9. Verify the written order for the procedure and evaluate procedure appropriateness.			
10. Verify the patient's identity prior to radiopharmaceutical or adjunctive pharmaceutical administration.			
11. Identify any contraindications prior to beginning a procedure.			
12. Verify patient pregnancy and/or lactation status for contraindications or precautions prior to radiopharmaceutical administration.			
13. Verify patient's physiological preparation (e.g., NPO status).			
14. Explain the impact of patient preparation on the procedure, imaging, and quantitative data.			
15. Explain the procedure, patient involvement, length of study and radiation safety to the patient and family.			
16. Verify informed consent, if appropriate.			

17. Select and organize the supplies necessary to perform the procedure.			
18. Select appropriate instrument and parameters for the procedure.			
19. Administer the radiopharmaceutical and/or adjunctive pharmaceutical in accordance with institutional guidelines.			
20. Document the radiopharmaceutical and/or adjunctive pharmaceutical in accordance with institutional guidelines.			
21. Position the patient appropriately for the procedure.			
22. Assist the healthcare provider in nuclear cardiac stress testing performed in conjunction with nuclear medicine procedures.			
23. Acquire appropriate imaging view(s) and/or non-imaging data for complete procedure.			
24. Annotate and/or process imaging or non-imaging data for physician interpretation.			
25. Review acquired images and processed data critically to assure diagnostic quality.			
26. Analyze normal and abnormal bio-distribution of the radiopharmaceutical in nuclear medicine images and correlate with physiology and /or pathology.			
27. Recognize image or patient artifacts and take appropriate action.			
G. Radionuclide Therapy: A nuclear medicine technology graduate must:	Satisfactory	Not Satisfactory	Not Applicable
1. Assist an authorized user with the therapy procedure including preparation, documentation, patient care and radiation safety.			

2. Identify any contraindications to the therapy including pregnancy and/or lactation status, prior to the procedure.			
3. Verify the patient's physiological preparation.			
4. Verify completion of informed consent, written directive, radiation safety instructions, and patient and family education.			
5. Verify and document patient identity, radiopharmaceutical, route of administration and dosage for the therapy.			
6. Assist the authorized user in room preparation, instructing hospital staff, patient and/or caregivers in appropriate patient care and radiation safety precautions.			
7. Practice prescribed radiation safety procedures during the preparation and the administration of therapy.			
8. Conduct and document radiation surveys of designated patient areas and/or the patient, when indicated.			
9. Assure appropriate post therapy monitoring, documentation and follow up is performed.			

OVERALL GRADE: PASS/FAIL _____(WRITE IN)

Student Name: _____

Clinical Site/Sites: _____

WEEK	HOURS	DATE	DATE	DATE	DATE	DATE	VERIFICATION



Molloy University
Nuclear Medicine Technology Program
Clinical Performance Evaluation

Clinical Site: _____ **Clinical Supervisor:** _____ **Date:** _____

Student Name: _____ **Type of Study:** _____ **Final Grade: Pass/Fail (circle one)**

	Pass	Fail	Comments (if applicable)
Patient Requisition Evaluation			
Adequate Room Preparation			
Radiopharmaceutical Preparation			
Dose Essay / Calculation			
Instrumentation Preparation			
Patient/Student Interaction			
Patient Positioning			
Equipment Handling			
Proper Image Acquisition			
Image Display and Labeling			
ALARA Techniques Followed			
Record Keeping			

Clinical Evaluator: _____ **Student:** _____



MOLLOY UNIVERSITY
DIAGNOSTIC C.T. COMPETENCY EVALUATION
FORM

STUDENT NAME:	MEETS REQUIREM ENT	DOES NOT MEET REQUIREM ENT	N/A
<u>PATIENT CARE:</u>			
Identify contraindications to contrast media			
Evaluate vascular access for compatibility for IV contrast media injection			
Monitor patient for, and respond to, reactions to contrast media			
<u>RADIATION SAFETY:</u>			
Control access to the CT examination room during radiation exposure			
Ensure appropriate radiation protection of patient, family, and caregivers during procedure			
Practice ALARA principles thereby limiting the radiation exposure of the patient, public, fellow workers			

**MOLLOY UNIVERSITY**

Document CT does report in accordance with institutional guidelines			
Recognize and respond to a dose alert or dose notification			
<u>Instrumentation and Quality Control:</u>			
Perform shutdown, power off, and restart of CT scanner			
Perform tube warm-up			
Perform the appropriate scanner quality control			
Document performance and results of all quality control testing according to quality control program procedures			
Analyze QC results and take appropriate corrective action(s) when necessary			
<u>DIAGNOSTIC IMAGING</u>			
Identify indications for CT imaging			
Instruct patient and family regarding preparation for CT imaging			
Identify the contrast media for a specific procedure			

**MOLLOY UNIVERSITY**

	MEETS REQUIREM ENT	DOES NOT MEET REQUIREM ENT	N/A
Identify acceptable dose ranges for contrast media			
Identify the route of administration for contrast media			
Select appropriate flow rate for contrast media delivery according to imaging protocols			
Review and evaluate patient medical history in preparation for CT imaging			
Verify the written order and evaluate imaging appropriateness			
Verify the patient's identity prior to CT imaging			
Identify any contraindications including pregnancy and/or contrast allergy prior to CT imaging			
Explain the impact of patient preparation on the CT imaging			

**MOLLOY UNIVERSITY**

Explain the imaging and patient involvement to the patient and family			
Position the patient appropriately for the procedure			
Ensure that artifact-producing objects have been removed from patient			
Select appropriate parameters (e.g. protocol and/or kV and/or mA) for the procedure			
Utilize iterative reconstruction and other approved techniques to reduce dose			
Prescribe the appropriate field of view and coverage for the procedure			
Administer contrast media in accordance with institutional guidelines			
Document the contrast media in accordance with institutional guidelines			
Utilize bolus tracking for contrast media administration to ensure peak enhancement			
Utilize physiologic gating to optimize image quality			
Perform retrospective reconstruction of CT images for physician interpretation			

**MOLLOY UNIVERSITY**

Review acquired and processed images to assure diagnostic quality			
Recognize image or patient artifacts and take appropriate action			
Apply hardware suppression to reduce metal artifact			

	MEETS REQUIREM ENT	DOES NOT MEET REQUIREM ENT	N/A
INTERVENTIONAL PROCEDURES:			
Select and organize the supplies necessary to perform the procedure			
Control access to the scan room during the procedure			
Assist with the procedure including preparation, documentation, and patient care			
Identify any contraindications prior to the procedure			
Verify the patient's physiological preparation			

**MOLLOY UNIVERSITY**

Verify completion of informed consent			
Verify and document patient identity			
Localize region of interest for the procedure			
Practice ALARA principles thereby limiting the radiation exposure of patients, fellow workers, and self			
Assure appropriate post-procedure monitoring and documentation is performed			
Assures proper disinfection, cleaning, and maintenance of the sterile field			

Evaluator's Signature _____

Clinical
Site _____

Date _____

—

Comments:



Computed Tomography (CT) Clinical Competency Verification Form

Procedural Requirements:

Applicants must perform at least **10** of the different procedures listed below (at a minimum of 3 times and a maximum of 5 times each) for a total of at least **50** repetitions. The use of intravenous (I.V.) contrast is required of at least **25** of the 50 procedures performed by the applicant. Applicants may only document one procedure per patient per study.

In order for a procedure to qualify, the parameters selected for the procedure should be considered diagnostic quality and not performed for attenuation correction only. Each procedure should include patient assessment and preparation, patient positioning, protocol and parameter selection, post-processing and Quality Control, if permitted by state and/or institutional regulations. The applicant must demonstrate competency in Quality Assurance, including calibration checks, CT number, and standard deviation (water phantom).

Procedures may be performed in conjunction with a PET or SPECT attenuation correction scan or Radiation Therapy planning procedure. These procedures are eligible to count once towards the required 10 or more procedures that must be completed with a minimum of three (3) repetitions and maximum of five (5) repetitions.

Instructions:

1. Select at least 10 different procedures out of the 53 procedures listed for adult and/or pediatric
2. Complete at least 3 and not more than 5 repetitions of each of the selected procedures
3. Complete a total of at least 50 repetitions across all of the selected procedures

Please indicate the date each procedure was performed by the applicant, number of repetitions, the facility or institution name where procedure was performed, and the supervisor of the applicant. Copies of this form may be made if the applicant has multiple clinical locations.

CT Procedure	Date(s) Completed	Number of Repetitions	Facility	Supervisor's Initials
Example: Head with contrast	2/5, 2/6, 3/12, 3/18 and 3/19/2019	3 4 <u>5</u>	Marie Curie Institute	MSC
1. Head with contrast		3 4 5		
2. Head without contrast		3 4 5		
3. Head with and without contrast		3 4 5		
4. Brain perfusion		3 4 5		
5. Brain angio		3 4 5		
6. Facial bones/Mandible		3 4 5		
7. Temporal bones		3 4 5		
8. Orbits		3 4 5		
9. Sinuses		3 4 5		
10. Trauma head		3 4 5		
11. Soft tissue neck contrast		3 4 5		
12. Chest with contrast		3 4 5		
13. Chest without contrast		3 4 5		
14. Chest with and without contrast		3 4 5		
15. Chest Angio [PE]		3 4 5		
16. Heart		3 4 5		
17. Calcium Score		3 4 5		



18. Low dose lung screening		3	4	5		
19. High resolution Chest		3	4	5		
20. Cervical Spine		3	4	5		
21. Thoracic Spine		3	4	5		
22. Lumbar Spine		3	4	5		
23. Upper extremity		3	4	5		
24. Lower extremity		3	4	5		
25. Abdomen with contrast		3	4	5		
26. Abdomen without contrast		3	4	5		
27. Abdomen with and without contrast		3	4	5		
28. Abdomen and Pelvis with contrast		3	4	5		
29. Abdomen and Pelvis without contrast		3	4	5		
30. Abdomen and Pelvis with and without contrast		3	4	5		
31. Abdomen/Pelvis [Stone]		3	4	5		
32. Abdomen/Pelvis [Angio]		3	4	5		
33. Abdomen/Pelvis [Adrenal]		3	4	5		
34. Abdomen Multiphase [Kidney]		3	4	5		
35. Abdomen Multiphase [Liver]		3	4	5		
36. Abdomen Multiphase [Pancreas]		3	4	5		
37. Abdomen/Pelvis Multiphase [Multi-use]		3	4	5		
38. Head/Face		3	4	5		
39. Head/Face/Chest		3	4	5		
40. Head/Face/C-Spine/Chest		3	4	5		
41. Head/Face/C-Spine/Neck/Chest Angio		3	4	5		
42. Chest/Abdomen/Pelvis without contrast		3	4	5		
43. Chest/Abdomen/Pelvis with and without contrast		3	4	5		
44. Chest/Abdomen/Pelvis [Angio]		3	4	5		
45. Head/Face/C-Spine [Trauma]		3	4	5		
46. Head/C-Spine [Trauma]		3	4	5		
47. Head/Neck/Chest/Abdomen/Pelvis [Trauma]		3	4	5		
48. Heart Chest/Abdomen/Pelvis Angio		3	4	5		
49. Trauma [Misc.]		3	4	5		
50. Fiducial Marker Placement		3	4	5		
51. Pelvis with contrast		3	4	5		
52. Pelvis without contrast		3	4	5		
53. Pelvis with and without contrast		3	4	5		

**Procedures listed may include both adult and pediatric studies.*

CT Procedures Total:

Total # of CT Procedures Performed: _____ (Minimum of 10 Required)

Total # of Repetitions Performed: _____ (Minimum of 50 Required)

Total # of CT Contrast Procedures Performed: _____ (Minimum of 25 Required)

**Authorized Representative* Attestation**

**The Authorized Representative may be the applicant's Program Director, Clinical Coordinator, Supervising Physician, Technical Supervisor, or a NMTCB(CT) or ARRT(CT) credentialed employee of the facility*

I attest that the applicant listed above has demonstrated competency in Quality Assurance, including calibration checks, CT number, and standard deviation (water phantom) as part of the procedural requirements.

Authorized Representative #1

I attest that the information contained herein is true and accurate. I am an authorized representative and may sign this verification submission on behalf of the following institution: _____

(Name of Institution/Facility)

Signature of Authorized Representative

Date Signed

Printed Name of Authorized Representative

Telephone

Title

Email

Authorized Representative #2 (if applicable)

I attest that the information contained herein is true and accurate. I am an authorized representative and may sign this verification submission on behalf of the following institution: _____

(Name of Institution/Facility)

Signature of Authorized Representative

Date Signed

Printed Name of Authorized Representative

Telephone

Title

Email

Return completed form to NMTCB by mail, fax, or email:

NMTCB – Examinations Manager

3558 Habersham at Northlake, Building I

Tucker, GA 30084

Fax: (404) 315-6502 **Email:** exam.manager@nmtcb.org

Please confirm all four
(4) pages are included
in your transmission.



Nuclear Medicine Technology

The purpose of the examination requirement is to assess whether individuals have obtained the knowledge and cognitive skills underlying the intelligent performance of the tasks typically required in nuclear medicine technology for practice at entry level.

ARRT determined the tasks that entry level nuclear medicine technologists typically perform by administering a comprehensive practice analysis survey to a nationwide sample of nuclear medicine technologists.¹ The *Task Inventory for Nuclear Medicine Technology* is found on ARRT's website (www.arrt.org).

The *Examination Content Specifications for Nuclear Medicine Technology* and attached content outline identify the knowledge areas underlying performance of the tasks on the *Task Inventory for Nuclear Medicine Technology*. Every content category links to one or more tasks on the [task inventory](#).

ARRT avoids content when there are multiple resources with conflicting perspectives. Educational programs accredited by a mechanism acceptable to ARRT offer education and experience beyond the minimum requirements specified in the content specifications and clinical requirements documents.

This document is not intended to serve as a curriculum guide. Although ARRT programs for certification and registration and educational programs may have related purposes, their functions are clearly different. Educational programs are generally broader in scope and address the subject matter that is included in the content outline, but do not limit themselves to only this content. ARRT administers this examination on a computer at a standardized testing center.

The table below presents the major content categories and subcategories that the examination covers. The table lists the number of test questions in each category in bold and the number of test questions in each subcategory in parentheses. The content outline, which makes up the remaining pages of this document, addresses specific topics within each category.

Content Category	Number of Scored Questions ²
Patient Care	26
<i>Patient Interactions and Management (26)</i>	
Safety ³	27
<i>Radiation Physics, Radiobiology, and Regulations (27)</i>	
Image Production	30
<i>Instrumentation (30)</i>	
Procedures	117

**Content Category****Number of Scored Questions²***Radionuclides and Radiopharmaceuticals (28)**Cardiac (25)**Endocrine and Oncology (24)**Gastrointestinal and Genitourinary (20)**Other Imaging (20)***Total****200**

1

¹ A special debt of gratitude is due to the hundreds of professionals participating in this project as committee members, survey respondents, and reviewers.

² The exam includes an additional 30 unscored (pilot) questions.

³ SI and conventional units of radiation measurement will continue to be used on the nuclear medicine technology examination.

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V 2026.03.13



Patient Care

1. *Patient Interactions and Management*

A. Ethical and Legal Aspects

1. patients' rights
 - a. consent (e.g.,* informed, oral, implied)
 - b. confidentiality (HIPAA)
 - c. American Hospital Association (AHA) Patient Care Partnership
 1. privacy
 2. extent of care (e.g., DNR)
 3. access to information
 4. living will, health care proxy, advanced directives
 5. research participation
2. legal issues
 - a. verification (e.g., patient identification, compare order to clinical indication, exam coding)
 - b. common terminology (e.g., battery, negligence, malpractice, beneficence)
 - c. legal doctrines (e.g., respondeat superior, res ipsa loquitur)
 - d. restraints versus positioning aids used to prevent motion artifact
3. ARRT Standards of Ethics

B. Interpersonal Communication

1. modes of communication
 - a. verbal/written
 - b. nonverbal

(e.g., eye contact, touching)

2. challenges in communication
 - a. interaction with others
 1. language barriers
 2. cultural and social factors
 3. physical, sensory, or cognitive impairments
 4. age
 5. emotional status, acceptance of condition (e.g., mental health concerns)
 - b. explanation of medical terms
 - c. strategies to improve understanding



- 3. patient education
 - a. explanation of current procedure (e.g., purpose, risks, benefits, radiation dose)
 - b. pre- and post-examination instructions (e.g., preparations, diet, medications, discharge instructions)
 - c. review pertinent medical history
 - d. respond to inquiries about other imaging modalities (e.g., types of radiation, patient preparation)
 - e. communication with patient during the procedure
- C. Physical Assistance and Monitoring
 - 1. body ergonomics (e.g., balance, alignment, movement)
 - a. patient transfer techniques
 - b. safe patient handling devices (e.g., transfer board, Hoyer lift, gait belt)
 - 2. assisting patients with medical equipment
 - a. infusion catheters and pumps
 - b. oxygen delivery systems
 - c. other (e.g., nasogastric tubes, urinary catheters, tracheostomy tubes)
 - d. medical equipment malfunctions
 - 3. routine monitoring and documentation
 - a. vital signs
 - b. physical signs and symptoms
(e.g., motor control, severity of injury)
 - c. fall prevention
 - d. patient comfort and modesty
 - e. sedation
- D. Medical Emergencies
 - 1. allergic reactions
(e.g., pharmaceuticals, latex)
 - 2. cardiac/respiratory arrest (e.g., CPR, AED)
 - 3. physical injury or trauma
 - 4. other medical disorders
(e.g., seizures, diabetic reactions)
 - 5. communication of critical findings to the health care team

*“e.g.” indicates examples of the topics covered but is not a complete list.



PATIENT CARE (CONTINUED)

E. Infection Control

1. chain of infection (cycle of infection)

- a. pathogen
- b. reservoir
- c. portal of exit
- d. mode of transmission

1. direct

- a. direct contact
- b. droplet

2. indirect

- a. airborne
- b. vehicle-borne (fomite)
- c. vector-borne (mechanical or biological)

- e. portal of entry
- f. susceptible host

2. asepsis

- a. equipment disinfection
- b. equipment sterilization
- c. medical aseptic technique
- d. sterile technique

3. CDC Standard Precautions

- a. hand hygiene
- b. use of personal protective equipment (PPE)

(e.g., gloves, gowns, masks)

- c. safe handling of contaminated equipment and surfaces

- d. disposal of contaminated materials

1. linens

2. needles

3. patient supplies

4. blood and body fluids

5. IV supplies

- e. safe injection practices

4. transmission-based precautions

- a. contact

- b. droplet

- c. airborne

5. additional precautions

- a. neutropenic precautions (reverse isolation)

- b. healthcare-associated (nosocomial) infections

F. Handling and Disposal of Toxic or Hazardous Material

1. types of materials

(e.g., cleaning materials)

2. safety data sheet



G. Pharmacology

1. patient history
 - a. medication reconciliation (current medications)
 - b. premedications
 - c. contraindications
 - d. lab values (e.g., glucose, TSH)
 - e. scheduling and sequencing examinations
2. complications/reactions
 - a. local effects (e.g., infiltration)
 - b emergency medications
 - c. technologist's response and documentation



SAFETY

1. *Radiation Physics, Radiobiology, and Regulations*

A. Principles of Radiation Physics

1. decay of radioactivity
 - a. atomic structure
 - b. decay modes
(e.g., alpha, beta, gamma)
 - c. decay rate
 - d. half-life
 - e. parent-daughter relationship
2. target interaction in CT
 - a. bremsstrahlung
 - b. characteristic
3. interaction of radiation with matter
 - a. photoelectric effect
 - b. Compton (incoherent) scattering
 - c. coherent (Rayleigh) scattering
 - d. pair production and annihilation
 - e. internal conversion
 - f. Auger electron
 - g. bremsstrahlung (from beta particles)

4. attenuation

B. Biological Effects of Radiation

1. units of measurement
 - a. absorbed dose
 - b. dose equivalent
 - c. exposure
 - d. effective dose
2. radiosensitivity
(e.g., law of Bergonié and Tribondeau)

- a. dose-response relationships
 - b. relative tissue sensitivities
(e.g., LET and RBE)
- ### 3. somatic effects
- a. cells
 - b. tissue (e.g., critical, target)
 - c. embryo and fetus
 - d. carcinogenesis
 - e. early versus late or acute versus chronic
 - f. deterministic versus stochastic
 - g. short-term versus long-term exposure
 - h. acute radiation syndromes
 1. hemopoietic
 2. gastrointestinal (GI)
 3. central nervous system (CNS)
 4. genetic effects



- C. Basic Concepts of Radiation Protection
 - 1. principles of time, distance, and shielding
 - 2. personal protection equipment (e.g., gloves, lab coats)
 - 3. personnel monitoring devices
 - a. types
 - b. use, care, and placement
 - 4. ALARA
 - 5. release of patients
 - 6. patient dose reduction and optimization
 - a. Image Gently®
 - b. Image Wisely®
- D. NRC Regulations for Radiation Exposure
 - 1. occupational
 - 2. public
 - 3. pregnancy or nursing
 - 4. internal dosimetry and bioassays
 - 5. personnel exposure records



SAFETY (CONTINUED)

E. Medical Events

1. definition
2. NRC regulations for reporting and notification

F. Facilities and Area Monitoring

1. basic concepts
 - a. units of measurement
 - b. exposure rates
 - c. definition of contaminated area
2. survey equipment and techniques
 - a. well counters
 - b. survey meters
 - c. wipe test technique
3. NRC regulations
 - a. frequency of surveys and wipes
 - b. documentation of survey and wipes results
 1. interpretation
 2. reporting (corrective action)
 3. record retention
 - c. posting of signs

(e.g., types, locations)

4. radioactive spills
 - a. major spills
 - b. minor spills
 - c. processes for decontamination
 - d. reporting procedures

G. Radioactive Materials

1. shipping and receiving materials (e.g., DOT and NRC regulations)
 - a. shipping categories
 - b. measurement of exposure rate
 - c. measurement of surface contamination
 - d. removable contamination limits / trigger levels
 - e. documentation
2. handling and storage
 - a. radiopharmaceuticals
 - b. sealed sources



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- c. consequences of improper handling and storage
 - 3. disposal of radioactive waste
 - a. release to environment
 - b. decay in storage
 - c. transfer to authorized recipient
- H. Pharmaceuticals
 - 1. storage
 - 2. disposal



IMAGE PRODUCTION

1. *Instrumentation*

A. Survey Meter

1. operating principles
 - a. Geiger Müller
 - b. ionization chambers (cutie pies)
2. quality control
 - a. frequency and types of checks
 - b. interpretation and record keeping

B. Dose Calibrator

1. operating principles
2. quality control
 - a. tests
 1. accuracy
 2. constancy
 3. linearity
 4. geometry
 - b. interpretation and record keeping

C. Scintillation Detector System

1. operating principles
 - a. well counter
 - b. uptake probe (e.g., thyroid, surgical)
2. quality control
 - a. radionuclide sources
 1. energies
 2. type

(e.g., rod, cylinder, button, flood)

- b. parameters
 1. energy resolution
 2. efficiency
 3. high voltage calibration
 4. resolving time

5. sensitivity
6. energy linearity
7. chi-square

c. interpretation and record keeping

D. Gas and Aerosol Delivery Systems

1. operating principles
2. exhaust system
(e.g., negative pressure, gas traps)
3. interpretation and record keeping



E. Gamma Camera

1. operating principles
2. quality control
 - a. frequency and types of checks
 - b. performance characteristics
 1. flood field uniformity
 2. high count uniformity correction
 3. spatial linearity
 4. spatial resolution
 5. energy resolution (e.g., FWHM)
 6. detector sensitivity
 7. extrinsic versus intrinsic methods
 8. center of rotation
 9. SPECT phantom measurements
 - c. interpretation and record keeping
3. image acquisition
 - a. detector system
 1. count or time mode
 2. detector orientation
 3. photopeak energy setting and window width
 4. multi-energy acquisition
 - b. collimator selection
 1. types (e.g., parallel hole, pinhole)
 2. parameters
(e.g., energy, resolution, sensitivity)
 - c. dynamic/static acquisition
 1. matrix selection

2. framing (e.g., number and length)
 3. gating
 4. list mode
- d. SPECT acquisition
1. angular sampling / number of views (e.g., 180° versus 360°)
 2. matrix selection
 3. attenuation correction
 4. duration of acquisition



IMAGE PRODUCTION (CONTINUED)

F. PET/CT Scanner

1. PET operating principles
2. PET quality control
 - a. frequency and types of tests
 - b. characterization and correction calibration
 1. energy window calibration
 2. reference (blank) scan
 3. normalization calibration
 4. absolute activity calibration
 - c. interpretation and record keeping
3. PET image acquisition
 - a. list mode
 - b. cardiac gating
 - c. respiratory gating
 - d. time-of-flight
4. CT operating principles*
5. CT quality control*
 - a. tube warm-up
 - b. CT number (Hounsfield unit)
 - c. air calibration
6. CT image acquisition*
 - a. kVp
 - b. mA
 - c. pitch
 - d. slice thickness
 - e. noise and uniformity
 - f. artifacts

ejection fraction, time activity curves, SUV)

2. qualitative analysis
 - a. motion correction
 - b. gated images
3. reconstruction
 - a. CT windowing and leveling
 - b. registration (image fusion)
 - c. orientation
 - d. filter parameters
 - e. attenuation correction
 - f. trues, scatters, randoms

G. Data Processing

1. quantitative analysis (e.g., region of interest selection,



H. Informatics

1. information systems
(e.g., RIS, HIS, EMR, EHR)
2. networking
 - a. PACS/MIMPS
 - b. DICOM
 - c. teleradiology (e.g., off-site reading, third-party coverage)
3. downtime procedures

*Diagnostic CT is not assessed on the Nuclear Medicine Technology Examination.



PROCEDURES

1. *Radionuclides and Radiopharmaceuticals*

A. Production of Radionuclides

1. methods
 - a. reactor
 - b. accelerator
 - c. cyclotron
 - d. generator
2. purity
 - a. radionuclide
 - b. chemical
3. physical form

(e.g., gas, solution, capsule)

B. Radiopharmaceutical Characteristics

1. method of localization
 - a. capillary blockade
 - b. active transport
 - c. phagocytosis
 - d. diffusion
 - e. compartmentalization
 - f. chemisorption
 - g. receptor binding
 - h. antigen antibody
 - i. filtration
 - j. metabolism
2. half-life
 - a. physical
 - b. biological
 - c. effective
3. biodistribution
 - a. pharmacokinetics and pharmacodynamics
 - b. critical organs
 - c. target organs

C. Preparation and Administration

1. kit preparation
 - a. labeling process
 1. principles
 - a. oxidation/reduction
 - b. pH
 - c. time for reaction
 - d. temperature
 2. compounding techniques
 - a. venting
 - b. heating
 - c. mixing
 - d. USP regulations (e.g., USP 825)
 3. factors that affect labeling quality



4. complications and reactions
5. documentation

- b. shelf life and storage
 - c. quality control
 1. radiochemical purity
 2. particle size
 3. specific activity
(e.g., millicuries per mass)
 4. color and clarity
 2. calculation of pharmaceutical and radiopharmaceutical dosage
 - a. units
 1. conversions
 2. calculations
 - b. volume determination
 1. formula
 2. decay tables
 3. concentration
 4. activity
 3. pharmaceuticals and radiopharmaceuticals
 - a. administration
 1. syringe
 2. needle selection
 3. shielding
 - b. radiopharmaceutical label
 1. name of radiopharmaceutical
 2. assay date and time
 3. lot number and expiration date
 4. concentration
 5. volume
 6. activity
 - c. administration techniques
 1. routes
 2. aseptic
 3. uniform distribution (e.g., mixing, agitation)

PROCEDURES (CONTINUED)

TYPE OF STUDY

2. *Cardiac*

- A. Gated Blood Pool
- B. Myocardial Perfusion
- C. Viability
- D. Amyloid Imaging

3. *Endocrine and Oncology*

- A. Endocrine
 - 1. thyroid uptake/imaging
 - 2. parathyroid
- B. Tumor
 - 1. limited static
 - 2. whole body
 - 3. SPECT or SPECT/CT (e.g., adrenal)
 - 4. PET/CT (e.g., neuroendocrine, prostate, lymphoma)
- C. Therapy
 - 1. procedures
 - a. palliative bone
 - b. thyroid ablation
 - c. hyperthyroidism
 - d. selective internal radiation therapy (SIRT)
 - e. targeted radiotherapy
(e.g., neuroendocrine, prostate)
 - 2. regulations

FOCUS OF QUESTIONS

Questions about a specific study or procedure may address any of the following factors:

- Instrumentation
 - detector system
 - data acquisition
 - data analysis
 - ancillary equipment
- Radiopharmaceuticals and Pharmaceuticals
 - selection
 - dosage (e.g., routine, pediatric, bariatric)
 - administration
 - biodistribution
- Patient Preparation, Monitoring, and Education
 - indications and contraindications
 - pregnancy and nursing
 - dietary restrictions
 - adverse reactions
 - medications
 - age specific considerations
 - lab values
- Imaging Techniques
 - anatomical landmarks
 - views
 - patient-detector orientation
 - fusion imaging
- Anatomy and Pathophysiology

- general anatomy
- cross-sectional anatomy

- Nationally Recognized Standards
(e.g., ASRT Practice Standards, SNMMI
Procedure Standards, The Joint
Commission)

PROCEDURES (CONTINUED)

TYPE OF STUDY

1. breast
2. skin lesion
3. lymphangiography (extremity)

4. *Gastrointestinal and Genitourinary*

- A. Gastric Emptying
- B. Gastroesophageal Reflux
- C. Meckel Diverticulum
- D. GI Bleed
- E. Hepatobiliary
- F. RBC Hemangioma
- G. Liver/Spleen
- H. Renal Function
- I. Renal Cortical

5. *Other Imaging*

- A. Abscess/Infection
- B. Bone
 - 1. limited static
 - 2. 3-phase
 - 3. whole body
 - 4. SPECT or SPECT/CT
- C. Central Nervous System
 - 1. brain death
 - 2. SPECT or SPECT/CT
 - 3. PET/CT
 - 4. cisternography / CSF leak
 - 5. shunt patency
- D. Lung
 - 1. ventilation – gas and aerosol
 - 2. perfusion
 - 3. quantitative
 - 4. hepatic artery perfusion study (HAPS) for pretherapy lung shunt fraction
- E. Lymphoscintigraphy

- general anatomy
- cross-sectional anatomy

FOCUS OF QUESTIONS

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- Anatomy and Pathophysiology
- Nationally Recognized Standards
(e.g., ASRT Practice Standards, SNMMI Procedure Standards, The Joint Commission)

Radiopharmaceuticals

1. Tc-99m sodium pertechnetate
2. Tc-99m medronate (MDP)
3. Tc-99m pyrophosphate (PYP)
4. Tc-99m sestamibi (Cardiolite®)
5. Tc-99m tetrofosmin (Myoview™)
6. Tc-99m labeled RBCs
7. Tc-99m pentetate (DTPA)
8. Tc-99m succimer (DMSA)
9. Tc-99m mertiatide (MAG3)
10. Tc-99m exametazime (Ceretek™)
11. Tc-99m bicisate (Neurolite®)
12. Tc-99m exametazime (Ceretek™) tagged WBCs
13. Tc-99m MAA
14. Tc-99m sulfur colloid
15. Tc-99m tilmanocept (Lymphoseek®)
16. Tc-99m mebrofenin (Choletec®)
17. In-111 pentetate (DTPA)
18. In-111 oxine labeled WBCs
19. Xe-133 gas
20. I-123 sodium iodide
21. I-131 sodium iodide
22. I-123 ioflupane (DaTscan™)
23. I-123 iobenguane (MIBG, AdreView™)
24. Cu-64 dotatate (Detectnet™)
25. Ga-68 dotatate (NETSPOT®)
26. Ga-68 gozetotide PSMA (e.g., Illuccix®)
27. F-18 fluorodeoxyglucose (FDG)
28. F-18 florbetapir (Amyvid®)
29. F-18 piflufolastat PSMA (Pylarify®)
30. F-18 florbetaben (Neuroceq®)
31. F-18 flutemetamol (Vizamyl™)
32. Rb-82 chloride

Therapeutic Radiopharmaceuticals

33. Ra-223 dichloride (Xofigo®)
34. I-131 sodium iodide

- 35. Lu-177 dotatate (LUTATHERA®)
- 36. Lu-177 vipivotide tetraxetan (Pluvicto®)
- 37. Y-90 microspheres (TheraSphere™, SIR-Spheres®)

Interventional Pharmaceuticals

- 38. Aminophylline
- 39. Atropine sulfate
- 40. Dobutamine
- 41. Beta blocker
- 42. Nitroglycerin
- 43. Fatty meal substitute
- 44. Furosemide (Lasix®)
- 45. Sincalide (Kinevac®)
- 46. Morphine sulfate
- 47. Regadenoson (Lexiscan®)
- 48. Potassium iodide (Lugol solution / SSKI)
- 49. Heparin
- 50. Recombinant TSH (Thyrogen®)
- 51. Oral CT contrast media

*This is a list of commonly used pharmaceuticals that may appear on the exam. However, other pharmaceuticals may appear as practice changes.

	MEETS REQUIREMENT	DOES NOT MEET REQUIREMENT	N/A
INTERVENTIONAL PROCEDURES:			
Select and organize the supplies necessary to perform the procedure			
Control access to the scan room during the procedure			
Assist with the procedure including preparation, documentation, and patient care			
Identify any contraindications prior to the procedure			
Verify the patient's physiological preparation			
Verify completion of informed consent			
Verify and document patient identity			
Localize region of interest for the procedure			
Practice ALARA principles thereby limiting the radiation exposure of patients, fellow workers, and self			
Assure appropriate post-procedure monitoring and documentation is performed			
Assures proper disinfection, cleaning, and maintenance of the sterile field			

Evaluator's Signature _____

Clinical Site _____

Date _____

Comments:

Nuclear Medicine Technology Certification Board

CNMT Certification Examination Content Outline



Components of Preparedness

Domain I: Radiation Physics & Detection – 7%

Domain II: Radiation Safety & Regulations – 13%

Domain III: Pharmaceutical & Radiopharmaceutical Agents – 25% **Domain IV:** Instrument Operations & Quality Control – 15% **Domain V:** Clinical Procedures – 40%

I. Radiation Physics and Detection

7%

A. UNDERSTAND THE FUNDAMENTALS OF RADIATION PHYSICS AND DETECTION

1. Physical properties
 - a. Radioactive materials
 - i. Isotopes and their properties (e.g., half-life, energy)
 - ii. Modes of decay (e.g., gamma emitters, beta emitters, alpha emitters, positron emitters)
 - b. X-ray production
 - i. Bremsstrahlung
 - ii. Characteristic x-ray
2. Decay calculations and Counting statistics
3. Interactions of radiation with matter
 - a. Compton scatter
 - b. Photoelectric effect
4. Radiation detector types and basic principles
 - a. NaI well
 - b. Ion chamber
 - c. Solid state detector
 - d. GM meter

**IDENTIFY BIOLOGICAL EFFECTS OF RADIATION
EXPOSURE**

1. Deterministic (e.g., due to amount, radiation burns)
2. Stochastic (e.g., cancer)
3. Exposure
 - a. Patient (e.g., imaging, treatment, diagnostic)
 - b. Technologist (e.g., imaging, treatment, diagnostic)
4. Short-term vs Long-term effects of radiation
5. Radiosensitivity (e.g., effects on the cell)

**RECOGNIZE PROTECTION TECHNIQUES AND
CALCULATIONS**

6. ALARA
 - a. Time
 - b. Distance (inverse square law)
 - c. Shielding (shielding equations)

PERFORM SURVEY PROTOCOLS AND REQUIREMENTS (E.G., TIMING AND FREQUENCY)

7. Radiation surveys (area monitoring) including:
 - a. Survey meters and well counters
 - b. Choice of radiation detection devices (e.g., Geiger Counters, sodium iodide detectors)
 - c. Frequency of surveys
 - d. Trigger limits of surveys
8. Personal monitoring devices
 - a. Types (e.g., ring badge vs collar badge)
 - b. Dosimeter report
 - c. Declaration of pregnancy
9. Personal protective equipment (e.g., lab coat, gloves, syringe shields)
10. Effective dose equivalent limits for:
 - a. Radiation workers
 - b. Declared pregnant radiation workers
 - c. General public

B. COMPLY WITH NUCLEAR REGULATORY COMMISSION (NRC) REGULATIONS

1. Posted warnings and informational signs delineating restricted and unrestricted areas
2. Surveying and inventorying radioactive materials
3. Adverse event response
 - a. Trigger levels and monitoring methods
 - b. Radiation exposure
 - c. Radiation spills (e.g., major vs minor)
 - d. Protection during adverse events
 - e. Personnel, patient and/or public decontamination
 - f. Area/equipment decontamination
 - g. Recordable and reportable events
4. Adherence to radioactive waste storage requirements

5. Radioactive material disposal (e.g., liquids, solids, gasses, contaminated materials)
6. Record maintenance
 - a. Receipt, storage, and disposal of radioactive materials
 - b. Radiation monitoring and reporting
 - c. Equipment calibration and maintenance
 - d. Staff, patient, occupational and public exposure
 - e. Nuclear medicine diagnostic and therapeutic procedures
 - f. Leak test
7. Written directives
8. Shipping and Packaging Regulations
 - a. Department of Transportation (DOT)
 - b. Types of shielding containers

- c. Label requirements (e.g., transportation index, name, concentration, expiration date/time, total activity, assay date/time, limits)
- d. Types of packages (e.g., exempt, non-exempt)
- e. Package monitoring/receiving/returning

C. COMPLY WITH OTHER REGULATIONS AND GUIDELINES

- 1. Environmental Protection Agency (EPA)
- 2. Occupational Safety and Health Administration (OSHA)
- 3. Health and Human Services (HHS)/Health Insurance Portability and Accountability Act (HIPAA)
 - a. Protecting patient rights and privacy
 - b. Maintaining patient records
 - c. Releasing information to authorized parties
- 4. Food and Drug Administration (FDA)
- 5. United States Pharmacopeia (USP)
 - a. USP<797>
 - b. USP<825>
- 6. Institutional and Departmental Accreditation Organizations (e.g., SOP documents)

III. Pharmaceutical and Radiopharmaceutical Agents

25%

A. ELUTE RADIONUCLIDE GENERATOR, PERFORM, AND EVALUATE QUALITY CONTROL TESTS

- 1. Types of generators (e.g., $^{99}\text{Mo}/^{99\text{m}}\text{Tc}$, $^{82}\text{Sr}/^{82}\text{Rb}$)
 - a. Transient and secular
 - b. Eluate
 - c. Generator yield – volume and activity
 - d. Quality control procedures
 - i. Radionuclidic breakthrough (e.g., ^{99}Mo breakthrough)
 - ii. Chemical (e.g., Al^{+3} breakthrough)
- 2. Dose calibrator operation /units of radioactivity

B. PREPARE RADIOPHARMACEUTICAL KITS, PERFORM QUALITY CONTROL, AND EVALUATE RESULTS

1. Radiopharmaceutical kits
 - a. Preparation techniques
 - b. Activity and volume limitations
 - c. Activity calculations
 - d. Particle size and number (e.g., MAA kit)
2. Radiopharmaceutical quality control
 - a. Visual inspection - color and clarity
 - b. Radiochemical purity (e.g., ITLC)
3. Labeling kits
4. Storage of kits before and after reconstitution
 - a. Expiration
 - b. Temperature requirements

C. UNDERSTAND THE CHARACTERISTICS (I.E., MECHANISM OF LOCALIZATION), INDICATIONS, CONTRAINDICATIONS, AND ADMINISTRATION OF DIAGNOSTIC RADIOPHARMACEUTICALS

1. Tc-99m labeled radiopharmaceuticals
 - a. Tc-99m sodium pertechnetate

- b. Tc-99m oxidronate/HDP
- c. Tc-99m medronate/MDP
- d. Tc-99m pentetate/DTPA
- e. Tc-99m macroaggregated albumin/MAA
- f. Tc-99m sulfur colloid (e.g., filtered, unfiltered)
- g. Tc-99m mebrofenin (Choletec®)
- h. Tc-99m mertiatide/MAG3®
- i. Tc-99m pyrophosphate/PYP
- j. Tc-99m sestamibi/MIBI (Cardiolite®)
- k. Tc-99m tetrofosmin (Myoview®)
- l. Tc-99m succimer/DMSA (Nephroskan®)
- m. Tc-99m exametazime/HMPAO (Ceretek®)
- n. Tc-99m bicisate/ECD (Neurolite®)
- o. Tc-99m labeled RBCs (UltraTag®/PYP)
- p. Tc-99m HMPAO tagged WBCs
- q. Tc-99m tilmanocept (Lymphoseek®)
- 2. Iodine labeled radiopharmaceuticals
 - a. I-123 sodium iodide
 - b. I-131 sodium iodide
 - c. I-123 Iobenguane (MIBG) (AdreView®)
 - d. I-123 Ioflupane (DaTscan®)
- 3. Indium labeled radiopharmaceuticals
 - a. In-111 chloride
 - b. In-111 oxine labeled WBCs
 - c. In-111 pentetate (DTPA)
 - d. In-111 pentetreotide (Octreoscan®)
- 4. Miscellaneous diagnostic radiopharmaceuticals
 - a. Ga-67 gallium citrate
 - b. Tl-201 thallous chloride
 - c. Xe-133 gas
- 5. Positron Emission Tomography
 - a. Cu-64 Dotatate (Detectnet®)
 - b. F-18 FDG
 - c. F-18 Florbetaben (Neuraceq®)
 - d. F-18 Florbetapir (Amyvid®)
 - e. F-18 Flutemetamol (Vizamyl®)
 - f. F-18 Sodium Fluoride (NaF)
 - g. F-18 Fluciclovine (Axumin®)

- h. F-18 Flortaucipir (Tauvid®)
- i. F-18 Piflufolastat (Pylarify®)
- j. F-18 Fluorodopa
- k. F-18 Fluoroestradiol (Cerianna®)
- l. Ga-68 Dotatate (Netspot®)
- m. Ga-68 Dotatoc
- n. Ga-68 Gozetotide (Illuccix®, Locametz®)

- o. N-13 ammonia
- p. Rb-82 chloride (Rubyfill®, Cardiogen®)

D. UNDERSTAND THE CHARACTERISTICS (I.E., MECHANISM OF LOCALIZATION), INDICATIONS, CONTRAINDICATIONS, AND ADMINISTRATION OF THERAPEUTIC RADIOPHARMACEUTICALS

1. I-131 sodium iodide
2. Lu-177 dotatate (Lutathera®)
3. Lu-177 Vipivotide tetraxetan (Pluvicto®)
4. Ra-223 Radium dichloride (Xofigo®)
5. Sr-89 chloride (Metastron®)
6. Y-90 microspheres (SIR-Spheres®, TheraSphere®)

E. UNDERSTAND THE INDICATIONS, CONTRAINDICATIONS, AND ADMINISTRATION OF INTERVENTIONAL

and adjunct pharmaceutical agents used in conjunction with nuclear medicine procedures

1. Dipyridamole (Persantine®)
2. Adenosine
3. Dobutamine
4. Aminophylline
5. Regadenoson (Lexiscan®)
6. Captopril
7. Enalaprilat
8. Furosemide (Lasix®)
9. Insulin
10. Acetazolamide (Diamox®)
11. Cholecystokinin/ sincalide/CCK
12. Morphine
13. Cimetidine/famotidine
14. ACD solution
15. Heparin
16. Contrast media (oral and IV)
17. Lugol's solution/SSKI
18. Thyroid Stimulating Hormone (TSH)
19. Lidocaine

20. Lidocaine (EMLA®) cream
21. Atropine
22. Recombinant human TSH (Thyrogen®)
23. Amino acids (e.g., lys-arg)
24. Zofran/Emend
25. Beta blockers (e.g., Metoprolol)
26. Boost®/Ensure®

F. RADIOLABEL BLOOD COMPONENTS WITH RADIOPHARMACEUTICAL ACCORDING TO PROTOCOL

1. Labeling procedures
 - a. Required lab equipment and supplies
 - b. Anticoagulants and other additives
 - c. Chemical reactions
 - d. Cell washing
 - e. Required radiopharmaceuticals

- f. Method (e.g., in vivo, in vitro)
2. Calculation of labeling efficiency and administered dosage
3. Reinjection patient and sample verification

G. ADMINISTER RADIOPHARMACEUTICALS AND NON-RADIOACTIVE AGENTS

1. Administration routes (e.g., IV, oral, intrathecal)
2. Administration techniques (e.g., bolus, infusion, aseptic)

IV. Instrument Operations and Quality Control

15%

A. OPERATE NON-IMAGING EQUIPMENT AND COMPONENTS

1. Quality control and calibration for well counters and probes
 - a. Quality control and calibration for the sodium iodide scintillation detector
 - b. Gamma ray spectra and pulse height analysis
 - c. Formulas (e.g., energy resolution, sensitivity, Chi-square statistics)
2. Operational status of survey meter
 - a. Survey meter operations and components
 - b. Survey meter quality control and calibration
3. Dose calibrator constancy, accuracy, linearity, and geometry tests

B. OPERATE IMAGING EQUIPMENT AND COMPONENTS

1. Gamma Camera quality control
 - a. Uniformity
 - b. Spatial resolution and linearity
 - c. Visual image quality
 - d. Phantoms
 - e. Artifacts
 - f. System sensitivity
 - g. Pulse height analysis
2. SPECT and SPECT/CT imaging system
 - a. Attenuation correction
 - b. SPECT camera quality control
 - i. Center of rotation
 - ii. Field uniformity requirements

- iii. Pixel calibration
 - iv. 3-D uniformity and resolution (e.g., Jaszczak phantom)
 - v. Artifacts
3. PET and PET/CT imaging systems
 - a. Application of attenuation corrections
 - b. PET quality control (e.g., daily blank scan, normalization scan, 2-D/3-D well counter, artifacts)
 4. CT imaging systems
 - a. Co-registration of images
 - b. CT quality control (e.g., contrast and spatial resolution, noise, uniformity, artifacts)
 - c. Safety alerts (e.g., pre-scan notification)
 5. Computer equipment (e.g., monitors, matrix sizes, printers)
 6. Networking and information systems (e.g., PACS and RIS)

C. OPERATE AUXILIARY EQUIPMENT

1. Laboratory equipment (e.g., pipette, fume hoods)
2. Patient care equipment
 - a. Intravenous infusion pump
 - b. ECG monitor
 - c. Pulse oximeter
 - d. Defibrillator
 - e. Glucose meter
 - f. Blood pressure equipment
 - g. Oxygen delivery equipment
 - h. Patient lifts
 - i. Lateral transfer equipment
3. Non-imaging equipment
 - a. Xenon delivery system and trap
 - b. Aerosol delivery system
 - c. Treadmill
 - d. Liquid scintillation counter
 - e. Rb delivery system (e.g. Rubyfill®, Cardiogen®)

V. Clinical Procedures and Therapies

40%

A. PERFORM NUCLEAR MEDICINE PROCEDURES

1. Pulmonary
 - a. Radioaerosol ventilation
 - b. Gas ventilation
 - c. Perfusion
 - i. SPECT
 - ii. SPECT/CT
 - d. Perfusion/Ventilation quantitation
2. Bone/Musculoskeletal scans
 - a. Limited
 - b. Whole-body
 - c. 3-phase
 - d. 4-phase
 - e. SPECT
 - f. SPECT/CT
 - g. NaF PET

3. Oncology
 - a. Ga-67 tumor imaging, planar and/or SPECT
 - b. SPECT/CT
 - c. Peptide imaging
 - d. Molecular breast imaging
 - e. Lymphoscintigraphy/sentinel lymph node localization
 - f. Tumor imaging, PET
 - i. Melanoma (e.g., whole body)
 - ii. PSMA

- iii. Neuroendocrine
 - iv. Neurology
 - v. General (e.g., skull-base to mid-thigh)
- g. Neuroendocrine tumor imaging
- 4. Infection
 - a. Ga-67 infection imaging
 - b. Tagged WBC imaging
- 5. Renal/Genitourinary
 - a. Cystogram, direct
- b. Effective renal plasma flow (ERPF)
 - c. Glomerular filtration rate (GFR) imaging
 - d. Glomerular filtration rate (GFR) non-imaging
 - e. Renal anatomy, planar, SPECT (e.g., DMSA)
 - f. Renal flow
 - g. Renogram (Lasix®)
 - h. Renogram with ACE inhibitors
- 6. Endocrine
 - a. Adrenal imaging
 - b. Parathyroid imaging, planar and SPECT
 - c. SPECT/CT
 - d. Thyroid imaging
 - e. Thyroid uptake
 - f. Whole body survey for thyroid metastases
- 7. Hematopoietic
 - a. Bone marrow imaging
- 8. Cardiovascular
 - a. Myocardial perfusion, planar
 - b. Myocardial perfusion (gated and non-gated)
 - i. SPECT (e.g., supine, prone)
 - ii. SPECT/CT
 - iii. CT attenuation
 - iv. PET
 - c. Cardiac sarcoidosis
 - i. PET
 - d. First pass for EF and wall motion
 - e. Gated cardiac blood pool, rest
 - f. Gated cardiac blood pool, stress
 - g. Gated cardiac blood pool, SPECT

- h. Cardiac shunt
 - i. Cardiac Amyloidosis
 - j. MIBG
 - k. Myocardial viability
 - i. Thallium
 - ii. FDG
9. Gastrointestinal

- a. Gastric emptying (liquid/solid)
- b. Gastroesophageal reflux
- c. Gastrointestinal bleeding
- d. Hemangioma
- e. Hepatobiliary with and without GBEF
- f. Liver-lung shunt mapping (arterial)
- g. Liver-spleen imaging, planar and SPECT
- h. SPECT/CT
- i. Meckel's diverticulum

10. Central Nervous System

- a. Brain flow, brain death
 - b. Brain imaging, planar and SPECT
 - i. Brain perfusion SPECT (Acetazolamide)
 - ii. Viability SPECT
 - iii. Tumor SPECT
 - c. SPECT/CT
 - d. Dopamine transporter DaTscan®
 - e. Cisternogram
 - f. CSF leak
 - g. CSF shunt patency
 - h. Amyloid
 - i. Ictal and interictal (e.g., SPECT/planar, PET)
- #### 11. Radionuclide Therapy
- a. I-131 sodium iodide for ablation
 - b. I-131 sodium iodide for hyperthyroid
 - c. Lu-177 Dotatate (Lutathera®)
 - d. Lu-177 PSMA (Pluvicto®)
 - e. Ra-223 Dichloride (Xofigo®)
 - f. Sr-89 Chloride (Metastron®)
 - g. Y-90 labeled microspheres

12. CT Imaging Procedures

- a. Attenuation correction
- b. Anatomical localization
- c. Diagnostic vs non-diagnostic

B. SCHEDULE PATIENT STUDIES

- 1. Camera duration
- 2. Multiple radionuclide procedures for a single patient

3. Same-day multiple modality procedures for a single patient

C. PROCURE SUPPLY OF RADIOPHARMACEUTICALS

1. License parameters and limits (i.e., Institutional)
2. Reconciliation of schedule with radiopharmaceutical/adjunct pharmaceutical procurement

D. EDUCATE PATIENT, FAMILY, AND PERSONNEL

1. Procedures
2. Precautions
3. Restrictions
4. Release criteria (e.g., inpatient, travel, therapy)
5. Consent (e.g., written and verbal)

E. OBTAIN PATIENT INFORMATION AND PROVIDE PATIENT CARE

1. Patient information and privacy (e.g., Healthcare Insurance Portability and Accountability Act (HIPAA))
2. Basic patient care (e.g., vital signs, basic first aid, infection control)
3. Patient transferring techniques
4. Patient support devices (e.g., Foley catheter and drainage bag)
5. Patient identification (e.g., armband, verbal, scan)
6. Orders for study
7. Pre-examination screening
 - a. Patient preparations and contraindications
 - b. Medical history
 - c. Current medications
 - d. Allergic and adverse reaction history
 - e. Review relevant lab values
8. Informed consent
9. Disposal of supplies and biohazardous material
10. Emergency procedures (e.g., fainting, seizure, cardiopulmonary arrest)
11. Post-procedure assessment

F. SELECT AND ADMINISTER PRESCRIBED RADIOPHARMACEUTICALS

1. Patient/ radiopharmaceutical reconciliation
2. Calculation of appropriate volume to deliver prescribed dosage when needed
3. Radiopharmaceutical administration using appropriate route and technique

G. PREPARE EQUIPMENT AND PERFORM EXAMINATIONS

1. Patient positioning (e.g., anatomical markers, immobilization techniques)
2. Imaging parameters for data acquisition

H. EVALUATE IMAGE QUALITY

1. Normal and abnormal scan patterns
2. Artifacts and causes
3. Co-registration of images (SPECT/CT and PET/CT)
4. Study repetition and additional views

I. PERFORM IMAGE PROCESSING

1. Data storage, transfer, and retrieval
2. Image formation (e.g., static, dynamic, gating, list mode)
3. Image reconstruction (e.g., SPECT, PET/CT)
4. Image enhancement (e.g., filters, matrix, intensity)
5. Quantitative analysis
 - a. Regions of interest and quantification
 - b. Curve generation and analysis
 - c. Image normalization and subtraction
6. Display formatting (image size, number of images, intensity adjustments)

J. PREPARE/PERFORM STRESS TESTING

1. Basic electrocardiography (ECG) (e.g., cardiac monitoring)
 - a. Cardiac conduction system
 - b. Components of a normal ECG wave form
 - c. Recognizing and responding to changes on a resting or stress ECG
2. ECG lead placements
3. Treadmill stress techniques (e.g., Bruce and modified Bruce) and bicycle stress techniques

- a. Contraindications
- b. Duration/termination parameters
- 4. Pharmacological stress protocols
 - a. Contraindications
 - b. Timing of pharmacological stress agent
 - c. Timing of radiopharmaceutical injection
 - d. Duration/termination parameters
 - e. Drug side-effects and appropriate treatment
 - f. Reversal agents and techniques

K. OBTAIN SAMPLES AND/OR DATA FOR NON-IMAGING STUDIES

- 1. Data specimen collection techniques, including timing, methods, containers, and storage
- 2. Background correction
- 3. External counting techniques

L. EVALUATE THE RESULTS OF NON-IMAGING STUDIES

- 1. Error analysis
- 2. Calculations

M. ADMINISTER RADIOPHARMACEUTICAL THERAPIES

- 1. Isolation room requirements
- 2. Surveys
- 3. Inpatient vs outpatient
- 4. Storage and waste disposal
- 5. Documentation and record keeping
- 6. Post-therapy scanning
- 7. Dosimetry

ACADEMIC REVIEW PROCESS

Students share responsibility for their learning and are expected to meet program and course requirements.

INFORMAL PROCESS

Step One: A student with an academic issue meets with the concerned faculty member. The intent of this meeting is to discuss the problem and work together to find a resolution.

The student may proceed to **Step Two** if a satisfactory agreement is not reached.



Step Two: The student, faculty, and Associate Dean & Director meet in a second attempt to reach a resolution.

The student may proceed to **Step Three** if the problem cannot be resolved.



FORMAL PROCESS

Step Three: The student submits a completed [Academic Review Form](#) to the Dean of the Barbara H. Hagan School of Nursing and Health Sciences.

A formal meeting is held with

- Dean
- Associate Dean
- The Faculty member
- The Student
- The student may select to be accompanied by a non-legal support person

The student has the option to move to **Step Four** if there is a failure to obtain a satisfactory resolution

Molloy University
The Barbara H. Hagan School of Nursing and Health Sciences
Academic Review Form

Step Four: If there are grounds for a subsequent formal grade appeal per university policy, the student may implement the Molloy University Grade Appeal Process. Refer to the **Molloy University College Undergraduate/Graduate Student Handbook and Calendar**. The student is responsible for obtaining the instructions and observing the deadlines for filing an appeal. **NOTE THE UNIVERSITY's TIMEFRAME for submitting an appeal.**

NOTE THE TIMEFRAME FOR MOLLOY UNIVERSITY GRADE APPEAL PROCESS.

ACADEMIC REVIEW FORM

**THIS FORM IS TO BE COMPLETED BY STUDENTS WHO WISH TO PURSUE
MEDIATION OF AN
ACADEMIC ISSUE.**

**FILLABLE FORM IS AVAILABLE USING THIS [LINK](#). PLEASE COMPLETE THE
FILLABLE FORM ONLY**

Student Name

Today's date
Student ID

Student's email address

Student's home address

Program and level -check all that apply
name ☐ Undergraduate student

☐ Graduate student

☐ Nursing

☐ SLP ☐ PA

☐ Respiratory Care

☐ Nuclear Medicine

☐ Cardiovascular Technology

Course number, section, and course

STATUS OF ACADEMIC CONCERN

Student has met with faculty member regarding the academic concern.

Faculty member's name:
meeting

Date of

Outcome of meeting with faculty member

Student met together with faculty member
and either Associate Dean or Department
Chair for the program, to resolve the
concern.

Date of meeting

Names of individuals at meeting

Outcome of meeting among student, faculty member and Associate Dean or Chair

FORMAL ACADEMIC REVIEW MEDIATION

Clearly describe the specific academic issue to be addressed

Provide evidence to support the claim. May include attachments as relevant

Indicate requested resolution or outcome

Sign form by typing your name and date, attesting that the information above is accurate and true.

FOR SONHS USE ONLY

☐ resolution

☐ no basis for action or change

☐ referred

comments

Signature

Date

LIBRARY LIST

Nuclear Medicine Textbooks

(Available to students)

Waterstram-Rich, L. & Gilmore, D. (2023). Nuclear Medicine and Molecular Imaging Technology and Techniques. 9th Ed. ISBN 978-0-323-77550

Vallabhajosula, S. (2023). Molecular Imaging and Targeted Radionuclide Therapy: Introduction. In: Molecular Imaging and Targeted Therapy. Springer. ISBN978-3-031-23205-3

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Kelley, L. & Petersen, C. (2018). Sectional Anatomy for Imaging Professionals. 4th Ed. ISBN-10:0323414877

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Bushberg & Seibert, (2011). The Essential Physics of Medical imaging 3rd Ed. Lippincott, Williams, and Wilkins. ISBN 9780781780

Saha, (2010). Fundamentals of Nuclear Pharmacy 6th Ed. Springer. ISBN 9781441958594

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Gurley, (2010). Introduction to Radiologic Technology 7th Ed. Mosby. ISBN 0323073514

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