



# **JRCNMT**

# **Policy & Procedure**

# **Manual**



**Joint Review Committee on Educational Programs in Nuclear Medicine Technology**  
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# JRCNMT Policy and Procedure Manual

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## **History of the Joint Review Committee on Educational Programs in Nuclear Medicine Technology**

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) was formed by the American College of Radiologists, the American Society for Medical Technology\*, the American Society of Clinical Pathologists, the American Society of Radiologic Technologists, the Society of Nuclear Medicine\*\*, and the Society of Nuclear Medicine Technologists. The Society of Nuclear Medicine Technologists, one of the original collaborating organizations, terminated its corporate status as a professional organization in 1975 and relinquished its relationship with the JRCNMT to the Society of Nuclear Medicine Technologist Section\*\*. The American Society of Clinical Pathologists and the American Society for Clinical Laboratory Science withdrew as a collaborating agency in 1994.

*The Essentials of an Accredited Educational Program for the Nuclear Medicine Technologist* was originally adopted by the collaborating organizations in 1969. The *Essentials* was substantially revised in 1976, 1984, 1991, 1997 and 2003. In 2010 the *Essentials* was revised and the document renamed *Accreditation Standards for Nuclear Medicine Technologist Education*.

The JRCNMT, in collaboration with the AMA Council of Medical Education (CME), began accrediting educational programs for nuclear medicine technologists in 1970. In 1976, the CME delegated to the newly formed Committee on Allied Health Education and Accreditation (CAHEA) the responsibility and authority for allied health education accreditation collaboration with the respective review committees. Following the dissolution of CAHEA in 1994, the JRCNMT assumed the responsibilities for the accreditation of nuclear medicine technology programs as an independent accrediting agency.

Recognition by the United States Secretary of Education was granted upon initial application in 1974 through June 2011. Recognition of the JRCNMT by a voluntary non-governmental agency was initiated in 1983 under the Council for Higher Education Accreditation (CHEA). CHEA continues to recognize the JRCNMT as the authority to accredit nuclear medicine technology programs.

\*The official name of this organization was changed to the American Society for Clinical Laboratory Science in 1992.

\*\*The official name of these organizations changed in 2012 to the Society of Nuclear Medicine and Molecular Imaging and the Society of Nuclear Medicine and Molecular Imaging Technologist Section.

## **Introduction: Fundamental Accreditation Principles of the Joint Review Committee on Educational Programs in Nuclear Medicine Technology**

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) has established fundamental principles of accreditation practice which serve as an overview to the policies and procedures in this manual. The principles state that the JRCNMT:

### **1. Functions as an autonomous agency in all programmatic accreditation decisions.**

Programmatic accreditation decisions made by the JRCNMT are forwarded directly to the institution, and the appropriate State Postsecondary Education Agency, and are disseminated to the public. Such decisions are not subject to review by the agency's collaborating organizations.

### **2. Works with collaborating organizations to conduct business.**

Each collaborating organization makes nominations for a designated number of positions on the Board. When a vacancy occurs in a position designated to a particular collaborating organization, the organization provides the JRCNMT with a minimum of three names of candidates from which the Committee may select someone to fill the vacant position.

Collaborating organizations are invited to provide input on revised documents during public comment periods.

### **3. Conducts the voluntary accreditation review process only upon written request from the chief executive officer of the institution sponsoring a program seeking JRCNMT accreditation.**

Prior to the evaluation review process and determination of accreditation status, a written application for accreditation or reaccreditation signed by the chief executive officer must be submitted.

### **4. Complements the goals and activities of institutional and other programmatic accrediting bodies.**

In considering whether to grant initial or continuing accreditation status to a program, the JRCNMT shall require the nuclear medicine technology program to report actions taken by other recognized accrediting bodies which have (a) denied such status to the institution or any program, (b) placed the institution or a program on probation or show cause, or (c) revoked the accreditation or pre-accreditation status of the institution or any program.

For nuclear medicine technology programs accredited by the JRCNMT, the sponsoring institution and other programs it offers are expected to remain in good standing with other recognized accrediting bodies or government agencies. If another recognized accrediting body or government agency (a) places an institution or other program offered by the institution on probation or show cause status or (b) revokes accreditation, the nuclear medicine technology program shall report that action to the JRCNMT, which will promptly review the accreditation it has previously granted to the program to determine if there is cause to alter the program's accreditation status.

In effecting the above principles in cooperation with other appropriate recognized accrediting bodies and governmental agencies, the JRCNMT will routinely share with other such bodies the accreditation status of all of its programs.

5. **Supports cooperative activity between the allied health and medical professional organizations participating in the accreditation of nuclear medicine technology programs.**
6. **Establishes, maintains, periodically reassesses and, as necessary, revises policies, procedures and minimum standards for accrediting entry-level educational programs in nuclear medicine technology.**

The JRCNMT conducts a formal review of the *Accreditation Standards for Nuclear Medicine Technologist Education* five to seven years after the last date of revision, or earlier if needed. Policies and procedures are revised on an as-needed basis.

7. **Provides recognition for educational programs that meet established standards, including publishing lists of programs that are currently accredited and maintaining a list of programs that are no longer accredited.**

Written notification of final decisions regarding the accreditation status of a nuclear medicine technology program are communicated to the chief executive officer or designee of the program sponsor and the program director, the appropriate state licensing or authorizing agency, other applicable accrediting agencies and the public within 30 business days of each JRCNMT meeting. Accreditation decisions made by the JRCNMT are also published in the official journals of some collaborating organizations. A comprehensive list of all accredited programs is available to the public on the JRCNMT website.

8. **Fulfills a Public Responsibility**

In keeping with its responsibility to the public, the JRCNMT has clearly delineated policies and procedures for informing the public of its activities, operational policies and accreditation standards; observing principles of due process; avoiding conflict of interest or the appearance of conflict of interest; and for maintaining confidentiality.

In order to provide assurance that the JRCNMT accreditation review process is fulfilling its responsibilities to the public, the JRCNMT seeks and maintains national recognition as a programmatic accrediting agency.

9. **Notifies CHEA of any proposed change in the agency's policies, procedures, or accreditation standards that might affect the scope of recognition or compliance with recognition criteria.**
10. **Notifies the Secretary of the Department of Education of the name of the program it accredits if there is reason to believe Title IV, HEA program responsibilities are not met or if conditions of fraud or abuse exist.**

CAHEA: Adopted January 1978; revised Jan 1984, Oct 1985.

JRCNMT: Revised Nov 1994, Nov 1995, Mar 2001, Apr 2010, Dec 2010, Jul 2011, Jul 2012, Apr 2019, Oct 2021.

# **Section 1: JRCNMT Structure and Operations**

## **1.100 JRCNMT Structure, Functions and Responsibilities**

### **Policy Statements**

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)

- 1.101 Monitors its policies and practices to assure with the policies and procedures of its recognition agencies, and to assure accuracy, consistency, and completeness of accreditation records.
  - 1.102 Makes an accreditation decision only after consideration of the self-study, site visit report, and response, if any, to the site visit report.
  - 1.103 Maintains appropriate records related to the accreditation process.
  - 1.104 Conducts its administrative and fiscal responsibilities in an effective and appropriate manner.
- 

### **I. Structure**

#### **Directors**

The JRCNMT Board of Directors consists of representatives from clinical practice and higher education. The Board also includes a public member.

#### **Terms of Membership**

The JRCNMT encourages a rotating membership to assure continuity. This is accomplished by staggering the three-year appointments, with a maximum limit of 3 total appointments per member. JRCNMT officers are elected for one-year terms by members of the Board.

After an appropriate hearing, and provided a quorum is present at a meeting of the Board, the membership may terminate a member for cause by a two-thirds (2/3) affirmative vote of the members in attendance. Details of this process are in Appendix 2 of this document.

#### **Staff Support**

The JRCNMT provides adequate staff support to conduct its accrediting responsibilities and manage its finances effectively. Continuity and the expertise and resources to provide timely and effective communication are considered in determining the responsibility for and location of JRCNMT staff activities.

### **II. Functions**

The JRCNMT is vested with the responsibility and authority to evaluate and accredit nuclear medicine technology educational programs upon the written request of the chief executive officer of the sponsoring institution. The major functions of the JRCNMT include:

- Establishing, maintaining, periodically reassessing, and revising policies, procedures, and minimum standards for accrediting entry level educational programs in nuclear medicine technology.
- Conducting the accreditation review process in accordance with these policies, procedures, and accreditation standards.
- Determining an accreditation action for each program reviewed.
- Maintaining appropriate records related to the accreditation review process.

### **III. Responsibilities**

#### **A. Quality Assurance Program**

To fulfill its public responsibilities, ensure the quality of its operations and retain its recognition, the JRCNMT periodically reviews its policies and procedures and monitors review processes. Such activities include:

- Reviewing JRCNMT policies and procedures, with the aid of legal counsel, when necessary, to ensure due process and compliance with recognition agency criteria.
- Providing information and assistance in initial and on-going training of board members, site evaluators, and staff.
- Gathering data through the Post Site Visit Questionnaire (PSQ), annual program reports, and other mechanisms to seek ways to improve all aspects of the accreditation process.

#### **B. Maintenance of Records**

The JRCNMT maintains records pertaining to its accreditation and general business operations according to the schedule located in Appendix 1. Record retention is in compliance with the Sarbanes-Oxley Act.

#### **C. Communication with Programs and Other Communities of Interest**

JRCNMT board members and staff are in frequent communication with programs and other communities of interest through open forums held annually at national professional meetings, newsletters, surveys, a regular column in the *Journal of Nuclear Medicine Technology*, email notifications and the JRCNMT website. These mechanisms facilitate two-way communication, permitting the JRCNMT to solicit input from and provide information to the various communities of interest.

CAHEA: Adopted Jan 1978; revised Jan 1984, Oct 1985, May 1990.

JRCNMT: Revised Nov 1994, Mar 2000, April 2002, April 2005, Dec 2010, July 2011, Nov 2013, Oct 2019

## 1.200 Geographic Scope of Accreditation Services

### Policy Statement

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT):

- 1.201      Accredits programs within the territorial United States of America or its protectorates, as well as programs located in USA possessions.
  - 1.202      May evaluate, but not accredit, educational programs in other countries upon invitation by an appropriate authority.
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### Procedures

- 1.201A     If programs seek to affiliate with institutions outside the jurisdiction of the JRCNMT, these affiliates will be considered individually by the JRCNMT on the basis of their merits as an educational setting and their ability to provide a meaningful educational experience.
- 1.202A     International programs inviting evaluation by the JRCNMT must document that the institution is considered to have equivalent standards as determined and published by the U.S. Department of Education. Lacking such documentation, the JRCNMT would act in a consultative capacity only.
- 1.202B     The JRCNMT does not assign site evaluators to any location that has a government travel advisory.

## 1.300 Collaborating Organizations

### Addition of Collaborating Organizations

When a national professional association believes its members have a vested interest in the quality of nuclear medicine technologists prepared by JRCNMT-accredited educational programs, the association may petition the JRCNMT to become a collaborating organization.

An association seeking to become a collaborating organization must officially petition the JRCNMT for recognition. The petition must demonstrate the association's:

- a. Linkage to the education of nuclear medicine technologists,
- b. Support of the *Accreditation Standards for Nuclear Medicine Technologist Education*, and
- c. Commitment to financially support attendance of its selected nominees at JRCNMT board meetings.

### Responsibilities of Collaborating Organizations

- a. Obtaining nominees for the JRCNMT through a transparent process that is open to the membership of the collaborating organization,
- b. Submitting to the JRCNMT, by the stated deadline, three or more nominees when the organization has an open position on the JRCNMT Board of Directors,
- c. Financially supporting the travel of its selected nominees to two JRCNMT meetings per year.
- d. Providing timely feedback when asked to review drafts of revised accreditation standards or other JRCNMT documents for which input is requested.
- e. Responding to requests for items to be included on JRCNMT meeting agendas.

### Voluntary Discontinuation of Collaborating Organization Status

Collaborating organizations should view their commitment to the collaboration as a long-term partnership. Should a collaborating organization consider ending the relationship it should contact the JRCNMT to discuss the matter. Written notification of the intent to end the collaboration should be submitted to the JRCNMT at least six months in advance of the effective date of discontinuation.

### Involuntary Discontinuation of Collaborating Organization Status

If the JRCNMT determines that a collaborating organization is failing to meet its designated responsibilities, the JRCNMT may terminate the relationship after consultation with the organization.

## **1.400 Development and Revision of JRCNMT Policy Documents**

### **Policy Statement**

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) may amend its policies and procedures at any time deemed appropriate by the JRCNMT Board of Directors and/or staff.

- a) Substantive changes to policies and procedures are made by the JRCNMT at regular meetings.
- b) Editorial changes may be made by staff at any time but must be reported to the Board of Directors at the next regular meeting.

All substantive changes are reported to JRCNMT communities of interest in the next JRCNMT newsletter and/or via broadcast email.

CAHEA: Adopted Oct 1992.

JRCNMT: Revised Nov 1994; Oct 1998, April 2002, Nov 2010, Nov 2012

## 1.500 Development and Revision of JRCNMT Accreditation Standards

### Purpose and Structure of Accreditation Standards

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) develops, adopts, periodically revises, and disseminates the *Accreditation Standards for Nuclear Medicine Technologist Education* (“Standards”). *Standards* guide initial development, on-going assessment and the external evaluation of entry-level nuclear medicine technology programs conducted by the JRCNMT.

These principles guide the JRCNMT’s development and revision of the *Standards*:

**Broad Application.** *Standards* are stated in broad terms since they must apply to programs across the nation and to sponsoring institutions with varying missions.

**Nonrestrictive.** *Standards* acknowledge and respect the basic right of educational institutions to be self-defining and self-determining. Statements in *Standards* should complement the rights and responsibilities of program sponsors.

**Broad Consensus.** *Standards* emphasize criteria that have been reviewed and received consensus from the communities of interest that utilize or are impacted by the *Standards*.

**Quality, Continuity, and Flexibility.** *Standards* are designed to promote program quality and stability, and to accommodate reasonable variations in programs and special characteristics, such as those associated with nontraditional or innovative approaches to the education of nuclear medicine technologists.

**Avoidance of Legal Conflicts.** *Standards* should not conflict with or encourage violation of federal, state, or local law. If an approved standard is determined to be in conflict with state or local law governing a sponsoring institution, consultation will occur with the appropriate entities to ensure a resolution, acceptable to all parties, is achieved.

**Independence from Certification.** Procedures by which academic accreditation *Standards* are developed and established should be independent from the process of nuclear medicine technologist certification.

### Comprehensive Review of Standards

The JRCNMT is responsible for conducting a comprehensive review of the *Standards* every five to seven years, or earlier if the need arises.

### **Review Process**

- A draft of proposed *Standards*, with revisions based upon input collected by the JRCNMT between review periods is published for a 30-day comment period.
- Initial and subsequent drafts may be developed by the Board of Directors of the JRCNMT or an ad hoc committee constituted by the Board.
- Comment is requested from communities of interest, including practitioners, educators, employers, students, academic institution administrators, national associations and agencies, the public and the JRCNMT’s collaborating agencies.
- Solicitations for public comment are made via electronic announcements, in various publications and in sessions at professional meetings. The JRCNMT routinely collects comments and changes submitted by constituents between revision periods and considers them during the review process if they do not indicate an issue requiring immediate revision.

- All comments submitted on the proposed *Standards* are reviewed. Directors will make modifications as determined appropriate. Depending on the extent of these revisions, a second draft document may be published for further public comment following the process described above.
- After all comments have been considered and the final language is in place, the JRCNMT will formally adopt the standards then distribute them to all accredited programs and collaborating agencies. The *Standards* will also be published on the JRCNMT website.
- A minimum of one year is given for programs to come into compliance with the new *Standards*. The effective date for program compliance is published with the new standards. A special report may be requested from all programs that addresses compliance with new and/or significantly revised standards.

#### Ongoing Review of Standards

In an effort to identify any standard that requires clarification or revision prior to the next comprehensive review process, the JRCNMT:

- Reviews feedback each spring from programs that underwent accreditation review during the previous year. Comments on specific standards are discussed.
- Records citations of all standards and utilizes the information to create an annual Report of Frequently Cited Standards that is reviewed by Directors.
- Discusses at its regular meetings feedback received from site evaluators and program directors, as well as Directors' own interpretations or concerns regarding the standards.

If a significant issue with a standard is noted through any of these processes, the JRCNMT may initiate a focused review and revision of the select standard(s) between the comprehensive review process.

CAHEA: Adopted July 1981; revised Jan 1984, Oct 1985, Oct 1988.

JRCNMT: Revised Nov 1994, Oct 1999, Nov 2010, July 2011, Oct 2011, Apr 2015, Oct 2021.

## 1.600 Conducting Accreditation Reviews at Reasonable Intervals

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)

1.601 Has established the following accreditation intervals:

### **Initial accreditation**

The maximum award is for three years. Submission of a satisfactory mid-cycle report at the mid-point may result in accreditation being extended two additional years.

### **Continued accreditation**

The award is for seven years. Programs must submit a satisfactory mid-cycle report at the mid-point in the accreditation period.

### **Probationary accreditation**

The maximum probation period is for two years. Probation may be extended one additional year for just cause.

### **Administrative probationary accreditation**

The maximum award is for six months but can be extended by the Board for just cause.

- 1.602 Considers technological advances of the profession, length of preparation for job entry, program performance, and costs to programs and the JRCNMT when establishing maximum accreditation intervals.
- 1.603 Programs are notified of the year of their next accreditation in the current accreditation letter.
- 1.604 May make exceptions to published accreditation dates to accommodate coordinated program reviews or for other reasons that the JRCNMT believes warrant a change.
- 1.605 Continues accreditation until a new award is made or the current award is withdrawn at the request of the sponsoring institution.
- 1.606 May reduce an accreditation award and/or require an earlier accreditation visit if any interim report indicates the program may not be in compliance with accreditation standards or JRCNMT policy.

CAHEA: Adopted 1991

JRCNMT: Revised Nov 1994, Nov 1995, Mar 1996, Nov 2010, Nov 2012, July 2019, Oct 2020

## **1.700 Fees for Accreditation Services**

### Policy Statements

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)

- 1.701 Charges reasonable fees in support of accreditation services, as noted in a published fee schedule.
  - 1.702 Provides notification of fee increases to programs one year prior to implementation.
  - 1.703 Does not refund accreditation fees.
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### **Procedures**

The JRCNMT:

- 1.701A Assesses annual accreditation fees from all accredited programs including those that are inactive.
- 1.701B Assesses fees for initial and continuing accreditation and the addition of clinical and academic affiliates submitted between continuing accreditation visits.
- 1.701C Charges programs for the direct expenses (transportation, food and lodging) of site evaluators associated with performance of the on-site evaluation.
- 1.701D Requires programs pay all fees by published deadlines and places delinquent programs on Administrative Probationary Accreditation according to established procedures.
- 1.702A Analyzes current and proposed fees structures, JRCNMT financial information and business practices, JRCNMT policies impacting fees and possible cost-saving efforts prior to implementing any fee increase.
- 1.702B Publishes notification of fee increases at least one year prior to the effective date of increase.

CAHEA: Adopted July 1980; revised Jan 1984; July 1984; Oct 1985; Feb 1991.  
JRCNMT: Revised 1994, Mar 2000, Nov 2010, Apr 2019.

## **1.800 Nondiscriminatory Practices**

### Policy Statement

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT):

- 1.801 Requires that JRCNMT board members, site evaluators, appeal panel members and consultants be selected on a non-discriminatory basis with respect to race, national or ethnic origin, color, creed, religion, sex, sexual orientation, gender identity, disability, age or veteran status.
  - 1.802 Requires board members, officers, site evaluators, appeal panel members and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities; comply with all applicable laws and regulations; and to interact with others in a nondiscriminatory manner when serving as an employee or agent of the JRCNMT.
  - 1.803 Adheres to a non-discrimination policy for JRCNMT employees and representatives who report alleged violations of the law by the JRCNMT.
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### **Employee Protection (Whistleblower) Policy for the JRCNMT**

If any employee or representative reasonably believes that some policy, practice or activity of the JRCNMT is in violation of law, a signed written complaint must be filed by that employee or representative with the Executive Director or the Chairman of the Board of Directors.

It is the intent of the JRCNMT to adhere to all laws and regulations that apply to the organization and the underlying purpose of this policy is to support the organization's goal of legal compliance. The support of all employees and representatives of the JRCNMT is necessary to achieve compliance with various laws and regulations. An employee or representative is protected from retaliation only if the employee or representative brings the alleged unlawful activity, policy or practice to the attention of the JRCNMT and provides the JRCNMT with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is only available to employees or representatives of the JRCNMT that comply with this requirement.

The JRCNMT will not retaliate against an employee or representative associated with the JRCNMT who, in good faith, has made a protest or raised a complaint against some practice of the JRCNMT, or of another individual or entity with whom the JRCNMT has a business or professional relationship, on the basis of a reasonable belief that the practice is in violation of law or a clear mandate of public policy.

The JRCNMT will not retaliate against employees or representatives who disclose or threaten to disclose to a supervisor or a public body, any activity of a law, rule or regulation mandated pursuant to law or is in violation of a clear mandate or public policy concerning the health, safety, welfare or protection of the environment.

CAHEA: Adopted Oct 1978; editorially revised Jan 1984, Apr 1992

JRCNMT: Revised Nov 1994, Oct 2005, Nov 2010

## 1.1000 Notification of Accreditation Decisions

### Policy Statement

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)

- 1.1001 Makes notification of decisions of initial and continued accreditation within 30 business days to the appropriate State licensing or authorizing agency, appropriate accrediting agencies, the chief executive officer of the sponsoring institution, the program director and the public.
- 1.1002 Makes simultaneous notification of final decisions of probationary accreditation, accreditation withheld and accreditation withdrawn within 30 business days of the decision date to the appropriate State licensing or authorizing agency, appropriate accrediting agencies, the chief executive officer of the sponsoring institution and the program director.
- 1.1003 Issues public notice of final decisions of probationary accreditation, accreditation withheld and accreditation withdrawn within 24 hours after confirmation that the sponsoring institution and program received notification.
- 1.1004 Transmits within 60 business days of the final decision to appropriate State licensing or authorizing agency, appropriate accrediting agencies and the public a brief statement summarizing the reasons for the agency's decision to withhold or withdraw accreditation from a program along with official comments, if any, from the affected program.
- 1.1005 Makes notification of decisions of voluntary withdrawal of accreditation within 30 business days of notification from the program or 30 business days after the lapse of accreditation. Notification is made to the appropriate State licensing or authorizing agency, appropriate accrediting agencies and the public.
- 1.1006 Updates the directory of accredited programs on the JRCNMT website within 45 business days after each board meeting.

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### Procedures

- 1.1004A Developing the statement of adverse action when accreditation is withdrawn or withheld
  - 1. A statement of the reasons for any adverse decision (withdraw or withhold accreditation) will be drafted and sent to the institutional sponsor/program for review at the same time as the notification letter. This statement contains:
    - a. Dates of initial accreditation.
    - b. *Standards* for which the program is not in compliance.
    - c. Specific reasons why the decision to withhold or withdraw accreditation was taken.
    - d. Future options available to the program.
  - 2. The institution will review the draft statement and respond within 15 business days.
    - a. Indicating agreement with the statement, or
    - b. Identifying any factual inaccuracies and/or potentially misleading comments
    - c. Lacking a response from the institution, the published statement will indicate that no response was received.
  - 3. If the response from the institution identifies problems with the statement, the statement will be adjusted as long as it accurately reflects the decision made by the JRCNMT.

4. The adjusted statement will then be returned to the institution to be reviewed with 15 business days.
  - a. If the institution agrees with the statement, it must sign and return.
  - b. If differences remain, the institution must prepare a brief response to the statements and return to the JRCNMT. This response is published with the JRCNMT statement.
  - c. Lacking a response from the institution, the published statement will indicate that no response was received.
5. When the final statement (or statement and program response) has been developed and signed by both parties, it is published.

## 1.1100 Confidentiality

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)

1.1101 Requires that its policies and procedures uphold the confidentiality of certain information and documents acquired during the accreditation process.

1.1102 Notwithstanding 1.1101, may share certain information and documents acquired during the accreditation process insofar as it is required by law or regulation.

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### Procedures

1.1101A Holds as confidential the following documents and the information contained therein other than those required by regulation to be distributed to state postsecondary education agencies:

1. Application for accreditation
2. Self-Study
3. Letter of Findings
4. Progress and interim reports
5. Correspondence between the JRCNMT and programs related to the accreditation process.

1.1101B Makes public the following information about accredited programs:

1. Name of the sponsoring institution
2. Contact information for the program
3. Name of the program director
4. Current accreditation status, including the accreditation letter
5. Year of initial accreditation and year of next accreditation review
6. Program student capacity
7. Month(s) in which new class begins
8. Academic awards – certificate and/or degree level
9. Program graduate outcomes

1.1101C Prevents JRCNMT board members, site evaluators and staff from discussing, disclosing or using information specific to a program of which they have knowledge by virtue of their involvement in the accreditation process, except when 1) officially participating in this capacity, 2) disclosure is required by law, or 3) it is reasonable to believe that failure to disclose the information would lead to continued illegal or unsafe practices. Unauthorized disclosure or use of program information is a serious breach of confidentiality and can be the basis for disciplinary and legal action and for removal from participation in JRCNMT accreditation activities.

CAHEA: Adopted 1991

JRCNMT: Revised Nov 1994, March 2000, Nov 2010, July 2011, Apr 2018, July 2019.

## 1.1200 Conflict of Interest

### Policy Statements

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT):

- 1.1201 Requires officers, members, directors, appeal panel members and administrative staff to complete the ethical practice and conflict of interest disclosure forms and refrain from participating in the discussion or vote of accreditation matters if for any reason a conflict of interest or the appearance of a conflict of interest may arise. Minutes of meetings must reflect this non-participation.
- 1.1202 Requires site evaluators involved in the accreditation review process to complete the ethical practice and conflict of interest disclosure forms and must withdraw from participation in that process if for any reason a conflict of interest or the appearance of a conflict of interest may arise.
- 1.1203 Those currently serving as an officer, member, director or administrative staff of the JRCNMT shall not serve as a paid consultant\* to any program subject to JRCNMT accreditation. Reviewers and site evaluators shall not be assigned to evaluate any program for which they serve as a paid consultant\*.
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### Provisions to Avoid Conflict of Interest in the Accreditation Process

- 1.1202A Persons should not serve as reviewers, site evaluators or appeal panel members for a particular program if they:
- Are employed in the proximity of the sponsoring institution.
  - Have recently been appointees of, employees of, or consultants to the sponsoring institution, or have relatives who are appointees, consultants or employees of the institution.
  - Are graduates of the sponsoring institution.

Programs are given the opportunity to raise issues of potential or existing conflicts of interest prior to final assignment of site evaluators and appeal panel members.

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\*Paid consulting means providing advice on accreditation to a specific program for personal gain, not to be confused with providing such advice without personal gain in the course of fulfilling normal position responsibilities. When questions arise regarding the specific applicability of the policy, the matter shall be submitted to the JRCNMT for resolution.

## **Section 2: Initial and Continued Accreditation**

### **2.100 Basis for Accreditation Decisions**

A program receives an initial or continued accreditation decision after the following steps have occurred:

1. A self-study report written by program personnel;
2. An on-site evaluation by trained JRCNMT evaluators;
3. Review of the relevant materials by the JRCNMT; and
4. Action by the JRCNMT.

The JRCNMT shall make accreditation decisions based on information from the self-study, the letter of site visit findings, the response of the program to the letter of site visit findings, additional materials provided by the program, eligible written third-party comments and other interim reports submitted by the program. Additional information may be requested by the JRCNMT from the program director and/or the on-site evaluation team leader when such information is required for clarification.

Written notice of the JRCNMT's action and rationale is provided to the institution and program in the form of an accreditation action letter that is available for public review on the JRCNMT website.

### **2.150 Accreditation Actions**

The accreditation action taken for each program is based upon compliance with current accreditation standards, published JRCNMT policies and whether the program is seeking initial or continued accreditation.

#### **A. Actions for Programs Seeking Initial Accreditation**

##### **Initial Accreditation**

Initial accreditation may be granted to a program not currently accredited by the JRCNMT. Initial accreditation is given when the review process confirms that the program is in substantial compliance with the *Standards*. Initial accreditation is for a period of five years, awarded in two steps. The first step of initial accreditation is for a maximum period of three years. Upon submission of a satisfactory mid-cycle report at the mid-point of the accreditation period, accreditation may be extended two additional years. If the mid-cycle report is unsatisfactory accreditation may be withdrawn or the program may be placed on probation if the JRCNMT determines that the deficiencies can be addressed prior to the next JRCNMT meeting.

##### **Defer Action**

The JRCNMT may defer action on a program pending receipt of a progress report, submission of additional information and/or the results of an additional on-site evaluation. The maximum deferral period is until the next JRCNMT meeting unless extended for good cause. The notification letter to the institution identifies each standard and explains the deficiency related to it. The letter also identifies the deadline for submission of a progress report and the timeline for an additional site visit, if one is deemed necessary.

##### **Accreditation Withheld**

When a program seeking initial accreditation is not in substantial compliance with the *Standards* accreditation may be withheld. The notification letter to the institution:

- a. Identifies each standard and explains the deficiency related to it.

- b. Indicates that the institution may appeal the decision. A copy of the JRCNMT Appeal Policy is included with the award letter.
- c. Explains that the sponsoring institution has the option to withdraw its application for accreditation and apply for accreditation at a future date when the program is in substantial compliance with the *Standards* and with administrative requirements for maintaining accreditation.

## **B. Actions for Programs Seeking Continued Accreditation**

### **Continued Accreditation**

Continued accreditation is granted to a program when the accreditation review process confirms that the program is in substantial compliance with the *Standards*. Continued accreditation is for a period of seven years. Programs receiving continued accreditation must submit a mid-cycle progress report at the mid-point of the accreditation cycle.

### **Accreditation with Conditions**

If a program is noted as having one or more deficiencies in compliance with the *Standards*, it may receive accreditation with conditions. In this situation, the notification letter to the program and institution provides a clear statement of each deficiency and the due date for a progress report.

Accreditation with conditions is typically for a period not to exceed six months, though the period may be extended to a maximum of one year for good cause. Failure to submit a satisfactory progress report in the time allotted may result in the program being placed on probation.

### **Probation**

An accredited program may be placed on probation when it is not in substantial compliance with the *Standards* and the deficiencies are serious enough to threaten the program's ability to provide an acceptable education.

In most situations, a program is placed on probation when evidence of deficiencies is substantiated by a site visit; however, if the cited deficiencies are not in dispute, the JRCNMT may place a program on probation without conducting a site visit. The maximum probation period is two years but may be extended one additional year for just cause.

Before notice of probation is published, the JRCNMT provides the program with an opportunity to request reconsideration of the decision (see policy 2.800 Reconsideration of Probation).

The JRCNMT accreditation letter provides a clear statement of each deficiency contributing to the program's failure to be in substantial compliance with the *Standards* and/or with the requirements for maintaining or administering accreditation. The letter also indicates that (1) a progress report, self-study, or other action is required by a specific date; (2) failure to come into substantial compliance will result in the withdrawal of accreditation; and (3) currently enrolled students and those seeking admission must be notified that the program is on probation within 10 days of receipt of the letter indicating the program has been placed on probation, unless the program files an official request with the JRCNMT for reconsideration.

Appropriate student notification of probation by a program requires placing the following statement on the main nuclear medicine program web page, and keeping it there until the program receives notification from the JRCNMT that probation has been rescinded.

The nuclear medicine technology program at [Name of Institution] is accredited by the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT), 820 W. Danforth Rd, #B1 / Edmond, OK 73003; phone 405-285-0546; mail@jrcnmt.org; www.jrcnmt.org. This program is currently on probation but it is accredited. For more information go to JRCNMT online directory of accredited programs and read the accreditation letter linked to the program's directory listing (<https://www.jrcnmt.org/find-a-program/>).

A focused site visit, conducted by a current or past JRCNMT board member trained as an on-site evaluator and a second, trained site evaluator, is also required for removal of probation. Probation decisions are final and not subject to appeal. While on probation, a program may not add affiliates, increase student capacity or expand to an additional campus unless doing so is necessary to address a deficiency that contributed to the program being placed on probation.

### **Accreditation Withdrawn**

The JRCNMT may withdraw accreditation at the conclusion of a specified period when the review process confirms that a program placed on Probation or Administrative Probation remains in substantial non-compliance with the Standards or with the requirements for maintaining or administering accreditation. The letter notifying the appropriate officials that accreditation has been withdrawn from the program includes a clear statement of each deficiency and indicates that the institution may appeal the decision. A copy of the JRCNMT Appeal Policy is included with the award letter. The letter also informs the sponsoring institution that it has the option to withdraw its application for accreditation and apply for accreditation at a future date when the program is in substantial compliance with the *Standards* and with administrative requirements for maintaining accreditation.

In unusual circumstances, such as evidence of critical deficiencies that appear to be irremediable within a reasonable length of time or a documented threat to the welfare of current and potential students, the JRCNMT may withdraw accreditation without first providing a period of probation. Programs from which accreditation is withdrawn without a probationary period are ensured due process through the JRCNMT Appeal Policy.

Students who have completed 75% of the published professional curriculum at the time the sponsoring institution is notified of the withdrawal may complete the requirements for graduation and will be considered graduates of a JRCNMT-accredited program.

### **Administrative probation**

A program may be placed on Administrative Probation when one of the following situations occurs:

- A self-study, interim report or progress report is not submitted to the JRCNMT by the deadline transmitted to the program in a written notification.
- Fees are not paid by the deadline transmitted to the program in a written notification and/or published in the JRCNMT fee schedule.
- Program does not assist with setting a reasonable site visit date at or near the time established for on-site evaluation of the program.

When the JRCNMT places a program on Administrative Probation, the sponsoring institution is informed of the relevant requirements that must be met for the decision to be rescinded and the timeline.

The JRCNMT does not provide opportunity for reconsideration of Administrative Probation and it is not subject to appeal. A fee to rescind Administrative Probation must be paid by the program upon demonstration of compliance. During a period of Administrative Probation, programs are recognized and listed as being accredited in JRCNMT publications.

### **C. Voluntary Withdrawal of Accreditation**

An institution sponsoring a program may voluntarily withdraw from the JRCNMT accreditation process (initial or continuing accreditation) at any time. In the event of program closure, the effective date of voluntary withdrawal must be established to assure that program accreditation continues until the date of graduation of the last class of students. In the event of voluntary program closure, the JRCNMT regards as graduates only those students who have successfully completed the program prior to the effective date of closure.

### **D. Inactive Status**

1. An accredited program may request inactive status for up to two consecutive years when no students are enrolled in the program. Programs holding accreditation with probation may not request inactive status until all probationary issues have been addressed satisfactorily.
2. A request for inactive status, in the form of a letter, must include the following:
  - a. reason for inactive status;
  - b. desired effective date for inactive status;
  - c. date the final student in the current class is expected to graduate;
  - d. an explanation of how prospective students will be informed of the program's inactive status; and
  - e. confirmation that the program will not admit a new cohort of students until the JRCNMT has approved the request for reactivation.
3. While inactive, a program must:
  - a. pay required fees;
  - b. submit annual reports;
  - c. notify the JRCNMT within 30 days after a change in program director or clinical coordinator; and
  - d. submit substantive change documentation if the program is modified in a manner identified in Policy 3.400.
4. Clinical affiliates may discontinue their affiliation with an inactive program or adjust student capacities in shared affiliate situations during a program's inactive period. Notification of such changes must go to the Program Director of the inactive program, if one is on staff.
5. To reactivate a program during the two-year period, a written request must be submitted to the JRCNMT at least two months prior to the proposed effective date of reactivation, which must be in advance of the student admission process. The letter must address the items listed below and be signed by both the program director and his/her immediate supervisor.
  - a. reason for the program's inactivation and the effective date;
  - b. date for the start of the next student admission process;
  - c. start date for students in the professional curriculum;
  - d. description of all admission, curriculum, faculty and clinical education changes that occurred during the inactive period that were not substantive changes;
  - e. JRCNMT Forms CL-A through CL-C for each clinical affiliate.
6. If the program has undergone significant change during the inactive period, the JRCNMT reserves the right to conduct a focused site visit to ensure the program still meets all accreditation standards.
7. Should a program reach the end of the two-year inactive period and not seek reactivation, the JRCNMT will withdraw the program's accreditation.

## **E. Closure of Clinical Affiliate of Accredited Program**

Should an accredited program become aware that one of its major clinical affiliates will cease operation prior to the end of the academic year, it is the program's responsibility to relocate students to other acceptable clinical sites until they complete the program.

If there are other JRCNMT-approved clinical affiliates in the region an application may be made by the program to temporarily relocate students to these sites providing the following conditions are met:

- a. Relocation of students will be based on the existing criteria stated in the *Accreditation Standards for Nuclear Medicine Technologist Education*.
- b. The relocation may only continue until the current class of students completes the program unless a new application for a clinical affiliate is made demonstrating the ability of the site to continue to handle additional students.
- c. Should the clinical site be affiliated with a program other than the one wishing to relocate students, a shared affiliate agreement must be documented and signed by the affiliate clinical supervisor and each program director.
- d. In the event there are no alternative currently accredited sites that are geographically convenient, the program must immediately make arrangements with other facilities for clinical training. Affiliation agreements and applications for new clinical affiliates must be received by the JRCNMT no more than 30 days after the notification of closure of the major affiliate.

CAHEA: Adopted Jan 1978; revised Aug 1982, Oct 1985, Oct 1990, May 1991, Oct 1992.

JRCNMT: Revised Mar 1996, Nov 1997, Oct 1999, Jul 2002, Apr 2010, Nov 2010, Apr 2012, Nov 2012, Apr 2013, Nov 2013, Oct 2014, Apr 2018, Apr 2019, July 2019, Oct 2020, Oct 2021.

## 2.200 Programs Seeking Initial Accreditation

### Policy Statement

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)

- 2.201 Participates in a Letter of Review process to assess the degree to which the plans of an applicant institution's proposed program may meet the established *Standards*.
  - 2.202 Clearly indicates that the Letter of Review does not provide a pre-accreditation status.
  - 2.203 Specifies a timeline for submission of specific documentation from programs seeking initial accreditation.
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### Letter of Review Procedure

Institutions may request a Letter of Review to demonstrate that they have satisfied an administrative review by the JRCNMT. Results of the administrative review are transmitted to the institution in a formal Letter of Review.

A Letter of Review does not ensure eventual accreditation and this is clearly stated in each letter. The Letter of Review does not serve as a pre-accreditation mechanism.

### Procedure for New Programs Seeking Initial Accreditation

Programs applying for initial accreditation are required to provide the following:

1. Letter of Intent  
Prior to the enrollment of students, the program (or department dean) must file a Letter of Intent that includes:
  - a. program endorsement from an administrative official of the sponsoring institution
  - b. rationale for starting the program
  - c. results of a regional needs assessment for a nuclear medicine technology program
  - d. projected start date for the first class of students
  - e. date program personnel will be employed
  - f. advisory committee –members and goals
  - g. description of didactic resources (classrooms, laboratory space, office space)
  - h. identification of clinical education facilities with a letter of commitment from at least two sites
2. Initial application form and fees  
Twelve months prior to entry of students into the clinical practicum the institution must submit the completed initial application request and pay the application fees.
3. Self-study  
The self-study report must be submitted 6 months prior to entry of students into the clinical practicum.

## **2.250 Multi-Campus Institutions**

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT):

- 2.251 Recognizes that a sponsoring institution may offer individual nuclear medicine technology programs at multiple campus locations, referred to as branch campuses.
- 2.252 Defines a branch campus as:
- permanent in nature;
  - offering a program of study in nuclear medicine technology leading to a degree or certificate;
  - having its own faculty and administrative or supervisory organization; and
  - having its own budgetary and hiring authority.
- 2.253 Does not recognize branch campuses as falling under a single accreditation award held by the main campus or any other campus of the sponsoring institution.
- 2.254 Requires that each branch campus have a separate accreditation award.
- 2.255 A facility not meeting the definition of a branch campus is considered an additional instructional location of a main or branch campus program and does not require separate accreditation since it is evaluated as part of the main program.
- 2.256 The JRCNMT will consult regional and national accrediting agency campus designations when classifying a multi-campus institution.

JRCNMT adopted: April 2015

## 2.300 Sponsorship of an Accredited Program

The JRCNMT has accreditation standards addressing program sponsorship in Section A of the *Accreditation Standards for Nuclear Medicine Technologist Education*. Additional information on items within these standards are provided below.

### A. Operational Characteristics of a Consortium

A consortium consists of two or more sponsoring entities, working together by contractual agreement to operate a nuclear medicine technology program. A consortium applies for programmatic accreditation in the same manner as other sponsors and is responsible for meeting all sponsorship criteria identified in the *Standards*.

A consortium must have an organization chart, a budget with designated funding, and a defined line of management. A co-sponsor that is an educational institution must be accredited by a recognized educational accrediting body and a co-sponsoring hospital must be accredited by The Joint Commission or meet equivalent standards.

A consortium must publish and make available to candidates, students and the public information about its identity, including the entities comprising the consortium, program staffing and the institution ultimately conferring the academic award.

A consortium seeking accreditation by the JRCNMT is held to all criteria in the *Accreditation Standards for Nuclear Medicine Technologist Education* in the same manner as a program with a single sponsoring institution. The JRCNMT charges fees for accrediting services for each co-sponsor within the consortium.

### B. Transferring Sponsorship

To request the transfer of sponsorship from one entity to another, an application must be submitted at least three months in advance of the proposed transfer. The application, available from the JRCNMT, includes:

1. Signature of the chief executive officer of the institution relinquishing sponsorship indicating intent to transfer the program.
2. Signature of the chief executive officer of the new sponsoring institution indicating intent to assume sponsorship of the program.
3. Narratives and documentation submitted by the new sponsor, demonstrating the ability and intent to comply with the *Standards*.

If the materials submitted indicate that the program continues to be in compliance with the *Accreditation Standards for Nuclear Medicine Technologist Education*, the JRCNMT may approve the transfer of sponsorship and issue an appropriate accreditation action, with or without a progress report requirement.

Should the JRCNMT find the information submitted by the new sponsor to be less than adequate, accreditation may be withheld. The new sponsor will be required to apply for JRCNMT accreditation, following all steps in the regular process for initial accreditation.

CAHEA: Adopted July 1981; revised Jan 1984, Jan 1989.

JRCNMT: Revised Nov 1994, March 2000, Nov 2010, Oct 2019

## 2.400 Programmatic Self-Study

### Policy Statements

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) requires a self-study process which

- 2.401 Reflects an institution's self-selected means of conducting an on-going self-analysis process.
  - 2.402 Demonstrates involvement in the self-study process of broad constituencies of the program including students, graduates, faculty, adjunct faculty, administrators, employers and peers who are not a product of the program.
  - 2.403 Includes a comprehensive review and assessment of the outcomes of the program in relation to its purpose, goals, objectives, operation and its relative compliance with the *Accreditation Standards for Nuclear Medicine Technologist Education*.
  - 2.404 Focuses on qualitative and analytic values in addition to salient quantitative dimensions of the program as a whole and of its component parts.
  - 2.405 Reflects a critical assessment of curriculum content, sequencing of learning experiences integrated among courses, teaching methods used for various components of instruction, teaching assignments, means and frequency of assessing the quality of student's learning in order to assure timely awareness of learning deficiencies or need for added challenge.
  - 2.406 Reflects balance in its analysis of educational processes and outcomes.
  - 2.407 Results in clear and definitive plans which enhance the learning experiences of students and which resolve any issues that impact significantly on the program and its relative compliance with the *Standards*.
  - 2.408 Periodically concludes in a self-study report that is comprehensive, concise, easily understood, and prepared in a format that is designated by the JRCNMT.
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### Procedures

The Joint Review committee on Educational Programs in Nuclear Medicine Technology (JRCNMT):

- 2.408A Considers an application for accreditation or self-study active until:
  - i. A program has been unresponsive for one (1) year after submission of the initial application for accreditation.
  - ii. A program fails to complete an initial application or self-study within six (6) months after the date on the letter requesting items identified as missing at the time of the initial review of the application or self-study.

CAHEA: Adopted July 1979; revised 1984, Oct 1985, April 1992.  
JRCNMT: Revised Nov 1994, March 1996, Nov 2008, Nov 2010

## 2.500 On-Site Evaluations for Initial and Continued Accreditation

On-site evaluations of each educational program are an integral part of the JRCNMT accreditation process. Information observed on-site contributes to the information in the self-study and supports the assessment of a program's compliance with the Standards.

For most programs, on-site evaluations are conducted by a team of two evaluators over a period of two days. Evaluation of programs with multiple campuses, a large number of affiliates, or affiliates located across a broad geographical area may require a larger evaluation team and/or a longer site visit.

For programs offered by distance education, at least one team member will have experience in distance education delivery. An evaluation team must include at least one member who is not currently serving on the JRCNMT Board of Directors. If a JRCNMT Director serves as a member of an on-site evaluation team, he/she must abstain from the accreditation decision process on that particular program.

JRCNMT site evaluators undergo initial training and periodic updates to ensure they are competent, objective and familiar with the Standards and JRCNMT policies. Evaluators are expected to act professionally, complete their work efficiently and adhere to all JRCNMT procedures pertaining to the conduct of an on-site evaluation. They utilize formal worksheets to collect and assess information during the evaluation to ensure consistency in the process.

JRCNMT staff contact the Program Director several months prior to the visit to collaboratively identify potential dates for an on-site evaluation. This communication also aids in determining the number of evaluators that are necessary, the length of the visit, and preliminary aspects of the site visit agenda.

Visits to clinical affiliates are included in the site visit agenda according to the following criteria:

1. For programs seeking initial accreditation, all clinical affiliates are visited.
2. For programs seeking continued accreditation:
  - a. All affiliates added since the last on-site evaluation are visited.
  - b. New affiliates included in the self-study are visited.
  - c. A sample minimum of 25% of approved clinical affiliates are visited during the evaluation of programs that have completed two consecutive accreditation cycles with no significant findings pertaining to clinical education. The sample of affiliates varies from one accreditation visit to the next to ensure the same affiliates are not reviewed repeatedly while others go without evaluation for an extensive period of time.
  - d. Programs not meeting the criteria in (c) will have all clinical affiliates visited.

Preliminary findings of the on-site evaluation team are presented orally at a formal exit conference at the conclusion of the visit. A formal letter of site evaluation findings will be sent to the program director and his/her immediate supervisor within 45 business days after the conclusion of the site visit. The program is given the opportunity to correct factual errors in the letter of findings before an accreditation decision is made.

## 2.600 Coordinated Site Evaluation Visits

### Policy Statements

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)

- 2.601 Participates in requested coordinated site evaluations with other programmatic, specialized and institutional accrediting agencies and will adjust survey dates to accommodate a coordinated schedule unless an overlying concern exists.
  - 2.602 Conducts coordinated evaluations with state agencies, provided that all applicable policies and procedures are observed, that the integrity of the *Standards* is preserved, and that the confidentiality of all information obtained is maintained.
  - 2.603 Recognizes that the accreditation status of any single program in a coordinated evaluation is not contingent upon the status assigned to any other program at the institution participating in the evaluation.
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### Procedures, Responsibilities and Activities for Coordinated Site Evaluation Visits

Coordinated evaluations provide for an on-site assessment by two or more agencies in response to specific requests from institutions. Such coordinated evaluations may be part of an institutional and/or programmatic accreditation process.

The JRCNMT will cooperate with any program requesting a coordinated review. During this review, the JRCNMT wishes to maintain the integrity of the accreditation process while cooperating with the institution to reduce related time and costs. In order to achieve these goals, the JRCNMT requires:

- (1) A completed self-study 90 business days prior to the site visit date. The self-study requests specific data that enables the site team to conduct the visit in a thorough, yet timely manner. An improperly completed document will be returned and the on-site visit may have to be delayed.
- (2) The institutional coordinator contacts the JRCNMT prior to planning the agenda for the visit. The actual schedule for the JRCNMT is determined by the number of clinical affiliates and number of students involved in the program. The on-site evaluation team may not need to spend the full time allotted to the coordinated visit (thus reducing expense).

On-site evaluation visits to the nuclear medicine technology program will be conducted by a team, as defined in 2.505a. The number of team members may be increased if needed. The overall length of time for the JRCNMT portion of the visit typically does not exceed two days.

The sponsoring institution and each major clinical affiliate will be visited by at least one member of the evaluation team. For programs that have completed two consecutive accreditation cycles with no significant findings, visits will be conducted to a random sample of approximately 25% of approved major clinical affiliates. All candidate and pending major clinical affiliate applicants must be visited.

The JRCNMT team leader consults with the institutional coordinator to establish an agenda for the visit. The team leader provides the necessary leadership to the on-site activities, serves as the spokesperson for the team at the exit conference, and directs the team's preparation of the written site visit report for submission to the JRCNMT following conclusion of the site evaluation.

## **State Agencies**

To maintain uniform nationwide standards, the JRCNMT will conduct its own independent inspection of educational programs in nuclear medicine technology.

State accrediting or licensing agencies may request to be present during the JRCNMT site evaluation with the written permission of the program to be inspected. The JRCNMT will attempt to accommodate this request within the time constraints of the individuals appointed by the JRCNMT to conduct the inspection.

- (1) Notification of the state agency of a pending inspection will be the responsibility of the program to be inspected.
- (2) The program to be inspected may provide the state agency with a copy of the self-study prior to the actual site inspection.
- (3) The representative from the state agency may accompany the JRCNMT site inspection team and participate in interview sessions, but (a) will not serve as a replacement for a JRCNMT site visitor, (b) will not participate in preparing the final report of the site team, and (c) will function solely as an observer at the exit summary.
- (4) The state agency will not have prior right of review or approval of the site visit report or the final accreditation decision of the JRCNMT.
- (5) Correspondence regarding the outcome of the inspection will continue to be between the JRCNMT and the program being inspected.
- (6) The inspected program may forward a copy of the JRCNMT letter of accreditation decision to the state agency.

## 2.700 Letter of Site Visit Findings

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)

2.701 Provides a written letter of site visit findings to the program director and his/her immediate supervisor following an on-site evaluation. Program officials have thirty (30) calendar days to respond to the factual accuracy of the findings prior to an accreditation decision by the JRCNMT.

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The JRCNMT utilizes uniform site evaluation worksheets to ensure consistency in the conduct of the site evaluation visit. The site team leader provides the JRCNMT with a summary worksheet identifying strengths, suggestions for program enhancement, and deficiencies in compliance with standards that were noted by the team.

Using the site evaluation worksheets and summary, the Review Team, with staff assistance, prepares the letter of site visit findings that is provided to the program. If the report identifies deficiencies in meeting published accreditation standards, they are cited with the related *Standard* and include a description of the specific area of non-compliance. The letter may also include program strengths and recommendations for areas needing enhancement.

The JRCNMT holds the working papers of the evaluation team in confidence. The letter of site visit findings is the basis for consideration of an accreditation decision by the JRCNMT Board of Directors.

CAHEA: Adopted Jan 1984.

JRCNMT: Revised Nov 1994, March 2000, Nov 2010, July 2019.

## 2.800 Reconsideration of Probation

### Policy Statements

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)

- 2.801 Develops and disseminates procedures for reconsideration of probation prior to the decision becoming final.
- 2.802 Maintains the accreditation status of a program pending disposition of a request for reconsideration of probation.

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### Procedures

1. The JRCNMT informs the program sponsor of its decision to place the program on probation.
2. The program sponsor is provided 15 business days from the date of the notice to request reconsideration of the decision. In the event the sponsoring institution does not request reconsideration within the stipulated time, probation becomes final.
3. The sponsoring institution's request for reconsideration must be in writing and include documentation that the cited deficiencies did not exist *at the time* the JRCNMT arrived at its original recommendation. Members of the JRCNMT Board will analyze the written documentation and uphold or overturn the original decision.
  - a. Decision Upheld -- Probation becomes final and is not subject to appeal or further review.
  - b. Decision Overturned-- Where the documentation provides evidence that deficiencies were cited erroneously, the Board will vacate its decision and assign a new accreditation award in accordance with JRCNMT standards and procedures.

Regardless of the outcome, the JRCNMT will communicate its decision on reconsideration to the sponsoring institution within thirty (30) business days after the JRCNMT holds a special meeting on reconsideration.

A final decision to place a program on probation is made public through publication of a notice of accreditation actions. The appropriate state licensing or authorizing agency and appropriate accrediting agencies are notified of the decision at the same time that it is communicated to the sponsoring institution. The program must also publish notice on its website in accordance with JRCNMT policy 2.100.

The sponsoring institution may voluntarily relinquish its accreditation at any time during the accreditation process.

CAHEA: Adopted Oct 1978; revised July 1983, Jan 1984, May 1991.  
JRCNMT: Revised Nov 1994, Nov 2010, July 2011, Nov 2012, Apr 2015.

## 2.900 JRCNMT Appeals Procedure

### Policy Statements

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT):

- 2.901 Recognizes the right of sponsoring institutions to appeal JRCNMT actions of Accreditation Withheld and Accreditation Withdrawn.
- 2.902 Permits appeals based on the claim that the JRCNMT decision, determined by documentation provided by the sponsor/program, was not supported by substantial, credible and relevant evidence, or was not made in substantial compliance with published JRCNMT accreditation policies governing the process of accreditation of educational programs.
- 2.903 Upon receipt of notice of appeal and payment of the Appeal Fee, a decision to withdraw or withhold accreditation is delayed until final disposition of the appeal, maintaining the existing accreditation status of an accredited program.
- 2.904 Permits a sponsor to withdraw its application from the accreditation process at any time during the appeal process.
- 2.905 Considers the accreditation decision of the JRCNMT final if the sponsor does not request appeal within the established time period.
- 2.906 Considers as final the decision of the appeal panel to affirm, amend, remand or reverse the previous accreditation decision.
- 2.907 Considers accreditation actions other than Accreditation Withheld and Accreditation Withdrawn as final and not subject to appeal.

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### Procedure

1. The Chief Executive Officer of the program's sponsoring institution may file an appeal of a JRCNMT action of Withhold or Withdraw Accreditation. The appeal request should be in writing and sent to the JRCNMT office and must be postmarked within 10 business days of the receipt of the JRCNMT letter of adverse accreditation action. A non-refundable \$2000 appeal filing fee must accompany the appeal request.
2. Upon receipt of the appeal request, the underlying decision to deny or withdraw accreditation is stayed pending the outcome of the appeal.
3. Within 30 days of the receipt of the JRCNMT letter of adverse accrediting action, the program sponsor must submit six copies of the complete appeal document identifying the basis for the appeal as (a) the JRCNMT decision was not supported by substantial, credible and relevant evidence, and/or, (b) was not made in substantial compliance with published JRCNMT accreditation policies governing the process of accreditation of educational programs. The appeal document must include an itemized list of each action of the decision that the program sponsor believes warrants reversal and the rationale for the program sponsor's position on each point.
4. Within 30 business days of the postmark on the appeal document, JRCNMT will send the program sponsor the names of the Appeal Panel members (one public member, one educator and one clinician) who will hear the institution's appeal. Appeal Panel members are:

- a. experienced and trained in accreditation standards, the accreditation process, the roles and responsibilities of the Appeal Panel, Appeal Hearing Format and JRCNMT Conflict of Interest Policy;
  - b. experienced with the type of program under review;
  - c. in compliance with the JRCNMT conflict of interest policy and be free from any conflict of interest with the sponsoring institution;
  - d. not participants in the process which led to the accreditation action under appeal; and
  - e. not current members of the JRCNMT Board of Directors.
5. Within 10 business days of the receipt of the list, the program sponsor shall notify JRCNMT in writing of any objection it has to the appointed Appeal Panel members and the rationale for the objection. If the Chairman of the JRCNMT believes that the sponsor has shown good cause for why one or more of the Appeal Panel members should not serve on the Appeal Panel, the Chairman will appoint a replacement Appeal Panel member or members and notify the sponsor of the new appointment(s).
  6. At the time the sponsor submits the Appeal Document, it must also submit a non-refundable appeal fee in the amount of \$5000 to the JRCNMT to cover the costs of the appeal.
  7. Within 10 business days after constituting the Appeal Panel, each panel member will be given the complete accreditation record that existed at the time of the JRCNMT's accreditation decision regarding the program, the appeal documentation submitted by the program sponsor and any correspondence between JRCNMT and the program sponsor. A list of all materials comprising the complete record shall be made and provided to the program sponsor.
  8. Within 15 business days after constituting the Appeal Panel, a hearing shall be scheduled on a date preferably within 60 days after the Appeal Panel is constituted. Once scheduled, notice of the date, time and location of the hearing will be sent to Appeal Panel members and the program sponsor and copied to the JRCNMT Chairman.
  9. The hearing shall be conducted by the Chairman according to the JRCNMT Appeal Hearing Format. At the hearing:
    - a. A written transcript of the hearing shall be produced.
    - b. A representative of the program sponsor will be present to present an oral statement in support of the appeal and answer any questions of the Appeal Panel.
    - c. Legal counsel for the program sponsor may be present and participate in the hearing.
    - d. The appeal panel cannot consider, nor may the program submit, any changes in the program, or new evidence, that were not part of the record considered by the Board of Directors, except in the case of financial deficiencies for which relevant financial information has become available since the accreditation decision was made that bears materially on the financial deficiencies identified by JRCNMT.
    - e. Presentations are limited to clarification of the record and explanations demonstrating the degree to which the program met the relevant published accreditation standards at the time of the site visit and the degree to which the program was reviewed in accordance with published accreditation procedures.

10. Within 20 business days of the adjournment of the hearing the Appeal Panel will prepare its report and submit it to the Chairman of the JRCNMT. The panel's report will address each point raised in the program sponsor's appeal and shall describe the Appeal Panel's decision to the JRCNMT Board of Directors.
11. Within 5 business days after receiving the Appeal Panel report, the Chairman will forward a copy of the Appeal Panel report to each member of the JRCNMT Board of Directors and designate the manner in which the Board will implement the Appeal Panel's decision (regular meeting, mail ballot, conference call). The Board has 20 days from the President's receipt of the Appeal Panel report to implement its decision, or in the event of a remand, to act on the remand and any instructions relative to the decision.
12. Within 5 business days after the decision of the Board of Directors, the Chairman will notify the program sponsor of the decision in writing via certified, return receipt mail.
13. The decision of the Board of Directors is final and is not subject to further appeal.

## **JRCNMT Appeal Hearing Format**

1. Appeal Panel Chairman calls meeting to order
2. Introduction of Appeal Panel members and other attendees
3. Chairman's opening statement and reading of confidentiality statement
4. Review of procedural hearing rules
  - Only information about the conditions of the program available to the JRCNMT when it formulated its accreditation decision is relevant.
  - The program sponsor may not present new, revised or updated information except in the case of new financial information that may be relevant to the appeal and which was not available to the program sponsor or the Review Committee when the underlying decision was made.
  - The purpose of the appeal hearing is to determine whether the record supports the Review Committee's original accreditation decision and/or whether due process and proper procedures were followed.
  - The Appeal Panel determines the relevance and materiality of the information presented.
5. The Appellant makes an oral presentation (not to exceed 20 minutes)
6. The Appeal Panel questions the representatives of the program sponsor.
7. The Appellant makes a closing statement (10 minutes)
8. The Chairman reviews the timetable of remaining steps in the process for the program sponsor's representatives
9. The Appeal Panel excuses the representatives of the program sponsor and adjourns the appeal hearing.
10. The Appeal Panel deliberates in executive session

## **2.1000 Post-Site Visit Questionnaire (PSQ)**

### **Policy Statement**

2.1001 The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) routinely evaluates the effectiveness of the accreditation process.

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### **PSQ PROCEDURE**

To assist in the evaluation of the accreditation process, a Post-Site Visit Questionnaire (PSQ) is distributed to program directors, clinical supervisors and appropriate institutional administrators to solicit information on (1) the arrangements for the site visit, (2) the performance of the site visit team, (3) the participation of institutional personnel in preparing the self-study, and (4) improving the overall accreditation process.

A PSQ survey is sent to the program director, institutional administrator and clinical supervisors by the JRCNMT at the conclusion of the site visit. Completed surveys are returned to the JRCNMT office where they are digitally collated for review by the Board of Directors at the next spring board meeting. Results are reviewed by the Board only after accreditation decisions have been made. PSQ survey results are monitored and if needed, the Board may take action to remove or retrain any site visitor for which survey results are unsatisfactory.

## **Section 3: Maintenance of Accreditation & Program Changes**

### **3.100 Compliance Reports**

#### **Policy Statements**

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)

- 3.102 Requires submission of a mid-cycle report from all programs.
  - 3.103 Requires submission of a progress report from programs cited for having deficiencies in compliance with the *Standards* and from programs for which information submitted in other compliance reports was deemed incomplete.
  - 3.104 Requires all programs to submit an annual report.
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#### **Mid-cycle Report**

A report submitted by programs receiving initial accreditation at approximately 30 months into the initial 3-year award and by programs receiving a 7-year accreditation award at approximately 4 years into the award period. The report allows the JRCNMT to monitor program modifications and outcomes data generated since the most recent accreditation award. The JRCNMT Board of Directors defines the content of the report and periodically reviews and updates the content requirements. Two reviewers, who are members of the Board, assess each report, request additional information or clarification if needed, and present a recommendation for action to the full Board at the next scheduled meeting.

#### **Progress Report**

A report submitted by programs cited for having deficiencies in compliance with the *Standards* and from programs for which information submitted in other compliance reports was deemed incomplete. The content of each report is individualized for each program by the Board of Directors based upon the deficiencies cited and/or the clarifications or missing documentation that is needed. Two reviewers, who are members of the Board, assess each report, request additional information or clarification if needed, and present a recommendation for action to the full Board at the next scheduled meeting.

#### **Annual Report**

A report submitted annually by all programs to update the JRCNMT on program modifications that may impact accreditation and provide enrollment data for the previous calendar year. The JRCNMT Board of Directors defines the content of the report and periodically reviews and updates the content requirements. Staff prepares a compilation of all graduate achievement data for review by board members. Other information submitted is processed based upon the nature of the information.

### **3.200 Application to Add an Affiliate**

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT):

- a) Requires submission of a formal application and fee for all proposed affiliates.
- b) Assigns a Review Team (two JRCNMT directors) to assess each affiliate application. The Review Team determines whether each application is approved and the JRCNMT endorses the decision at its next regularly scheduled meeting.
- c) Does not permit an accredited program to utilize a proposed affiliate until an application for the affiliate has been reviewed and deemed acceptable.
- d) Defines a single clinical affiliate as all rotation areas under the same administrative control and located on the same campus. A campus is defined as the buildings and grounds of a medical facility that are geographically contiguous and does NOT include any geographically dispersed locations. A rotation area under the same administrative control yet apart from the main campus is considered a separate clinical affiliate.

#### **Affiliate Application Procedure**

Directions and a set of application forms specific to the affiliate type (clinical or academic) are available on the JRCNMT website. The application fee is identified on the JRCNMT Fee Schedule, which is also available on the JRCNMT website. Programs should call or email the JRCNMT to request an invoice for the application fee in advance of submission of an application. Applications are not to be submitted until the fee payment has been received by the JRCNMT office.

Programs must submit affiliate applications at least three months prior to planned usage to ensure the evaluation can be completed within the program's planned timeline. Expedited reviews are not available.

An incomplete affiliate application remains active for six months from the date of its submission. If items necessary to complete the application are not submitted within the six-month period the application expires and the fee is forfeit.

### 3.300 Publication of Graduate Achievement Data

Programs must provide the public with current, accurate and easily available information on graduate achievement data. The JRCNMT assists programs in this task by compiling and hosting the information on its website to ensure accessibility, consistency and comparability of the data between programs. A program may post additional program data on its web page but the information (1) cannot contradict the official program data on the JRCNMT report and (2) it must not have greater visibility than the required statement provided later in this policy.

The JRCNMT publishes a report on its website each August containing all programs' graduate achievement data from the prior year's graduating class(es). The report is located on the Graduate Achievement Data page on the JRCNMT website (<https://www.jrcnmt.org/students/program-graduate-outcomes/>). The page explains the content of the report, how the data is obtained, and the methods of data computation.

A link to the JRCNMT Graduate Achievement Data page must be easily accessible on each accredited program's web page. "Easily accessible" means the data can be obtained (1) with no more than one click from the program's web page and (2) without having to provide personal contact information. Each program must post the following statement and link on its web page:

Graduate achievement data is an indicator of program effectiveness, demonstrating the extent to which a program achieves its goals. The current report on graduate achievement data, identified by program, is available on the JRCNMT website by clicking on the following link: [Graduate Achievement Report](#)

Each April/May the JRCNMT will review all program web pages to ensure compliance with this policy. Programs will be contacted if the notice (1) cannot be located, (2) is less visible than program-generated data, and/or (3) do not meet the "easily accessible" requirement. Programs will be given 30 days to make the necessary adjustments. If the web page does not meet the criteria in this policy by the deadline the program will be placed on administrative probation for 30 days. If the issue is not addressed satisfactorily by the end of the administrative probation period the program will be placed on probation. Refer to the appropriate sections of Policy 2.100 for descriptions of administrative probation and probation.

## 3.400 Reporting Substantive Changes

### Policy Statement

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)

- 3.401 Requires programs to provide timely notification of substantive changes to the program and/or sponsoring institution.
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### Procedures

It is the responsibility of each program to notify the JRCNMT of major program changes to ensure student protection and maintenance of accreditation status. Failure to report such changes jeopardizes the accreditation status of the program. JRCNMT reserves the right to reconsider the accreditation status of a nuclear medicine technology program at any time.

Substantive changes include:

- a. Change in the mission or objectives of the sponsoring institution or program.
- b. Change in the ownership, sponsorship, legal status or form of control of the sponsoring institution or program.
- c. Implementation of distance education in the professional nuclear medicine technology curriculum.
- d. Addition of courses or program tracks different in method of delivery from what was previously approved by the JRCNMT.
- e. Addition of a program track offering a different level of degree or credential.
- f. Change in terminal award provided by the program.
- g. Change from clock hours to credit hours or vice-versa.
- h. Change in the number of clock or credit hours required for program completion.
- i. Program relocation or establishment of an additional location.

Substantive changes must be reported to the JRCNMT at least six months in advance of planned implementation of the change. Reports of substantive change must include a narrative and exhibits thoroughly describing the proposed change(s) and the impact upon the program. For Items c) and d) above, the JRCNMT has a specific application form for distance education that is available on the JRCNMT website.

Depending upon the significance of the change, approval may:

- a. Require a focused site visit within a specified period of time after implementation of the change.
- b. Initiate the reaccreditation process.

## 3.500 Experimental and Innovative Programs

### Policy Statement

- 3.501 The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) actively encourages and supports the development and implementation of innovative or experimental approaches to health professions education that vary substantially from traditional designs and methods but meet or exceed the *Standards*.
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### Procedures

The applicant program must provide:

1. A clear definition of the purpose for the innovative or experimental approach, including relevance to needs of students, the profession, and the community or region served. Such purposes might include better utilization of instructional staff and/or resources, recognition of previously acquired skills or flexibility of scheduling.
2. A detailed plan for development, implementation, and evaluation of the approach, i.e., time schedule, placement in curriculum, policy and procedural changes, evaluation of credit, faculty involvement, resources, and student activities.
3. Educational objectives stated in such a way that the competence of the student can be assessed. The same standards of achievement applied in the traditional approach must be utilized in the innovative approach for comparative purposes.
4. Mechanisms to encourage
  - a. Active support by the program faculty, who should be involved in planning, implementing and evaluating the new approach.
  - b. Active student participation in the planning of a new approach, including planning to meet their individual needs, recognizing previously acquired skills and evaluating the new approach.
  - c. Active involvement of practitioners and other health professionals involved in providing learning experiences for students.
  - d. Administrative support.
  - e. An estimated cost of the new approach and assurance of funding.
  - f. Plans for evaluation, including concurrent monitoring, terminal evaluation, and follow-up of graduates.

CAHEA: Adopted Jan 1978; revised Jan 1984.  
JRCNMT: Revised Nov 1994, Nov 2010

## **3.600 Interim Program Officials**

### **Policy Statement**

3.601 The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) expects those hired to fill the positions of Program Director and Clinical Coordinator will meet published accreditation standards. In situations when a qualified person cannot be hired immediately, an interim program official may be recognized.

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### **Procedure**

An accredited program may temporarily name a program official that does not meet one or more of the published JRCNMT accreditation criteria for the position. In this instance:

- a. This program official will be designated as ‘interim.’
- b. An interim official must meet the qualifications noted in the JRCNMT accreditation standard for the position within 12 months of assuming the interim appointment or be replaced with a qualified individual.
- c. The program must submit reports on the progress of the interim official toward meeting published criteria for the position and/or the activities directed at hiring a qualified replacement. The program will be notified in writing of the frequency of the reports.
- d. Prior to the conclusion of an interim appointment, the program must submit a formal Personnel Change Notification with supporting documentation identifying a qualified person for the position.
- e. Sponsors employing an interim person to fill a particular program official position for longer than 12 months will be considered in noncompliance with the applicable accreditation standard and will have their accreditation changed to probationary accreditation.

### **Elevation of Clinical Coordinator to Program Director**

Since hiring from within a program can facilitate a smooth staff transition, the program’s current clinical coordinator may move into the program director (interim) position, without the person holding a graduate degree. All other JRCNMT qualifications for the position of program director must be met at the time the person assumes the vacant position.

The person must provide the JRCNMT with proof of enrollment in a graduate program of study within one year of assuming the interim title and must demonstrate completion of a graduate program within five years of assuming the interim program director title. Periodic reports on progress toward completion of the graduate degree may be requested by the JRCNMT.

## **Section 4: Public Responsibility**

### **4.100 Integrity in the Accreditation Process**

#### **Importance of Integrity**

Accreditation by the JRCNMT serves as an indicator of academic quality by evaluating nuclear medicine technology programs against an established set of standards. Significant reliance is placed on the information, statements and data provided to the JRCNMT by academic programs, making integrity a cornerstone of the accreditation process.

Integrity also contributes to the just and efficient administration of the accreditation process while protecting the rights of all parties involved.

#### **JRCNMT Commitment to Integrity**

- A. The JRCNMT Policy and Procedure Manual identifies the policies and procedures the JRCNMT will follow in upholding the integrity of its processes and fulfilling the accreditation responsibilities defined in its functions, responsibilities and mission.
- B. The JRCNMT recognizes that rules cannot address every eventuality. To ensure integrity when new issues arise that are not addressed by existing policies, staff, in consultation with the Executive Officers, will respond in a manner consistent with the intent of existing policies. At its next regularly scheduled meeting, the JRCNMT will assess the efficacy of the actions in light of accreditation requirements, process expectations and circumstances. If necessary, new policies will be developed to guide action on similar issues in the future.
- C. The JRCNMT reserves the right to deviate from these policies and procedures on the rare occasion when enforcement conflicts with the just and efficient administration of the accreditation process to protect the rights of all parties involved.

#### **Expectations of Program and Institutional Integrity**

- A. Truthful Identification of Accreditation Status  
The JRCNMT requires all nuclear medicine technology programs and the institutions that sponsor them to provide clear and accurate information to prospective and enrolled students, other stakeholders and the public about the accreditation status of a nuclear medicine technology program. This includes informing stakeholders and the public when the program has been placed on probation. Any apparent violation of these expectations will initiate procedures for investigating and responding to suspected violations. Confirmation of violation may affect the program's accreditation status (probation or withdraw/withhold accreditation) and, if not corrected expeditiously, may be reported to the appropriate institutional accrediting agency and state-level authorizing agency.
- B. Integrity in the Accreditation Process  
The JRCNMT is responsible for ensuring the highest standards of integrity in the accreditation of nuclear medicine technology programs. Plagiarism of reports or a program's failure to report honestly, by presenting false or distorted information or by omission of information, whether or not by willful intent, constitutes a breach of integrity. Any apparent violation of this expectation in materials submitted to the JRCNMT or collected during a site visit will initiate an investigation of the suspected violation. Confirmation of violation may affect the program's accreditation status (probation, withhold/withdraw accreditation) and may be reported to the appropriate institutional accreditation agency and state-level authorizing agency.

C. Integrity in the Development and Implementation of New Programs

Integrity in the development of new programs is essential to creating and maintaining the proper relationships between all stakeholders in nuclear medicine education (i.e., program, academic institution, clinical affiliates, prospective students, JRCNMT and the public). Developing programs and their institutional sponsors must establish a positive, honest and transparent working relationship with key stakeholders to demonstrate the value placed on integrity in program delivery.

D. Integrity in the Operation of Accredited Programs

Integrity is at the core of the relationship between educational programs, institutional sponsors and accrediting agencies. The relationship between the JRCNMT and academic programs assumes an underlying commitment to integrity from all parties who are stakeholders in the accreditation process. Abridgment of this responsibility by an accredited program compromises the quality assurance standards established by the JRCNMT. Though not inclusive, the following list identifies examples of a program's failure to uphold integrity:

- Failure to report substantive changes according to JRCNMT procedures
- Misrepresenting outcomes or performance of the program or its graduates in an Annual Report
- Providing false or inaccurate information or data in a report or self-study submitted to the JRCNMT
- Refusing to communicate and/or work in a timely, honest and fair manner with other accredited programs when affiliates are shared
- Misleading or lying to clinical facilities to obtain their consent to provide clinical education to students or to discourage them from affiliating with another program

Confirmed evidence of violation of the principles of integrity in the operation of an accredited program may negatively impact the program's accreditation status (e.g., probation or withdrawal of accreditation) and may be reported to the appropriate institutional accreditor and state-level authorizing agency.

E. Integrity in the Program Closure Process

Closure of a nuclear medicine technology program requires planning to ensure appropriate provisions are made for students, faculty, staff, and for the disposition of program assets and student records. Every effort should be made to inform each constituency as fully as possible and as soon as possible about the conditions of program closure.

Students who have not completed the program must be provided for according to their academic needs. The program must provide all advertised instruction to students or facilitate transfers to other accredited programs through 'teach out' agreements. Instruction must be comparable to the original program in structure and quality and must not require significant additional charge.

The program is responsible for informing students of their rights, academic records must be promptly transferred and all regulatory requirements must be followed. Arrangements must be made to assure future access to the academic records of all program graduates by individuals and appropriate legal bodies. If the closure of the program coincides with the closure of the institution, all students and the JRCNMT must be informed of how program graduates can access academic records.

Programs found to have violated these expectations shall be reported by the JRCNMT to the appropriate institutional accrediting agency and state-level authorizing agency.

## **4.200 Fair Practice Standards in Education**

### **Policy Statements**

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) requires programs and sponsoring institutions to comply with fair practice standards in education.

#### **4.201 Announcements**

Announcements and advertising must accurately reflect the program offered; they must not misrepresent or mislead. There should be no misleading or false advertising concerning job availability, placement, or starting salaries contained in any material published by an accredited program.

#### **4.202 Non-discrimination**

Student and faculty recruitment and student matriculation practices shall be non-discriminatory with respect to race, national or ethnic origin, color, creed, religion, sex, sexual orientation, gender identity, disability, age, or veteran status.

#### **4.203 Health and Safety**

The health and safety of students, faculty, and patients associated with student educational activities must be adequately safeguarded.

#### **4.204 Matriculation**

The program must not use high-pressure techniques with students in the recruitment or registration processes. The program must be educational with students using their scheduled time for educational experiences. The program must not assign excessive credit hours to coursework.

#### **4.205 Financial**

Costs to students must be reasonable, stated accurately, and published. Policies and processes for student withdrawal and tuition refund must be fair, published, and made known to all applicants. Unexpended tuition or fees to which the student is entitled must be refunded. Financial arrangements must be fair to the students and to the school. Students must not be encouraged to arrange loans with excessive interest rates or to take out loans which lead to indebtedness that is excessive in relation to the potential earnings of a program graduate.

#### **4.206 Investigation of Allegations of Unfair Practices**

The JRCNMT investigates written charges of alleged unfair practices and recommends action. Misleading advertising and other misrepresentations may be referred to legal counsel.

## **4.300 Advertising Accreditation Status**

### Policy Statements

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)

- 4.301 Requires all institutions sponsoring JRCNMT-accredited programs to follow guidelines which assure accuracy in announcing the accredited status of such programs.
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### **Procedures**

- 4.301A Citations regarding accreditation status must be accurate and limited to the accredited program.
- 4.301B Statements should not be made about possible accreditation status not yet conferred by the accrediting body.
- 4.301C An institution or program electing to publicly disclose its accreditation status must use accurate information, identifying the program covered and including the name, address, telephone number and email address of the JRCNMT. Citation of the JRCNMT may be by either full title or initials.
- 4.301D An institution or program releasing incorrect or misleading information about its accreditation status, site visit reports or accreditation decisions must provide evidence to the JRCNMT of written public correction.
- 4.301E Upon initial accreditation the JRCNMT provides each program and its clinical affiliates with a certificate of recognition. The program will receive a new certificate each time it receives continued accreditation. The program certificate must be returned to the JRCNMT if the program loses or relinquishes its accreditation. Affiliate certificates must be returned when the educational relationship between the program and the affiliate is terminated.

CAHEA: Adopted Jan 1984.

JRCNMT: Revised Nov 1994, Nov 2010, Nov 2012, Apr 2019.

## 4.400 JRCNMT Logo and Accreditation Badge

The JRCNMT logo and accreditation badge are the exclusive property of the JRCNMT and are protected by law. They may not be reproduced or published outside of the authorized uses listed below and without prior written approval from the Joint Review Committee on Educational Programs in Nuclear Medicine Technology.

A program may use the licensed logo and accreditation badge only while it is accredited by the JRCNMT.

Accredited programs may include the “JRCNMT Accredited Program” badge on the program’s web page to indicate the program holds JRCNMT accreditation. The badge may also be used on other institutional web pages where the program’s accreditation status is described. The logo must appear exactly as set forth, except that its size may be altered.

Upon request, the JRCNMT may grant permission to an accredited program to use a version of the JRCNMT logo or accreditation badge for use on letterhead, business cards or other appropriate printed materials.

The logo and accreditation badge may not be used on any web page or printed document where its use could imply the JRCNMT accredits programs that are not subject to JRCNMT accreditation, such as post-professional degree programs, unless there is clear language that indicates those programs are not accredited by the JRCNMT.

The JRCNMT logo and accreditation badge may not be used by:

- a) Academic or clinical affiliates of an accredited program since they are not the primary holder of the accreditation status.
- b) A campus of an academic institution if the nuclear medicine technology program on that specific campus has not earned JRCNMT accreditation.
- c) Programs seeking initial accreditation by the JRCNMT.
- d) Programs to indicate or imply the JRCNMT’s endorsement, sponsorship or support of a third-party product or service.
- e) Any entity other than the JRCNMT and education programs accredited by the JRCNMT.

The JRCNMT reserves the right to revoke permission to use the logo at any time, with or without cause.

## 4.500 Complaints Regarding an Accredited or Developing Program

### Policy Statement

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT):

- 4.401 Follows due process procedures when a written, signed complaint is received which indicates that an accredited program or a program seeking initial accreditation may not be in substantial compliance with the *Standards* or may not be following established accreditation policies.
- 4.402 Resolves complaints in a timely and fair manner.

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### Procedures

- I. To receive formal consideration, all complaints must be submitted in writing and signed. The complainant should demonstrate that reasonable efforts have been made to resolve the complaint using existing appeal or grievance mechanisms at the institution.
- II. The JRCNMT executive director shall acknowledge receipt of the complaint within seven business days of its receipt and provide the complainant a description of the process and policies that pertain to handling such complaints.
- III. When received, complaints are transmitted within seven business days to the executive officers of the JRCNMT for review.
- IV. Following consultation among staff and the executive officers of the JRCNMT, it is determined whether the complaint relates to the manner in which the program complies with the *Standards* or follows established accreditation policies.

The JRCNMT will not intervene on behalf of individuals or act as a court of appeal for faculty members or students in matters of admission, advancement, grades, appointment, promotion or dismissal. The JRCNMT will act only when it believes practices or conditions indicate the program may not be in substantial compliance with the *Standards* or with established accreditation policies.

- V. If it is determined that the complaint does not relate to the *Standards* or to established policies, the complainant shall be notified accordingly, in writing, within 20 business days following receipt of the complaint.
- VI. If it is determined that the complaint warrants investigation, the executive director of the JRCNMT shall provide a copy of the complaint to the program director and the chief executive officer of the sponsoring institution and shall request the program submit a response to the JRCNMT within 30 business days of the program's receipt of the letter of notice.

If the allegations are severe, the executive officers may authorize an unannounced focused site visit to the program without prior notification to the program of the complaint allegations. The cost of such a visit shall be borne by the program.

- VII. The JRCNMT may request additional information or documentation relative to the complaint from the complaining party, the institution, or other relevant sources.

- VIII. On receipt of the responses referred to in Sections VI and VII, the executive officers of the JRCNMT shall consider the complaint and all relevant information obtained in the course of investigation.
- A. If the complaint is determined to be unsubstantiated or unrelated to the *Standards* or established accreditation policies, the complainant, officials of the program in question, and the appropriate official of the sponsoring institution will be so notified within 10 business days of the completion of the investigation.
  - B. If the investigation reveals that the program is not in compliance with the *Standards* or is not following JRCNMT accreditation policies the officers will make a recommendation to the full board for consideration at its next scheduled meeting. The recommendation may include a) a corrective action plan for the program, b) a change in accreditation status, c) a focused site visit and/or d) probationary status for the program.
- IX. The JRCNMT maintains a permanent file and master list of all complaints.

## 4.600 Complaints Regarding the JRCNMT

### Policy Statement

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT):

- 4.501 Reviews any written, signed complaint received against the JRCNMT relating to the agency's accreditation standards, procedures or other aspects of the agency's activities, including staff and volunteers.
- 4.502 Does not review complaints against the agency arising in the context of the accreditation review of a particular program.
- 4.503 Resolves complaints in a timely, fair and equitable manner.

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### Procedure

#### I. Submission of Complaint

A complaint must be submitted in writing and signed by the complainant. The submission must be clearly identified as a complaint and submitted independent of any other documentation submitted to the JRCNMT. The event in the complaint must have occurred at least in part within one year of the date the complaint is filed. The complaint must clearly describe the specific nature of the complaint, include supporting evidence for the charge, and should specify the changes sought by the complainant.

#### II. JRCNMT Action

Within 14 business days of receipt of a complaint, staff will acknowledge receipt of the complaint and provide the complainant with a copy of the JRCNMT policy. Receipt and processing of a complaint against the agency will not result in the suspension of any accreditation activities in process.

#### III. Initial Review of Complaint

All complaints will be forwarded to the JRCNMT executive officers who will collect additional information, if necessary, and conduct an initial review to determine whether the complaint meets the criteria in §I and is sufficiently supported to be referred to a review panel. This preliminary review will be completed within 30 business days of receipt of the complaint and the complainant will be notified of the results.

#### IV. Review Panel Assessment of Complaint

The complaint will be referred to a review panel, appointed by the Chair of the JRCNMT. The panel shall be comprised of one nuclear medicine educator, one nuclear medicine clinician and one member of the general public. None of the members may currently be serving on the Board of Directors.

This panel will consider the complaint and communicate its recommendation within 30 business days to the full Board for action at the next regular board meeting or by mail, email or conference call if the next regular board meeting occurs in less than 30 business days.

#### V. Resolution of Complaint

The Board of Directors shall review the recommendation of the review panel and the changes sought by the complainant to:

- 1) Make such changes as warranted; or
- 2) Dismiss the complaint

**VI. Notification of Decision**

The JRCNMT will notify the complainant in writing of the disposition of the complaint within 30 business days of making its decision.

## **4.700 Public Interest and Public Representation**

### **Accreditation and the Public Interest**

The JRCNMT regards accreditation as a public service conducted in the interest of both higher education and healthcare consumers. The JRCNMT serves the public interest by:

- Enhancing the quality of nuclear medicine technology services by ensuring that educational programs are meeting established standards and producing competent graduates.
- Conducting its accreditation activities in a manner that aids in establishing the validity and effectiveness of education while not imposing inappropriately restrictive requirements on programs or discouraging innovation and experimentation.
- Assisting institutions, students, and others in identifying accredited programs.
- Protecting institutions and programs against harmful internal and external pressures, such as those that would curtail institutional prerogatives or that would eliminate or significantly lower academic standards.

The JRCNMT and its site evaluation teams are comprised of volunteers from the public, higher education and professional practice communities. Decisions reflect peer evaluation, but under no circumstances are they acts of reciprocity among peers. The presence of a public member on the Board is particularly helpful in protecting the process from this possibility.

### **Public Members**

Public members are selected for the purpose of giving special attention to the public interest, although all members of the JRCNMT have the duty to recognize that interest.

A public member of the JRCNMT has the same voting rights as other members. Terms of service, eligibility to hold office, and attendance requirements apply equally to all directors.

The JRCNMT selects public members who have a broad community point of view and can contribute an outside perspective to accrediting issues. A public member cannot be:

- a. Currently working in or retired from the field of nuclear medicine;
- b. Affiliated with an institution sponsoring a nuclear medicine technology program; or
- c. An immediate family member of a person affiliated with the JRCNMT or the field of nuclear medicine.

### **Public Meetings**

Discussion of policy, procedures and the revision of standards are conducted in public session during JRCNMT meetings. Matters requiring confidentiality, such as accreditation actions, are addressed in executive session.

### **Public Input on Programs Undergoing Review**

Third-party testimony is limited to the educational program's compliance with the *Accreditation Standards for Nuclear Medicine Technologist*. Written, signed third-party testimony may be submitted regarding any nuclear medicine technology program undergoing review. Calls for such input are published on the JRCNMT website and in the *Journal of Nuclear Medicine Technology*. Written testimony must be submitted to the JRCNMT at

least 60 business days prior to the JRCNMT meeting in which the specific program is being reviewed to allow the program 30 business days to provide a written response to the testimony. The third-party testimony and program response will be considered by the JRCNMT, along with the other documents and reports regarding the program previously scheduled for review at the meeting.

Persons wishing to present oral testimony at the JRCNMT meeting in which the specific program is being reviewed must submit a signed, written request at least 60 business days prior to the meeting so they can be placed on the agenda.

CAHEA: Adopted Oct 1990.

JRCNMT: Revised Nov 1994, Nov 1995, Oct 2005, Nov 2010, Apr 2019, Oct 2019

## **Section 5: Miscellaneous Provisions**

### **5.100 Jurisdiction and Venue**

Jurisdiction and venue of any suit, claim or proceeding relating to accreditation or accredited status, whether a claim for damages or injunctive or declaratory relief, brought by the sponsoring organization of a current or formerly accredited program or applicant for accreditation, against the JRCNMT, or a member of the JRCNMT, member of an Appeals Panel, member of a site evaluation team, or other agent or employee of the JRCNMT because he or she acted on behalf of the JRCNMT, shall only be in the U.S. District Court for the State of Oklahoma.

### **5.200 Indemnification**

In the event that any of the information in the application for Initial or Continuing Accreditation or self-study is false, inaccurate or incomplete, the sponsoring institution agrees to indemnify and hold harmless the JRCNMT from any cause of action that is brought against it by any person or entity based on the sponsoring institution's false, inaccurate or incomplete information, including the payment or reimbursement of any damages that the JRCNMT pays and any and all legal fees and costs incurred, including but not limited to attorneys' fees.

# Appendices

## Appendix I: JRCNMT Document Retention Policy

The Sarbanes-Oxley Act addresses the retention and destruction of business records and documents. The table below designates the minimum length of storage for documents relevant to the JRCNMT.

The minimum retention requirements for most items have been adopted from the recommendations of the National Council of Nonprofit Associations. Retention times for accreditation-specific documents are based on common practice in educational accreditation.

Document	Retention Period
Accounts payable ledgers and schedules	7 years
Audit reports	Permanently
Bank reconciliations	2 years
Bank statements	3 years
Checks (for important payments or purchases)	Permanently
Complaints (formal resulting in investigation)	7 years
Complaint log (list of complaints over seven-year limit)	Permanently
Conflict of interest forms signed by board members	2 years
Contracts, mortgages, notes & leases (expired)	7 years
Contracts (still in effect)	Permanently
Correspondence (general)	2 years
Correspondence - legal & accreditation actions (RED)	Permanently
Correspondence - general with program (MANILLA)	1 accreditation cycle + 1 year
Deeds, mortgages and bills of sale	Permanently
Depreciation schedules	Permanently
Deposit slip duplicates/carbons	2 years
Discontinued program file (digital)	Permanently
Employment applications	3 years
Year-end financial statements	Permanently
Insurance policies (expired)	3 years
Insurance policies, claims, records & accident reports (current)	Permanently
Invoices (to customers and from vendors)	7 years
IRS and state government filings	Permanently
Minutes, meeting agenda books, bylaws and charter	Permanently
Payroll records and summaries	7 years
Personnel files (terminated employees)	7 years
Post site visit questionnaires (PSQ's)	2 years
Program reports (self-study and all other reports)	1 accreditation cycle
Program review working papers (LAVENDER)	1 accreditation cycle
Program self-study data sheet folder (YELLOW)	Permanently
Reimbursement request forms with documentation	3 years
<i>Standards</i> revision surveys	Until next revision is finalized

## **Appendix II: Director Retention**

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The following criteria and processes have been established to clarify the information provided in Policy 1.100 JRCNMT Structure, Functions and Responsibilities and Article V, Section 17 of the JRCNMT Bylaws on JRCNMT director termination.

Though JRCNMT Directors are volunteers with other commitments, their reliability and engagement in all activities is critical to the successful operation of the JRCNMT. Retention is preferred but when a Director cannot fulfill published responsibilities the person may voluntarily withdraw from the board or be removed according to the following policy.

### **Criteria Impacting Retention**

The items listed below will initiate a hearing by the executive officers. The list is not inclusive of all potential issues but represents the key benchmarks used to assess director reliability and fulfillment of expectations.

1. Breach of confidentiality
2. Less than an 80% on-time return rate on reviews during a review period
3. Pattern of failing to participate in on-site and/or telephone evaluations
4. Absence at two consecutive board meetings

### **Executive Officer Review**

When the executive director becomes aware of a director violating one or more of the criteria, the executive officers will be notified and a review meeting convened. Minutes of the meeting will be kept and made available to the JRCNMT Board of Directors. The executive director provides the relevant information and documents for officer review at the meeting. Actions the officers may take include:

#### **First Offense**

- Issuing a written warning to the director, detailing the issue and placing the person on notice that another offense may result in a recommendation of termination to the full board

#### **Second Offense**

- Bringing a recommendation of termination to the JRCNMT for a vote

#### **OR**

- Issuing a second warning in the case of extenuating circumstances

#### **Egregious Offense**

- Bringing a recommendation of termination to the JRCNMT for a vote

In the case of a third offense, the issue must be brought before the JRCNMT for review.

### **Termination Vote by the Directors**

Per JRCNMT bylaws a director can be removed upon a two-thirds vote of a quorum of the JRCNMT at a regularly scheduled meeting. If a director is removed the agency that nominated the person will be notified of the termination in writing so it can develop a slate of candidates for submission to the JRCNMT for selection of a replacement.

Adopted: April 2013

Revised: April 2017, Oct 2019