# Standard B: Resources

**Sponsor Resources**

B1 The sponsor must provide sufficient resources to ensure achievement of the program’s mission and student learning outcomes. Resources must include, but are not limited to:

1. faculty;
2. clerical and support staff;
3. finances;
4. offices, classroom and laboratory facilities;
5. library, technology and educational resources;
6. clinical affiliates;

*Items a, b and f are addressed in later standards. The questions below focus on items c – e.*

**Narrative Responses**

1. Explain the annual budget process for the program and identify the role of the Program Director in the budget process.
2. For each of the past three years, has the budget met the program’s needs? If not, explain what was done to manage operations within budget constraints.
3. Has the program been asked or is it anticipated that it will be asked to make adjustments to operate with a reduced budget currently or in the next two years? If yes, please explain.
4. Since the last accreditation review, have grants (i.e., Perkins money) or other special monies been secured to enhance the program’s resources? If so, please describe how the monies were utilized.
5. Explain how office, classroom and laboratory spaces meet, or do not meet, the existing needs of the program.
6. Have office, classroom or laboratory spaces been updated since the last accreditation review? If yes, please explain.
7. Describe the process the program must follow to request new resources for the library. Identify whether the program has made any library resource requests in the last three years and whether they were obtained.
8. Does the program have adequate technology and educational resources to deliver the curriculum? Identify any updates or new acquisitions in the past three years if not already addressed in #4 above.

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| **Evidence of compliance to provide in Appendix B**B1-1 Letter from an institutional administrator addressing the status of funding for continued operation of the program.B1-2 **(Optional)** Additional evidence of compliance with this standard. Provide a brief description of the item below and add the document after the requested evidence of compliance for this standard.DO NOT TYPE IN THIS BOX UNLESS INCLUDING AN OPTIONAL ITEM |

# Program Personnel

B2.1 Program Director

1. Duties

The Program Director (PD) must hold a ***full-time*** appointment at the sponsoring institution and demonstrate effectiveness in program administration and assessment, curriculum design, instruction, student evaluation, and academic advisement. The PD must also demonstrate effectiveness in the supervision and coordination of the clinical coordinator(s) and other faculty teaching in the program. There must be evidence that sufficient time is devoted to the program by the PD to demonstrate that all educational and administrative responsibilities are met.

1. Qualifications

The PD must be a nuclear medicine technologist knowledgeable of current nuclear medicine technology and educational methodology. The PD must:

* + hold a master’s degree from a regionally or nationally accredited academic institution,
	+ hold certification and registration in nuclear medicine technology from a national certification board,
	+ have a minimum of four years post-certification nuclear medicine technology experience, and
	+ have at least one year of experience teaching in the didactic and/or clinical setting for a nuclear medicine technology program.

**Narrative Responses**

1. Explain how and at what frequency the PD is formally evaluated by the institution and who performs the evaluation.
2. If the PD holds interim status because (s)he does not meet all JRCNMT criteria for the position, please explain what the person is doing to meet the qualifications and identify the projected timeline for compliance.

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| **Evidence of compliance to provide in Appendix B**B2.1-1 Program Director job description.B2.1-2 Form C: Résumé with supporting documents noted on form.B2.1-3 Copy of institutional form(s) used to evaluate the Program Director (blank sample).B2.1-4 **(OPTIONAL)** Additional evidence of compliance with this standard. Provide a brief description of the item below and add the document after the requested evidence of compliance for this standard.DO NOT TYPE IN THIS BOX UNLESS INCLUDING AN OPTIONAL ITEM |

B2.2 Clinical Coordinator

1. Duties

The Clinical Coordinator (CC) must be responsible for all aspects of the clinical education portion of the program, including organization, ongoing review and revision, planning for and development of clinical affiliates, and the general effectiveness of the clinical education experience. The PD may assume the responsibilities of the CC. There must be evidence that sufficient time is devoted to the program by the CC so that his or her educational and administrative responsibilities are met and students are supervised throughout the program’s clinical education experiences.

1. Qualifications

The CC must be a nuclear medicine technologist knowledgeable of current nuclear medicine technology. The CC must:

* + hold a bachelor’s degree\* from a regionally or nationally accredited academic institution,
	+ hold certification and registration in nuclear medicine technology from a national certification board, and
	+ have a minimum of two years post-certification nuclear medicine technology experience.

**Narrative Responses**

1. Explain how and at what frequency the CC is formally evaluated by the institution and who performs that evaluation.
2. If the CC holds interim status because (s)he does not meet all JRCNMT criteria for the position, please explain what the person is doing to meet the qualifications and identify the projected timeline for compliance.

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| **Evidence of compliance to provide in Appendix B**B2.2-1 Clinical Coordinator job description.B2.2-2 Form C: Résumé with supporting documents (for each CC if multiple people share the position). B2.2-3 Copy of institutional form(s) used to evaluate the CC (blank sample).B2.2-4 **(OPTIONAL)** Additional evidence of compliance with this standard. Provide a brief description of the item below and add the document after the requested evidence of compliance for this standard.DO NOT TYPE IN THIS BOX UNLESS INCLUDING AN OPTIONAL ITEM |

B2.3 Instructional Faculty

1. Duties

Instructional faculty must demonstrate effectiveness in teaching courses, supervising laboratory experiences, evaluating student achievement, and developing curriculum. Faculty must also participate in program policy and procedure formulation and the assessment of program effectiveness.

1. Qualifications

Instructional faculty must be qualified by education, certification and/or experience to teach assigned courses at a level appropriate for nuclear medicine technology students.

c. Programs at the master’s degree level must ensure that faculty teaching in graduate-level courses or mentoring graduate projects meet institutional graduate faculty policies.

 d. Programs containing an embedded diagnostic CT program must ensure that at least one faculty member is credentialed in diagnostic CT.

1. Does the program have sufficient instructional faculty that are retained from one academic year to the next?
2. Describe the program’s assessment of any areas of concern regarding its compliance with this standard and the plans for addressing the concerns. Please include projected timelines in the response.

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| **Evidence of compliance to provide in Appendix B**B2.3-1 Form D: Instructional Faculty.B2.3-2 **Master’s degree programs:** Institutional policy on graduate faculty qualifications. B2.3-3 **(OPTIONAL)** Additional evidence of compliance with this standard. Provide a brief description of the item below and add the document after the requested evidence of compliance for this standard.DO NOT TYPE IN THIS BOX UNLESS INCLUDING AN OPTIONAL ITEM |

B2.4 Administrative Support Staff

There must be sufficient administrative and clerical support staff to enable the program to meets its published mission.

**Narrative Responses**

1. Does the institution provide the program with adequate support staff, such as an administrative assistant(s), student advisors, admissions staff, registrar, and so forth?
2. Describe the program’s assessment of any areas of concern regarding its compliance with this standard and the plans for addressing those concerns. Please include projected timelines in the response.

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| **Evidence of compliance to provide in Appendix B**2.4-1 **(OPTIONAL)** Additional evidence of compliance with this standard. Provide a brief description of the item below and add the document after the requested evidence of compliance for this standard.DO NOT TYPE IN THIS BOX UNLESS INCLUDING AN OPTIONAL ITEM |

# Clinical Affiliate Personnel

B3 Affiliate Education Supervisor

1. Duties

Each ***Affiliate Education Supervisor (AES)*** must demonstrate effectiveness in the supervision, clinical education and evaluation of students assigned to his or her facility.

1. Qualifications

An AES must hold certification and registration in nuclear medicine technology from a national certification board or possess ***suitable equivalent qualifications*** relevant to the particular clinical area, and must have at least two years of post-certification clinical experience.

The AES in a radiopharmacy must possess a current pharmacy license from the state in which (s)he practices and have two years of radiopharmacy experience. If the radiopharmacy is located within a clinical nuclear medicine department, the AES may be a certified, registered nuclear medicine technologist.

The AES in a recognized diagnostic CT rotation area or affiliate must hold current primary certification and registration in nuclear medicine technology or radiography from a national certification board and have at least two years of post-certification clinical experience in diagnostic CT. Current certification and registration in CT is preferred.

**Narrative Responses**

NONE REQUIRED

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| **Evidence of compliance to provide in Appendix B***Evidence of AES qualifications are provided in the individual affiliate documentation. It is not to be included as evidence in Appendix B.*B3-1 **(OPTIONAL)** The program includes, as additional evidence of compliance with this standard, the following documentation (provide a brief description and add document to appendix):DO NOT TYPE IN THIS BOX UNLESS INCLUDING AN OPTIONAL ITEM |

# Clinical Affiliate Resources

B4.1 The clinical component of the program shall provide an environment for supervised, ***competency-based*** clinical education and offer a sufficient and well-balanced variety of nuclear medicine procedures. Nuclear medicine equipment that is accurately calibrated, in working order, and meeting applicable national and state standards must be available.

For programs with embedded diagnostic CT education, the clinical component must offer a sufficient and well-balanced variety of diagnostic CT examinations, occurring on stand-alone diagnostic CT scanners or hybrid PET/CT or SPECT/CT systems. CT equipment must be accurately calibrated, in working order, and meeting applicable national and state standards.

In the event that a single clinical affiliate is unable to provide all clinical education competencies, rotations through additional recognized clinical affiliates are required.

**Narrative Responses**

1. Does the number and variety of clinical affiliates continue to meet the needs of the program? Please identify any issues, by affiliate, such as reduced procedure volume or variety, a lack of therapy procedures, affiliate staffing issues or other items that have or may impact the education of students in the near future.
2. Describe the program’s assessment of any areas of concern regarding its compliance with this standard and the plans for addressing those concerns. Please include projected timelines in the response.

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| **Evidence of compliance to include in Appendix B***Information from clinical affiliates is provided in the individual affiliate documentation. It is not to be included as evidence in Appendix B.*B4.1-1 **(OPTIONAL)** Additional evidence of compliance with this standard. Provide a brief description of the item below and add the document after the requested evidence of compliance for this standard.DO NOT TYPE IN THIS BOX UNLESS INCLUDING AN OPTIONAL ITEM |

B4.2 Student capacity of a program is based on the ability of clinical affiliate resources to provide experiences that develop the clinical competence of all students.

1. Facilities providing narrowly-focused competencies, such as radiopharmacy, PET/CT, and diagnostic CT, will be assigned an ***arranged capacity***, which does not contribute to the program’s total student capacity. The capacity will be based upon staffing and the volume of procedures performed. A 1:1 student to staff ratio must be maintained.
2. Capacity at imaging affiliates providing a broad variety of competencies is determined based on staffing, number of imaging instruments, and the volume and variety of procedures performed. The lowest number computed for each of the criterion below determines an affiliate’s capacity.
	* 1 full-time student per full-time, certified nuclear medicine technologist
	* 1 student per imaging instrument
	* 1 student per 1300 procedures performed annually

**Narrative Responses**

1. Describe how the program ensures its clinical affiliates continue to maintain the ability to educate the JRCNMT-approved student capacity between reaccreditation reviews.
2. Describe the program’s assessment of any areas of concern regarding its compliance with this standard and the plans for addressing the concerns. Please include projected timelines in the response.

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| **Evidence of compliance to include in Appendix B***Information from clinical affiliates is provided in the individual affiliate documentation. It is not to be included as evidence in Appendix B.*B4.2-1 Form E: Student Capacity.B4.2-2 **(OPTIONAL)** Additional evidence of compliance with this standard. Provide a brief description of the item below and add the document after the requested evidence of compliance for this standard.DO NOT TYPE IN THIS BOX UNLESS INCLUDING AN OPTIONAL ITEM |

B5 Clinical education may only occur at facilities recognized by the JRCNMT through the affiliate application process initiated by the program.

No response or documentation is required for this standard. Compliance will be assessed during the on-site evaluation.