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# Accreditation Standards for Nuclear Medicine Technologist Education



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**Joint Review Committee on Educational Programs  
In Nuclear Medicine Technology**

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## Introduction

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) accredits qualified educational programs in nuclear medicine technology offered by, or located within, institutions chartered by and physically located within the United States and its territories.

This document, previously referred to as *Essentials and Guidelines*, was initially adopted in 1970; revised in 1976, 1984, 1991, 1997, 2003 and 2010 and endorsed by the:

- American College of Radiology
- American Society of Radiologic Technologists
- Society of Nuclear Medicine and Molecular Imaging
- Society of Nuclear Medicine and Molecular Imaging Technologist Section

These *Standards* should be used for the development and self-evaluation of programs. They constitute the minimum requirements to which an accredited program is held responsible and they are the criteria which the JRCNMT utilizes to award or deny program accreditation. Program accreditation is recognized as providing a basic assurance of the scope and quality of professional education.

**Terms in bold within the *Standards* are defined on the Definitions page of this document.**

## Nuclear Medicine Technology

Nuclear medicine is the medical specialty that utilizes the nuclear properties of radioactive and stable nuclides to make diagnostic evaluations of the physiologic and/or anatomic conditions of the body and to provide therapy with unsealed radioactive sources. The nuclear medicine technologist is an allied health professional who, under the direction of an authorized user, is committed to applying the art and skill of diagnostic evaluation and therapeutics through the safe and effective use of radiopharmaceuticals and pharmaceuticals. The nuclear medicine technologist exhibits professionalism in the performance of duties, demonstrates an empathetic and instructional approach to patient care and maintains confidentiality of information as required. Responsibilities include, but are not limited to: preparation, quality control testing and administration of radioactive compounds; execution of patient imaging procedures including computer processing and image enhancement; laboratory testing; patient interviews; instruction and preparation for administration of prescribed radioactive compounds for therapy; quality control; and radiation safety. The nuclear medicine technologist applies knowledge of radiation physics and safety regulations to limit radiation exposure of the general public, patients, fellow workers, and self to as low as reasonably achievable (ALARA). Professional growth and development is achieved through appropriate utilization of new technologies, participation in continuing education and involvement in research to enhance the quality of patient care.

## Program Accreditation

Accreditation of nuclear medicine technology programs is a voluntary process that includes an in-depth analysis of the program relative to the *Standards*. Published institutional and program mission statements are considered by the JRCNMT in its application and enforcement of the Standards. Accreditation decisions are based on JRCNMT Board review of information provided in the accreditation application and self-study report, the report of site visit evaluation team and any additional information requested from the program in writing or at the time of the site visit. New information submitted after the site visit will not be accepted or considered by the JRCNMT Board of Directors.

## Definitions

Terms defined here are bolded within the Standards. For terms that are not defined their definitions are at the discretion of the Board of Directors of the JRCNMT.

<b>Academic Affiliate</b>	A regionally-accredited post-secondary educational institution recognized by the JRCNMT to provide academic credits for completion of the professional nuclear medicine technology curriculum and award a degree.
<b>Academic Program Faculty</b>	Program faculty who teach didactic courses in the classroom or laboratory.
<b>Affiliation Agreement</b>	A formal written document between a program sponsor and another institution that agrees to provide educational experiences or academic credits to students.
<b>Affiliate Sharing Agreement</b>	A formal written document signed by the program directors and affiliate clinical supervisor describing how the approved student capacity at the affiliate will be distributed amongst the programs sharing it.
<b>Assessment</b>	The systematic collection, review and application of information to improve student learning, educational quality and program effectiveness.
<b>Authorized User</b>	Within these Standards, refers to a physician authorized by appropriate state or federal authorities for the medical use of radioactive materials.
<b>Clinical Faculty</b>	Those who teach and supervise students in the clinical education setting.
<b>Competencies</b>	The knowledge; professional behaviors; clinical, technical and interpersonal skills; and critical thinking and reasoning skills required of a nuclear medicine technologist.
<b>Competency-Based Education</b>	Learner-centered education in which the focus is on the development of proficiencies.
<b>Effectiveness</b>	Producing or resulting in the stated outcomes.
<b>Extramural Quality Assurance Program</b>	An independent organization that publishes standards for clinical quality and evaluates facilities regarding compliance with the standards. Those recognized by the JRCNMT include the Joint Commission, American College of Radiology (ACR), the Intersocietal Commission on Accreditation of Nuclear Medicine Laboratories (ICANL) and state Boards of Pharmacy.
<b>Medical Informatics</b>	Structure, function and implementation of PACS, teleradiology and other systems used in the healthcare setting to manage, store and transmit information.
<b>Postsecondary Education</b>	Education offered by institutions after the completion of high school.
<b>Quality Assurance</b>	A structured program designed to maintain and improve all aspects of patient care. A quality control program is part of the broader quality assurance program.
<b>Quality Control</b>	A program of technical procedures routinely performed to ensure that equipment meets established performance standards and radiopharmaceuticals demonstrate accepted properties.

# Standards for Accreditation

## Standard A: Administration

The nuclear medicine technology program shall be conducted in an institution that has documented its commitment to quality, integrity and performance.

### A1.1 Sponsoring Institution Qualifications and Responsibilities

- a) The sponsoring institution must be accredited by or have candidate status from a recognized regional, national and/or state agency and be legally authorized to provide a program of **postsecondary education**.
- b) JRCNMT accreditation is granted to the sponsoring institution that assumes primary responsibility for curriculum planning and selection of course content; coordinates classroom teaching and supervised clinical education; appoints faculty to the program; receives and processes applications for admission; and grants the certificate or degree documenting completion of the program.
- c) The sponsoring institution must provide the opportunity and financial support for ongoing professional development of the academic faculty of the program to ensure they are able to fulfill their instructional and administrative responsibilities.

### A1.2 Program Location

Accredited nuclear medicine technology programs must be located in:

- colleges and universities
- postsecondary vocational technical schools
- hospitals and medical centers
- a branch of the United States Armed Forces or other governmental educational or medical service that meets postsecondary educational standards
- other institutions or consortia that meet comparable standards for education in nuclear medicine technology.

### A1.3 Program Responsibilities

The program shall be responsible for:

- a) Maintaining and documenting effective supervision, coordination and continuing communication with all affiliated academic and clinical institutions to ensure students receive equivalent and adequate instruction and clinical experiences.
- b) Initiating a formal **affiliation agreement** whenever another institution provides academic and/or clinical education to students as part of the professional program. The agreement must clearly describe the responsibilities of the respective institutions for administration, instruction and supervision. Each written agreement, signed by the appropriate executive officers, should address the following items:
  - a) reason for the agreement
  - b) responsibilities of each individual party
  - c) joint responsibilities
  - d) student supervision responsibilities
  - e) student professional liability coverage
  - f) student health and safety policies
  - g) periodic review of the affiliation agreement
  - h) termination clause providing for program completion by enrolled students

- c) Signing and adhering to the terms of an **affiliate sharing agreement** to ensure that the approved student capacity is never exceeded at a clinical affiliate that is shared by more than one educational program.
- d) Ensuring that prerequisites are met. When an **academic affiliate** provides prerequisites and/or awards credit for the professional curriculum, the responsibilities of the sponsor and the academic affiliate shall be clearly described in written agreements initiated by the program.
- e) Ensuring that the activities assigned to students in the clinical setting are educational.

## **Standard B: Resources**

The sponsor's human, physical, financial and learning resources must be sufficient to support the educational goals and number of students admitted into the program.

### **B1 Sponsor Resources**

- B1.1** Classrooms, laboratories, administrative offices, and other facilities shall be adequate to achieve the educational objectives, ensure safety, and provide barrier-free access for students, faculty, and staff.
- B1.2** The sponsor must have an accessible print and/or electronic library collection to foster an atmosphere of inquiry, study and learning. It should contain both current and historical books in addition to recent journals, periodicals and other reference materials related to all subject areas of the professional curriculum.
- B1.3** Computer hardware and software, models, laboratory equipment, reference materials and audiovisual resources shall be available in sufficient quantity and quality to support the program's mission and goals.
- B1.4** Financial resources for continued operation of the educational program shall be demonstrated by an institutionally approved budget or by a statement of continued financial support from an executive officer of the sponsoring institution.

### **B2 Sponsor Personnel**

The sponsor must have a qualified program director, clinical coordinator, and medical advisor for the nuclear medicine technology program. Primary responsibilities shall include program development, organization, administration, evaluation and revision.

#### **B2.1 Program Director**

##### a) Responsibilities

The director of the educational program shall be responsible for the organization, administration, periodic review, planning, development, and general effectiveness of the program. The director shall have input into budget preparation and provide supervision and coordination to the clinical coordinator(s).

The program director may assume the responsibilities of the clinical coordinator or assign a clinical coordinator to supervise and coordinate the clinical phases of the program. Site visits to the clinical affiliates by the program director or clinical coordinator must be conducted at least twice per year and a record of these visits must be maintained.

b) Qualifications

The program director position must be filled by a nuclear medicine technologist knowledgeable of current nuclear medicine technology and educational methodology. The program director must demonstrate effectiveness in instruction, curriculum design, program planning, evaluation and academic advisement. The program director must:

- hold a master's degree\*,
- be certified by a nationally recognized certifying body,
- have a minimum of four years of post-certification nuclear medicine technology experience and
- have at least one year experience teaching or instructing in a nuclear medicine technology program.

**B2.2** Clinical Coordinator

a) Responsibilities

The clinical coordinator shall perform duties as assigned by the program director e.g., provide supervision, administration, and coordination of the instructional faculty in the clinical phase of the educational program.

b) Qualifications

The clinical coordinator shall be a nuclear medicine technologist knowledgeable of current nuclear medicine technology. The Clinical Coordinator must:

- hold a bachelor's degree or higher\*,
- be certified by a nationally recognized certifying body and
- have a minimum of two years of post-certification experience in nuclear medicine technology.

**B2.3** Medical Advisor

a) Responsibilities

The medical advisor of the program shall provide competent medical guidance to ensure that the medical components of the curriculum meet current acceptable standards. The medical advisor coordinates with the program director to assure physician interaction is included within the clinical education component of the curriculum.

b) Qualifications

The medical advisor must be a licensed physician who is

- an **authorized user** on a radioactive materials license and
- recognized as a diplomate of an American Board of Medical Specialties (ABMS) approved certifying board in Nuclear Medicine or Radiology, or possess suitable equivalent qualifications.

**B2.4** Faculty and/or Instructional Staff

a) Responsibilities

The faculty shall participate in teaching courses, supervising laboratory learning experiences, evaluating student achievement, developing curriculum, formulating policies and procedures, and evaluating program effectiveness.

b) Qualifications

Faculty designated by the program must be qualified, by education, certification, and experience, to teach assigned courses at the appropriate nuclear medicine technology educational level.

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*\*Persons holding this position at the time these Standards go into effect who do not meet this qualification have seven (7) years from the effective date of the Standards to comply with the qualification.*

**B2.5** Administrative Support Staff  
There must be sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them.

**B3 Clinical Affiliate Personnel**

Affiliate Clinical Supervisor

a) Responsibilities

The affiliate clinical supervisor shall be responsible for the clinical education, supervision and evaluation of students assigned to the clinical affiliate.

b) Qualifications

The affiliate clinical supervisor must be certified by a nationally recognized certifying board in nuclear medicine technology or possess suitable equivalent qualifications and have at least two years of post-certification clinical experience. Clinical supervisors in radiopharmacies must possess a current pharmacy license from the state in which they practice or must be a certified nuclear medicine technologist if the radiopharmacy is located within a clinical nuclear medicine department.

**B4 Clinical Affiliate Resources**

**B4.1** The clinical component of the program shall provide an environment for supervised, **competency-based** clinical education and offer a sufficient and well-balanced variety of nuclear medicine procedures. Nuclear medicine equipment, accurately calibrated, in working order and meeting applicable national and state standards must be available for the procedures identified in the approved curriculum. Clinical education sites must document satisfactory participation in **extramural quality assurance** programs appropriate to the practice. In the event that a single affiliate is unable to provide the total clinical education experiences needed, additional clinical affiliates, recognized by the JRCNMT, must be utilized.

**B4.2** Clinical education affiliates are designated in one of the following categories based on the criteria indicated:

- a) Major affiliate – A facility that provides a required portion of the clinical education experience outlined in the *Standards*. The length of time assigned to the clinical affiliate must be sufficient for completion of the essential education assigned to this facility.
- b) Minor affiliate - A facility that provides clinical education experiences that enhance the curriculum requirements of the *Standards*. A student would be assigned to a minor affiliate for not more than the equivalent of ten working days (80 hours).

Clinical competencies may only be obtained at a major affiliate.

**Standard C: Curriculum**

The professional curriculum shall provide the student with a comprehensive body of knowledge and the necessary skills expected of a competent, entry-level nuclear medicine technologist.

**C1 Instruction**

**C1.1** The program must develop a master instructional plan that describes learning experiences, curriculum sequencing, and integration of clinical assignments to develop the necessary competencies for graduation. The plan should include a curriculum sequence, didactic course schedules and clinical education schedules and should explain how the components integrate with one another.

- C1.2** The program must provide students with a syllabus for each academic and clinical course. At a minimum each syllabus should contain learning objectives and performance criteria for satisfactory completion of the course.
- C1.3** The program must provide a student handbook, clinical course syllabi and student evaluation documents to clinical supervisors and orient them to the documents and specific competencies students are expected to obtain.

**C2** Curriculum

- C2.1** Postsecondary educational content for the nuclear medicine technologist shall include as a minimum the following areas:

Prerequisite Science & Mathematics Core Courses

- a) chemistry with laboratory
- b) college algebra
- c) general physics
- d) human anatomy and physiology with laboratory

General Prerequisite or Program Co-Requisite Core

- e) humanities course
- f) medical terminology content
- g) oral and written communications courses
- h) social science course

Students may demonstrate competency in postsecondary coursework as permitted by institutional policy.

- C2.2** The professional nuclear medicine technology curriculum shall include as a minimum the following didactic content areas:

- |  |   |
|--|---|
| a) methods of patient care                             | k) immunology                               |
| b) cross-sectional anatomy                             | l) radionuclide therapy                     |
| c) nuclear medicine statistics                         | m) positron emission tomography (PET)       |
| d) nuclear medicine and radiation physics              | n) computed tomography (CT)                 |
| e) radiation biology                                   | o) radionuclide chemistry and radiopharmacy |
| f) radiation safety and protection                     | p) medical ethics and law                   |
| g) nuclear medicine instrumentation                    | q) healthcare administration                |
| h) <b>quality control</b> and <b>quality assurance</b> | r) health sciences research methods         |
| i) computer applications for nuclear medicine          | s) <b>medical informatics</b>               |
| j) general diagnostic nuclear medicine procedures      | t) pharmacology                             |

- C2.3** The program shall include learning opportunities for students to develop personal and professional attributes and values relevant to clinical practice. These attributes include:

- a) problem solving, critical-thinking and decision-making skills
- b) a commitment to make a significant contribution to the healthcare team
- c) appreciation and respect for cultural diversity
- d) knowledge of departmental organization and function in relation to the healthcare delivery system
- e) knowledge of the value and responsibilities entailed in being a professional healthcare provider

**C2.4** Supervised clinical education shall include the following:

- a) patient care and patient recordkeeping in accordance with the Health Insurance Portability and Accountability Act (HIPAA)
- b) radiation safety techniques that will minimize radiation exposure to the patient, public, fellow workers and self
- c) participation in a **quality control** program
- d) preparation, calculation, identification, administration (where permitted), and disposal of radiopharmaceuticals and the performance of all radionuclide quality control procedures
- e) performance of an appropriate number and variety of diagnostic nuclear medicine procedures, including PET, to achieve desired clinical competencies
- f) observation and assistance with an appropriate number and variety of therapeutic nuclear medicine procedures to achieve desired clinical competencies
- g) observation of interpreting physicians to develop an understanding of the clinical correlation of nuclear medicine procedures with other diagnostic procedures

**C2.5** A program's professional curriculum must address all JRCNMT-recognized technical competencies, as published in the accompanying JRCNMT Accreditation Manual.

#### **Standard D: Operational Policies**

A program is responsible for ensuring integrity in all operations dealing with students, staff, patients, and the public.

#### **D1 Fair Practices**

**D1.1** Announcements and advertising must accurately reflect the program offered.

**D1.2** All personnel and student policies must be consistent with federal and state statutes, rules and regulations.

**D1.3** The admission process, including advanced placement, must be conducted in accordance with clearly defined and published practices of the sponsoring institution and program.

**D1.4** The following must be accurately stated, published and available to students:

- a) policies on transfer credit and credit for professional certification and prior work experience
- b) institutional academic calendar
- c) estimates of tuition, fees and other costs related to the program
- d) policies and procedures for refund of tuition and fees
- e) required academic and technical performance standards for admission
- f) all graduation requirements including academic credits necessary for program completion
- g) policies and procedures for student withdrawal, probation, suspension and dismissal
- h) student appeal and grievance procedures that permit neutral evaluation and ensure due process

**D1.5** Clinical assignments outside the normally scheduled clinical experience (e.g., evenings, weekends, and holidays) shall be justified by documenting their purpose. The document must be signed by the student, the clinical supervisor and a representative of the program. Specific objectives and evaluations must be developed to address the uniqueness of these learning experiences.

**D1.6** Policies and processes by which students may work in the nuclear medicine department while enrolled in the program must be published and made known to all concerned to avoid substitution of students for regular staff. Students may not assume the responsibility or take the place of qualified staff. Class credit cannot be awarded for clinical hours in which the student is an employee of the facility.

**D1.7** The following must be accurately stated, published and readily available to faculty:

- a) student grievance policies and procedures
- b) faculty grievance policies and procedures

**D1.8** The health and safety of patients, students and faculty must not be jeopardized in any way by activities of students.

**D2** **Public Information on Program Outcomes**

The program is responsible for accurately stating, routinely publishing and making available to the public program outcomes reflecting student achievement and program performance.

**D3** **Integrity of Distance Education**

Programs offering courses by distance education must have processes through which they can establish that a student who registers in such a course is the same student who participates in, completes and receives academic credit for the course. Student identity may be verified by methods including, but not limited to, secure log-in methodologies or proctored exams. These processes must protect student identity and students must be informed of associated costs.

**D4** **Program Capacity**

The number of students admitted must be based on the capacity of the clinical facilities and program resources to accommodate students. The instructor/student ratio shall be adequate to achieve the stated objectives of the curriculum.

The student capacity at clinical affiliates must clearly assure that space, personnel, equipment, and procedure load will enable each student's experience to satisfy the program objectives for clinical education. Student capacity in a clinical facility is calculated according to the following criteria:

- a) One full-time student for each imaging instrument which completes procedures on 5 or more patients per day, and/or 1 full-time student for a radiopharmacy where adequate numbers and varieties of radiopharmaceuticals are prepared.
- b) Student capacity may not exceed more than 1 full-time student per full-time certified nuclear medicine technologist, pharmacist, chemist, or person possessing suitable equivalent qualifications.

**D5** **Student Records**

**D5.1** Individual grades and credits for courses shall be recorded and permanently maintained by the sponsoring institution.

**D5.2** Student records shall be maintained for admission, evaluation, and counseling/advisement sessions. The program shall maintain student records in compliance with federal, state and institutional regulations. Ideally, student files should be maintained permanently.

**D6 Student Health**

Students shall be informed of and have access to the usual student health care services of the institution. The health and safety of students, faculty, and patients associated with educational activities shall be adequately safeguarded. Emergency medical care shall be available for students while in attendance.

The program will maintain compliance with federal and state health and radiation protection regulations. Radiation exposure records shall be discussed with the students at regular intervals (not less than quarterly). Documentation of these reviews shall be maintained.

**D7 Guidance and Counseling**

Guidance shall be available to assist students in understanding and observing program policies and practices and in handling professional career issues and personal problems that may interfere with progress in the program.

**Standard E: Assessment****E1 Program Assessment**

- E1.1** The program must routinely collect and analyze the following quantitative and qualitative outcomes as part of an ongoing process of monitoring and documenting program effectiveness:
- a) student attrition
  - b) faculty attrition
  - c) student evaluations of individual didactic courses, clinical experiences and faculty
  - d) clinical supervisor evaluation of student performance as well as suggestions for curriculum improvement
  - e) graduate evaluation of program effectiveness
  - f) employer evaluation of graduate preparedness to enter the workforce
  - g) graduate performance on the national certification examinations
- E1.2** Programs must maintain at least an 80% pass rate over consecutive five year periods for their graduates on national certification examinations. This pass rate is to include all examination attempts by program graduates.
- E1.3** The appointed affiliate supervisors shall constitute the program's Advisory Committee, along with any other members required by institutional policy. The function of the Advisory Committee is to provide feedback at least semi-annually for on-going improvement of program policies, procedures and curriculum. Suggestions from the Committee must be documented by the program.
- E1.4** The results of ongoing evaluation must be appropriately reflected in the curriculum and other dimensions of the program. In particular, the program must systematically document the application of assessment results in the process of program improvement.

**E2 Student Evaluation**

- E2.1** Clinical and didactic evaluation of students shall be based on the objectives and competencies identified in course syllabi.
- E2.2** The evaluation system shall be employed frequently enough to provide students and program officials with timely indication of student progress and academic standing, and to serve as a reliable indicator of the effectiveness of course design and instruction.

## Standard F: Accreditation Maintenance

The sponsor, the program and the JRCNMT all have responsibilities in relation to the accreditation process. Fulfillment of these responsibilities provides assurance that accreditation of a program is conducted and maintained in an appropriate manner.

### F1 Sponsor and Program Responsibilities

- F1.1 The accreditation process conducted by the JRCNMT can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.
- F1.2 The accreditation process includes submission of the Application for Accreditation, completion and submission of a self-study, payment of appropriate fees, and agreement to a site visit date near the end of the period for which accreditation is awarded.
- F1.3 The program must submit an application for all academic and clinical affiliates. A program may not use its accredited status to utilize affiliates that are not recognized by the JRCNMT. An application for a clinical affiliate must be received 90 days prior to the assignment of students.
- F1.4 An institution sponsoring a program may voluntarily withdraw from the JRCNMT accreditation process at any time.
- F1.5 In accordance with JRCNMT policy, failure of a program to meet the administrative requirements for maintaining accreditation will result in the program being placed on Administrative Probation. If the issues are not corrected as directed by the JRCNMT, this will ultimately lead to an action of Accreditation Withdrawn.
- F1.6 The sponsor must submit fees and reports by the deadline published by the JRCNMT.
- F1.7 The program must inform the JRCNMT in writing within 30 days of the date of notification of any adverse accreditation action received from the sponsoring institution's regional or specialized/professional accrediting agency.
- F1.8 The program must inform the JRCNMT in writing of changes in the program director, medical advisor, clinical coordinator or affiliate clinical supervisor within 30 days of the date of the effective change. If a position becomes vacant and is not filled within 60 days, or the incumbent is absent or unable to serve for 60 days, the program shall send the JRCNMT a description of the actions taken to maintain the continuity and effectiveness of the program.
- F1.9 The sponsoring institution must inform the JRCNMT of its intent to transfer program sponsorship as soon as it begins considering transfer.

### F2 JRCNMT Responsibilities

#### **Administering the Accreditation Review Process**

- F2.1 At the written request of a sponsoring institution's chief executive officer or other officially designated representative, the JRCNMT assesses an applicant program's relative compliance with the **Standards**.
- F2.2 Before the JRCNMT determines an accreditation action, the sponsoring institution is given an opportunity to comment in writing on the report of the site visit team and to correct factual errors.

- F2.3** Before awarding Probationary Accreditation, the JRCNMT provides the sponsoring institution with an opportunity to respond in writing to the cited deficiencies in the program's compliance with the **Standards**. The JRCNMT's reconsideration of Probationary Accreditation is made on the basis of conditions existing when the JRCNMT arrived at its accreditation decision.
- F2.4** JRCNMT awards of Probationary Accreditation are final and not subject to further appeal.

**Withholding or Withdrawing Accreditation**

- F2.5** JRCNMT decisions to withhold or withdraw accreditation may be appealed. A copy of the **JRCNMT Appeals Procedures** is enclosed with the letter notifying the sponsoring institution of one of these actions. When accreditation is withheld or withdrawn, the sponsoring institution's chief executive officer is provided with a clear statement of each deficiency and is informed that the institution may apply for accreditation whenever the program is believed to be in compliance with the **Standards**.
- F2.6** In the event of program closure, the JRCNMT regards as graduates of an accredited program only those students who meet the criteria listed below for the two categories of program closure:

Voluntary Closure – The JRCNMT regards as graduates only those students who have successfully completed the program prior to the effective date of closure.

Involuntary Closure – The JRCNMT regards as graduates of the program only those students who have already successfully completed 75% of the published curriculum as of the date of involuntary withdrawal and then successfully complete the remaining 25% of the curriculum in the scheduled time frame.

**F3** **Inactive Programs**

The sponsoring institution may request inactive status for a program that does not enroll students for up to two years. The program and its sponsoring institution must continue to pay required annual fees. Should a program be inactive for two years and not reactivated, it will be considered discontinued and accreditation will be withdrawn.