Call to Action: Take Your Pick

Have you ever wondered what it is like to lobby members of the state assembly or members of Congress? Are you interested in monitoring and impacting legislation that affects you as a health care provider, specifically as a nuclear medicine technologist? SNMTS is actively recruiting volunteers for our newly retooled Legislative Network, led by Valerie Cronin. Valerie is seeking individuals from each chapter and each state to participate in this advocacy program by monitoring and forwarding updates regarding your state’s legislative activities, and by acting as conduits for major legislative issues from our national SNM headquarters to your local area. On a national level, the most important issue facing all of us is the licensure bill. On the state level, we are currently engaged in dialog with several states (Wisconsin, New York, Tennessee, Kansas) to represent nuclear medicine technology fairly and appropriately in future state licensure requirements.

Update on the CARE Act

The Consumer Assurance of Radiologic Excellence (CARE) Act was reintroduced in the House of Representatives as HR 1214 by Representative Heather Wilson (R-NM) on March 11, 2003. Currently there are 25 bipartisan co-sponsors. You may recall that the this bill was introduced last March as HR 1011 by Rep. Wilson. You may wonder why the CARE Act needed to be reintroduced in the House. The bill was sent to committee last March but did not garner enough support to schedule hearings. In other words it died in committee, as 99% of all bills do. With a new Congressional session beginning in 2003, the bill needed to be reintroduced. We have less than 18 months to get HR 1214 passed.

We need you all to take the time to call, write, or email your elected officials and ask for their support of this bill. In the House, we need co-sponsors. Currently, Senators Ted Kennedy (D-MA) and Mike Enzi (R-WY) are working on finalizing a draft companion bill to introduce in the Senate. Additional information about the CARE Bill is available at www.snm.org/education/quizmenu.html, right below the current JNMT selections. SNM members can read the article online, take the exam, and find out immediately whether or not they passed the test. Credit will be applied to member transcripts within one week.

continued on page 2
**SNMTS: Leading the Way...**

By David Perry, CNMT

Toward the end of March every member should have received the SNMTS Election Bulletin. Hopefully, everyone read their ballot carefully and cast their vote before the April 30 deadline. The Bulletin consists of sixteen pages describing candidates and their biographies... “Member of this,” “Chair of that,” “President,” “Secretary.” How did all of these people do so many things? In a nutshell, they stepped up and said, “I want to take an active role in my professional organization.”

There are many levels of participation within the SNMTS. A good first step is to attend the Leadership Fundamentals Workshop at the annual meeting. This workshop provides an excellent opportunity to learn about governance and the workings of the SNMTS.

Several committees, including the National Council, will meet in New Orleans on June 18 and 19 just prior to the Annual Meeting. These meetings are “open” and all members are invited to attend.

Not going to New Orleans? Though encouraged, attendance at committee meetings is not required to be an active member. With the recent introduction of SNM’s online Communities area, communication among members is greatly enhanced. Online committees can share information, ideas, and documents online so that everyone within the group can have access to the same information. Active participation does not require a huge time commitment or travel support. It can be done from the comfort of home or your workplace, allowing even the most travel-restricted technologist at the most remote location the opportunity to share knowledge, talent, and interest.

There are any number of current and past leaders who can help get you on the right track, whatever your interests may be. For lists of current national and regional officers and their Chapter or Committee affiliation, visit http://www.snm.org/about/ts_directory.html. Give one of them a call or send an email. I am certain you will receive an enthusiastic reply.

Our elected leadership positions are extremely important to the SNMTS; we elect representatives to the SNM House of Delegates and Board of Directors; we choose representatives to the SNMTS Finance Committee and Executive Board; finally, we elect members to the Nominating Committee that will help recruit candidates. All of these leadership positions perform vital tasks for the SNMTS, so it is important to have active leaders who will represent the members well. Preparations for the next elections are already beginning.

If you have what it takes to run for elected office, contact SNMTS President Frances Keech at fkeech@mcps.edu and let her know that you would like to become involved. Perhaps the most difficult task for the volunteer leader is the first one, tossing a hat into a ring.

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**A Schedule of SNMTS Governance Meetings**

Some of the SNMTS committee meetings held in conjunction with the SNM Annual Meeting this June may be of interest to the general membership. All are open to any SNMTS member who wishes to attend. For the full governance schedule see www.snm.org/am/governance.cfm. The Leadership Fundamentals Workshop on Saturday is also open to anyone with an interest in volunteer work for the Society.

The National Council meets for most of the day on Thursday. A number of issues will be debated and resolved. Members are encouraged to attend and speak to the National Council on issues that concern them.

**Wednesday, June 18**

- Scientific and Teaching, 8–9 AM
- Academic Affairs, 9–10 AM
- Bylaws, 9–10 AM
- Nuclear Cardiology, 10–11 AM
- Strategic Planning, 10–11 AM
- Government Relations, 10–12 AM
- Continuing Education, 10:30–11:30 AM
- Professional Enhancement and Public Education, 2–3 PM
- Publications, 2–3:30 PM

**Data Analysis, 3–4 PM**

- Socioeconomic Affairs, 3:30–5:30 PM
- Leadership and Mentoring, 4–5 PM

**Thursday, June 19**

- Finance, 8–10 AM
- National Council, 11 AM – 5 PM

**Saturday, June 21**

- Leadership Fundamentals Workshop
- 12–3 PM
The nation's capitol is a vastly different place in 2003 than during previous Congressional sessions. Republican control of both Houses as well as the Presidency presents the Society of Nuclear Medicine Technologists Section (SNMTS) with both an opportunity and a challenge in terms of achieving its legislative goals.

To that end, 100 radiologic technologists from all over the United States converged on Capitol Hill on April 1 to meet with 300 lawmakers from the House and the Senate as part of the RT in DC program. The result—a total of 25 political leaders from 17 states agreed to sign on as co-sponsors of the SNM's legislative project, the Consumer Assurance of Radiologic Excellence (CARE) Act.

The SNMTS was represented in the lobbying blitz by SNMTS President Frances Keech, SNMTS President-Elect Lyn Mehlberg, Mary Beth Farrell, Valerie Cronin, and SNM General Counsel Bill Uffelman. The group gathered at Washington's Renaissance Hotel on March 31 and fanned out across Capitol Hill the following day. Members of the SNMTS met with Congressional representatives from Massachusetts, Wisconsin, New York, and Pennsylvania.

"The importance of grassroots [lobbying] cannot be overstated," Stephanie Vance, of AdVanced Consulting, told the would-be lobbyists. "Members of Congress and their staffs rely on local experts to help them navigate legislative policy." She encouraged the attendees to go forth and advocate. (For an overview of Vance's presentation and advocacy information, see the information designed specifically for RTs at advocacyguru.com/ASRT.htm)

RT in DC, sponsored by the American Society of Radiologic Technologists, is an annual effort to provide technologists with the training and opportunities to forge productive relationships with elected representatives. During this year's training session, attendees were schooled in the methods of communicating with legislators, nuances of influencing public policy, and techniques for advancing their agenda at the state and federal levels.

The training portion of the meeting also included updates from Uffelman and Christine Lung, director of government relations for ASRT, on issues facing the radiology community during the 108th Congress.

"We were very pleased that members of SNMTS were able to participate in this year's RT in DC," Lung said. "We look forward to seeing more participation next year."

The CARE bill was originally introduced in both the 106th and 107th Congresses only to fall short of passage. The measure was reintroduced during the current session by Rep. Heather Wilson, R-NM, on March 11 and subsequently referred to the House Energy and Commerce Committee. A companion bill in the Senate will hopefully be introduced in the Senate by Sen. Edward Kennedy, D-MA.

Both the ASRT and the SNMTS are counting on technologists to provide the groundswell of support needed to push the bill successfully through Congress. Technologists are needed to educate and persuade lawmakers to act as legislative sponsors and co-sponsors.

"The introduction of the CARE bill in the 106th, 107th and 108th Congresses, as well as bipartisan support of the legislation, proves that radiologic technologists can be influential and powerful health care advocates," Lung said. "We have shown our patients, our professional peers, and elected lawmakers that we're willing to stand up for safe, cost-effective, and high-quality radiologic services."

In brief the CARE bill would require federal minimum standards for the education and certification of personnel who perform radiologic procedures. Absent these uniform standards, patients remain unprotected, and the profession remains open to uncertified, inadequately educated practitioners. Under the proposed legislation, states would be required to meet the federal minimum standards or risk losing federal reimbursement for radiologic procedures.

The CARE bill is backed by the Alliance for Quality Medical Imaging and Radiation Therapy, a coalition of radiologic science organizations, including the SNM, representing more than 250,000 health care professionals. It also has support from a number of patient groups and health care organizations, including the American Cancer Society, the American Heart Association's Council on Cardiovascular Radiology, the Cancer Research Foundation of America, and the American College of Radiology.

For information regarding the status of this bill, go to http://thomas.loc.gov and search under HR 1214. For more information on the Society of Nuclear Medicine grassroots efforts go to www.snm.org and click on Policy and Practice.

Mary Beth Farrell, Lyn Mehlberg, Frances Keech, ASRT President Donna Newman, Valerie Cronin, and ASRT President-Elect Eileen Maloney took on Capitol Hill to drum up support for the CARE Act.
Voice Box

By Jannine Jordan, SNM Continuing Education Manager

Are shrinking budgets and limited time keeping you away from SNM's 50th Anniversary Annual Meeting? Perhaps you will never attend an SNM annual meeting, yet you want to stay informed. Or, perhaps you are in need of continuing education credit. If you fit into either category, we offer an opportunity to participate virtually in some of the categorical seminars and continuing education (CE) sessions from the 48th, 49th, and (coming soon) 50th annual meetings.

The SNM Virtual Library is a way for you to "attend" our educational programs and conferences online or via CD. Available on an annual subscription basis, the SNM Virtual Library offers unlimited access to education sessions from the SNM's recent annual meetings.

Virtual Library subscribers can also access cross-disciplinary information from scientific, medical, biomedical, and engineering communities and will be given the opportunity to connect to a huge reservoir of otherwise inaccessible scientific information.

A subscription to the SNM Virtual Library will allow you to:

- View select conference presentations—at anytime and from anywhere that you have access to the Internet
- Enjoy synchronized audio, video, slides, and transcripts
- Search the entire transcript by keyword
- Earn continuing education credit

SNM's Virtual Library is also available on CD. To subscribe to the Virtual Library or to purchase a Virtual Library CD, visit the Education area of SNM's Web site at www.snm.org.

Point/Counterpoint: Baccalaureate Degree

Pro: It's Time

By Mary Owen, MHE, RT(N)
Department of Radiologic Sciences, Medical College of Georgia
Augusta, GA

It's time to define a baccalaureate degree as the minimum educational level required for the practice of nuclear medicine technology. A bachelor of science (BS) level education will provide time to broaden the scope of what is taught and will allow a student to explore specialized areas in depth.

The question is, will administrators consider differences in educational levels when hiring or promoting nuclear medicine technologists (NMTs)? So far, studies have not found that BS graduates demonstrate better performance on credentialing exams, and a BS degree is not perceived as adding value in the clinic. But those statistics are based on current BS programs, many of which are not designed to provide a true professional medical education.

Many baccalaureate programs are clones of certificate programs stacked on top of a standard liberal arts “core” curriculum. But a properly designed BS degree in nuclear medicine technology should include a pre-med core (readily available at most community and state universities). This would allow for greater focus on the hard sciences needed to prepare for specific nuclear medicine coursework in biochemistry, microbiology, physics, and computer science. This kind of hard science is needed to cover the expanding areas of clinical practice, radiopharmacy, and instrumentation that drive the future of nuclear medicine technology.

Four-year institutions have greater access to emerging technologies and new procedures and can quickly respond to real-world clinical practice needs by enriching the curriculum. New graduates will quickly prove their value in the workplace when this enriched curriculum is in place.

Advocates of maintaining the status quo suggest that a BS requirement would limit access to underserved and non-traditional students. However, flexible, student-centered instructional formats that are configured to provide didactic and clinical experience can be designed for self-study or satellite campuses. This is a growing trend in higher education. These options allow for greater access than rigid residence programs provide. Additionally, most academic medical centers and state colleges have robust initiatives for early identification and mentoring of minority and underserved applicants.

BS credentialing establishes nuclear medicine as a true profession which will give students greater access to educational funding and provide the credibility needed for legislative initiatives on licensure and credentialing.

But wouldn't “forced” BS credentialing make the workforce shortage even worse by forcing certificate and AS programs to close and lengthening the time before students can enter the workforce? Access to financial benefits that would be opened up with a BS program will encourage increased student enrollment and will support additional faculty and clinical sites. Lack of faculty and few clinical sites are the primary obstacles to program expansion and increased graduate numbers.

NMT programs must grow in scope and length to fit new areas of practice into already tightly packed curricula. Granted, it doesn't take four years to learn the skills needed to function in a clinical setting, but many of today's nuclear medicine technologists are being asked to do more than simply follow procedures and run through checklists. A BS degree will give legitimacy to performance expectations that already exist outside of our defined scope of practice.

The real question is, will a BS degree, from a properly designed, science-intensive NMT program, give NMT's greater acceptance as "professionals" than a certificate or associate degree? Of course, it will.

A BS degree offers a pathway for dissemination of nuclear medicine both vertically and laterally. It adds real value for the NMT career that currently has few avenues for advancement. It makes possible rapid growth in technologist numbers, provides additional options for specialist credentialing, and opens pathways to medical school. It’s time to reinvent ourselves as true professionals.
For the past year the Society of Nuclear Medicine Technologist Section has debated the advisability of requiring a four-year, bachelor of science (BS) degree for entry into the profession of nuclear medicine technologist.

Surveys of practicing nuclear medicine professionals have not definitively answered the question. Perhaps the clearest and most consistent finding has been that respondents with baccalaureate degrees tend to support a BS level of education as the minimum entry point for the profession while graduates of certificate programs tend to see a four-year degree as unnecessary.

The Nuclear Medicine Technology Certification Board (NMTCB) has found no significant difference between program types in passing rates on certification exams. Of the more than 500 job advertisements I have religiously collected from the trade papers (Advance for RTs and RT Image) and my local papers over the last four years for openings in New Jersey, not one has specified a level of education for a staff technologist. They do require graduation from an accredited program and certification by the NMTCB or registration by the ARRT, but no degree requirement has ever been mentioned. A salary survey that I recently completed, as well as one completed by the NMTCB (J Nucl Med Tech. 2002;30:194-200) shows no relationship between the level of education and subsequent earnings for staff technologists.

What advantages might a four-year education bestow? Do four-year colleges teach communications, public relations skills, and problem-solving skills better than two-year colleges or hospital-based programs? I doubt it. DisneyWorld probably does this better than any allied health care program. (I learned most of my public relations skills in the restaurant business. Hungry people are much harder to deal with than sick people!)

Do four-year degrees bestow maturity? Maturity comes with age and experience (when it comes at all). If you stay in college longer, then you will be older when you graduate and have more worldly experience. The same can be said of someone who works for two years.

We do not currently have any data that relates communications skills, public relations skills, problem-solving skills, professionalism, or maturity to the educational level of NMTs.

The Essentials and Guidelines of the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) states that accredited programs must either include or set as prerequisites courses in human anatomy and physiology, physics, mathematics, medical terminology, statistics and computer applications, oral and written communications, and general chemistry. It lists the minimum nuclear medicine subjects that must be covered by the program. It also spells out in detail all of the skills that a student should possess upon graduation from the program.

The JRCNMT has declined to be prescriptive about how this education is to be provided or how long it should take. Its approach is outcomes-based. In other words the end result demonstrates the program’s validity. By choosing this approach, the JRCNMT has allowed for innovation and adaptation. It has given prospective students financial choices that always have been, and will continue to be, a deciding factor in whether or not someone can enter the field.

By allowing many configurations, but requiring a minimum knowledge and skill level, the JRCNMT has encouraged the development of innovative programs. Because they have the best interest of the nuclear medicine field as their focus, I trust that they will continue to be so open minded and forward looking.

### Education Requirements On National Council Agenda

The SNMMTS National Council will discuss a resolution prepared by the Academic Affairs Committee on minimum educational standards at the SNM Annual Meeting. The National Council will meet from 11 AM to 5 PM on Thursday, June 19, 2003, in Grand Salon B at the Hilton New Orleans Riverside Hotel. Members are invited to attend the discussion and the Academic Affairs Committee meeting on Wednesday, June 18, at 9 AM.

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**Medically Unnecessary? Use ABNs to Tell Patients in Advance**

By Denise A. Merlino, CNMT, MBA, FSNMTS

The Centers for Medicare and Medicaid Services (CMS) expects health care providers to know the circumstances under which procedures that they provide are likely to be considered medically unnecessary by Medicare. The provider is responsible for knowing the Medicare policies for their state and for informing a patient in writing when Medicare is likely to deny payment for a planned procedure. Failing to inform a patient that a procedure is considered not medically necessary, and failing to bill the patient for such procedures, could cause a provider to be held liable under the provisions of Limitation of Liability laws (Title XVIII, section 1879).

The way to avoid problems is to issue an Advance Beneficiary Notice (ABN). An ABN informs a patient that a particular procedure, even though it was ordered by his physician, may not be considered medically necessary by Medicare, and that if payment is denied by Medicare, the patient will be responsible for paying for the procedure.

The CMS states: “An ABN is a written notice you give to a Medicare beneficiary before Part B services are furnished when you believe that Medicare will not pay for some or all of the services on the basis that they are not reasonable and necessary. If you expect payment for the services to be denied by Medicare, advise the beneficiary before services are furnished that, in your opinion, the beneficiary will be personally and fully responsible for payment. To be personally and fully responsible for payment means that the beneficiary will be liable under the provisions of Limitation of Liability laws (Title XVIII, section 1879).

A nuclear medicine service might require an ABN when the primary diagnosis (ICD-9) code does not qualify as “medically necessary and reasonable” for the patient’s specific condition. Or a procedure may have restrictions on how frequently a procedure may be repeated. To find information specific to your Medicare contractor and your state, check your local Medicare contractor’s web site for their local medical review policies (LMPRs) for nuclear medicine procedures, or go to www.lmrp.net.

Complete ABN instructions have been published on the CMS web site at http://cms.hhs.gov/medicare/bni/AB02168.pdf.
By Valerie Cronin, CNMT, FSNMTS

The JCAHO Site Visit: Are You Ready?

"Are You Ready?" was the theme I used when preparing my departments for an upcoming Joint Commission on Accreditation of Healthcare Organizations (JCAHO) visit. But preparing for a JCAHO visit involves more than just the Nuclear Medicine Department. The concept of JCAHO preparedness needs to be embraced by the entire organization if the hospital is to meet JCAHO standards for patient safety.

Getting Started

In my situation, four hospitals—Sisters Hospital, Kenmore Mercy Hospital, St. Joseph’s Hospital and, my home base, Mercy Hospital, all part of The Catholic Health System of Western New York—were scheduled for JCAHO inspections within a two-week period. The management of the Imaging Departments from each hospital got together and decided to tackle the job of preparing for our JCAHO inspections as a group. We standardized information we wanted to communicate to the staff and designed templates that would be consistent throughout the organization.

We started by inviting all imaging managers to an audio conference on JCAHO Preparedness for Imaging Services Department moderated by the American Healthcare Radiology Administrators. This audio conference was so successful that we regretted not taping it so that we could review it at a later date and share it with additional staff.

JCAHO material available to us from Catholic Health System included standards and educational materials. It also included lists of the most common Type 1 (most serious) violations and feedback from surveys that had been completed recently at our sister/affiliate hospitals. These were very beneficial. They gave us a heads up on questions, issues and trends.

First, we focused on the 2003 JCAHO Safety Goals. These are:
• Improve the accuracy of patient identification
• Improve the effectiveness of communication among caregivers
• Improve the safety of high-alert medications
• Eliminate wrong-site, wrong-patient, wrong-procedure surgery
• Improve the safety of infusion pumps
• Improve the effectiveness of clinical alarm systems.

It is very important that your staff know the safety standards and what your organization is doing to enforce them. For example, in response the first point, it is our policy that every outpatient will be asked to spell his name and verify his birth date. For inpatients we will verify both the Medical record number and the name on their wristband. There may be exceptions to this (for example, when a patient is unresponsive) but the bottom line is that two separate methods must be used to verify identity.

Getting the Word Out

When the JCAHO team comes through they are going to be interviewing your staff. This is the scariest part of the whole survey because there is so much information the staff needs to be current on. Some topics you will want to review with them are:
• Performance improvement efforts
• JCAHO safety standards
• Reporting a patient event
• Ethical issues
• Restraints
• Environment of care

Three months before the survey was scheduled, we started sending out flyers stapled to paychecks on each of these topics. We also posted them on bulletin boards throughout each department so that employees could go back and review them.

Observe Your Area

About 6 weeks before the survey, we staged mock walk-throughs of our departments. This gave us time to address weak points. For example, we checked to see if papers were taped to the wall or placed on a bulletin board. We checked under sinks to see what was stored there. We checked general cleanliness and “decluttered.” These things need to be addressed early or your facility services department will be swamped and unable to fix everything in time. Some other things we constantly check are:
• Are employees and physicians wearing name tags?
• Are the lead aprons hung up or thrown over a chair?
• Where is the lead apron inventory?
• Are drawers stocked with appropriate (or inappropriate!) supplies?
• Is all personal food in the employee refrigerator dated and labeled “For employees only”?

New Focus for This Year

This year our departments are focusing on:
• Contrast agent security
• Limiting access to secured areas by non-medical personnel
• Locks on cabinets and doors
• High/low thermometers to verify that that material was not subjected to extreme temperatures
• Security issues for radiopharmaceutical deliveries (picture IDs for delivery persons, security precautions for after-hours deliveries, etc.)

This year we have installed automated dispensing systems for medications. Pyxis units are maintained by the pharmacy. Employees log in, remove what they need, and log out. Inventory is computerized and the program flags the pharmacy to restock when supplies get low. This system helps reduce medical errors and improve tracking of controlled medications.

Conclusion

Start early, use your resources, and communicate, communicate, communicate. That about sums up our plan. I think we’ll be ready. The site visit to my hospital is scheduled for May 27–30. In the next issue of Uptake, I’ll let you know how we did.

Applicants Sought for 2004 NMTCB Directors

The Nuclear Medicine Technology Certification Board (NMTCB) is seeking applicants to serve on the board of directors. This is an opportunity to become involved in one of the more challenging and important areas of your profession—establishing standards of professional competency. Interested CNMTs may request an application from and direct any questions to Dr. Bhaskar Dawadi, executive director, at 800-659-3953 or board@nmtcb.org. Completed applications received by August 1, 2003 will be reviewed at the fall meeting of the NMTCB.
The 50th Annual Meeting of the Society of Nuclear Medicine in New Orleans, LA, June 21–25, promises to be an educational and fun adventure! The celebration will begin with a Mardi Gras Parade on Saturday, June 21, at 5:15 PM. Attendees will join the Grand Marshall, bands, stilt walkers, revelers, and “big heads” at the Hilton Riverside for a parade to the Exhibit Hall of the Convention Center for a Welcome Reception from 6-8 PM.

An Anniversary Gala has been planned for Saturday night as well, and will take place at the Hilton Riverside from 8 PM until midnight. The Technologist Party later in the week will have a Mardi Gras theme with a live band and terrific New Orleans–style food.

A plethora of continuing education opportunities have been organized by the Scientific and Teaching Committee. Now more than ever we are faced with the need for education in the latest advances that pertain to the practice of nuclear medicine technology. On Saturday, the Technologist Section is offering categorical seminars in PET and PET/CT, Nuclear Cardiology, Leadership Fundamentals, and Management Techniques for Today and Tomorrow. The Academic Affairs Committee has also prepared an entry-level certification exam review session on Saturday.

Sunday begins with the opening plenary session followed by the second annual Technologist Section plenary. The TS plenary will include presentations on “Embracing New Technologies” and “CT/PET-Training for the New Technology.” Sunday afternoon’s offerings include continuing education sessions on immunology, radioimmunotherapy, ICANL accreditation, and management.

Technologist Section abstracts will also be presented on Sunday afternoon, and Academic Affairs will offer mock entry-level certification exam sessions.

Monday begins with a joint SNM/SNMTS plenary session followed by continuing education sessions related to PET, PET/CT, nuclear cardiology, reimbursement, and pediatrics. Technologist and student abstract sessions will take place on Monday. The JRCNMT will offer a workshop in the afternoon. The fun and educational “Who Wants to be a Nuclear Medicine Millionaire?” is the final offering of the day on Monday. Watch teams of technologists, educators, and physicians compete to reach the “million-dollar” question.

Tuesday also begins with a joint plenary session. Continuing education offerings include topics related to: oncology, radiation safety, general nuclear medicine, neuroscience, advanced practice, training of technologists in other countries, nuclear cardiology case studies related to the outline of the NMTCB Nuclear Cardiology Specialty Exam, and legislative initiatives. The day will end with the SNMTS Business Meeting and Scientific Award Ceremony.

All of nuclear medicine’s “hot” topics are going to be discussed in New Orleans. See you in the Big Easy!

**SNMTS Business Meeting and Award Ceremony Scheduled**

Be sure to attend the SNMTS Annual Business Meeting, Tuesday, June 24, 4:15 PM in Room 284. SNMTS President Frances Keech, RT(N), MBA will report on the current status and future direction of the SNMTS. Other highlights will include presentation of Technologist Section awards and the installation of Lyn M. Mehlberg, BS, CNMT, FSNMTS as SNMTS president.
Calendar of Events

2003

May 28: Improving Patient Safety: From Rhetoric to Reality. Hosts: Johns Hopkins School of Medicine and the Health Research Educational Trust Website: www.hopkinscme.org/cme Location: Baltimore, MD Credit: 6.75 hrs AMA category 1 Contact: Office of Continuing Medical Education, 410-955-2959, cmenet@jhmi.edu, fax: 410-955-0807

May 31: Excellence in PET Imaging: Read with the PET Experts. Host: Society of Nuclear Medicine Location: Lisle, IL Contact: Shawneece Hennighan, 703-708-9000 x1229, fax: 703-709-9274

June 21–25: Society of Nuclear Medicine 50th Annual Meeting. Host: SNM Location: Ernest N. Morial Convention Center, New Orleans, LA Contact: Shawneece Hennighan, 703-708-9000 x1229, shennighan@snm.org, fax: 703-709-9274

July 11–13: PET Learning Center for Technologists. Host: SNM Location: Reston, VA Topics: PET physics, instrumentation, radiopharmaceuticals, imaging, neurology, cardiology Credit: 14 hrs VOICE Online Registration: www.snm.org (See website for additional dates.) Contact: Shawneece Hennighan, 703-708-9000 x1229, shennighan@snm.org, fax: 703-709-9274

August 15–18: Second Annual Meeting of the Society for Molecular Imaging. Host: Society for Molecular Imaging Location: San Francisco, CA Website: www.molecularimaging.org Credit: 25 hrs category 1 CME Contact: Joan Oefner, 650-216-6621, joefner@molecularimaging.org, fax: 650-556-1678

August 23–27: EANM ’03. Host: European Association of Nuclear Medicine Website: www.eanm.org Location: Amsterdam Contact: Pauline Wittebol, +31 20 6721980, info@eanm2003.nl, fax: +31 20 6759410


September 12–14: Missouri Valley Chapter Annual Meeting. Host: Missouri Valley Chapter Website: www.mvcsnm.org Location: St. Louis, MO Credit: CNM, VOICE Contact: Nanci Burchell, 816-468-4659, nancibur@aol.com, fax: 816-855-1990

October 1–5: 28th Western Regional SNM Meeting. Host: Western Regional SNM Chapters Location: Disneyland Hotel, Los Angeles, CA Contact: Sue Peak, 425-893-8410, wrsnm@cs.com, fax: 425-822-7902

October 15–18: APHYS-2003 International Meeting on Applied Physics. Location: Badajoz, Spain Host: The Trade Fair Institution of Badajoz (IFEBA) Contact: Antonio Mendez Vilas, +34 924 258 615, secretariat@formatex.org


2004