

- 1 The proposed revisions to The ASRT Practice Standards for Medical Imaging and Radiation
- 2 Therapy.

Official Cover Page & Table of Contents – to be updated
post-House of Delegates (2026).

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Preface

The ASRT Practice Standards for Medical Imaging and Radiation Therapy serve as a guide for the medical imaging and radiation therapy profession. These standards define the practice and establish general criteria to determine compliance. The Practice Standards are authoritative statements established by the profession, through evidentiary documentation, for evaluating the quality of practice, service and education provided by individuals in the profession.

The Practice Standards can be used by individual facilities to develop job descriptions and practice parameters. Those outside the profession can use these standards as an overview of the role and responsibilities of individuals in the profession.

The medical imaging and radiation therapy professional and any individual who is legally authorized to perform medical imaging or radiation therapy procedures must be educationally prepared and clinically competent as a prerequisite to professional practice. The individual should, consistent with all applicable legal requirements and restrictions, exercise individual thought, judgment and discretion in the performance of the procedure. Statutes, regulations, accreditation standards and institutional policies could dictate practice parameters and may supersede these standards.

Format

The ASRT Practice Standards for Medical Imaging and Radiation Therapy are divided into six sections:

- *Definition* – defines the practice of medical imaging and radiation therapy professionals.
- *Education and Certification* – describes the minimum qualifications for the education and certification of individuals in addition to an overview of the specific practice.
- *Medical Imaging and Radiation Therapy Scope of Practice* – delineates the parameters of the specific practice.
- *Standards* – define the expectations and activities of the individual responsible for the care of patients and delivery of medical imaging and radiation therapy procedures. The standards are numbered with a term or set of terms that describes the standards. They include a statement of the expected performance of the individual when performing the procedure or treatment and rationale explaining why an individual should adhere to the standard. Each standard is divided into two parts: the general criteria and the specific criteria. Both general and specific criteria should be used when evaluating performance.
 - *General Criteria* – apply to all medical imaging and radiation therapy professionals.
 - *Specific Criteria* – apply to medical imaging and radiation therapy professionals in each discipline.
- *Advisory Opinion Statements* – provide explanations of the Practice Standards and are intended for clarification and guidance for specific practice issues.
- *Glossary* – defines terms and abbreviations used throughout the Practice Standards.

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Rationale: The ASRT style guide calls for periods in bullet points to only be used at the end of complete sentences. All unnecessary periods in the bulleted lists throughout this document have been struck.

Evidentiary Documentation: N/A

Definition

Introduction

The medical imaging and radiation therapy profession comprises health care professionals identified as bone densitometry technologists, cardiac interventional and vascular interventional technologists, computed tomography technologists, limited x-ray machine operators, magnetic resonance technologists, mammographers, medical dosimetrists, nuclear medicine technologists, quality management technologists, radiation therapists, radiographers, radiologist assistants or sonographers who are educationally prepared and clinically competent as identified by these standards.

Furthermore, these standards apply to individuals ~~health care employees~~ who are legally authorized to perform medical imaging or radiation therapy and who are educationally prepared and clinically competent as identified by these standards.

Medical imaging and radiation therapy professionals are vital members of a multidisciplinary team composed of highly trained health care professionals, each bringing their expertise to patient care. They play a critical role in the delivery of health services as new disciplines ~~modalities~~ emerge and the need for medical imaging and radiation therapy procedures increases.

Medical imaging and radiation therapy integrates scientific knowledge, technical competence and patient interaction skills to provide safe and accurate procedures with the highest regard to all aspects of patient care. Medical imaging and radiation therapy professionals recognize elements unique to each patient, which is essential for the successful completion of procedures.

Medical imaging and radiation therapy professionals are the primary liaison between patients, licensed practitioners and other members of the health care team. These professionals must remain sensitive to the needs of ~~the~~ patients through communication, assessment, monitoring and patient care. Radiologist Assistants provide advanced patient care. Medical imaging and radiation therapy professionals use highly sophisticated equipment and effectively employ advanced technologies and software, including artificial intelligence and machine learning, to enhance diagnostic accuracy and improve patient outcomes. As members of the health care team, medical imaging and radiation therapy professionals participate in quality improvement processes and continually assess their professional performance.

Medical imaging and radiation therapy professionals think critically and use independent, professional and ethical judgment in all aspects of their work. They engage in continuing education, which includes their area of practice to enhance patient care, safety, public education, knowledge and technical competence.

Bone Densitometry

The practice of bone densitometry is performed by health care professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes. A bone densitometry technologist performs bone densitometry procedures and acquires and analyzes data ~~needed for diagnosis~~ at the request of and for interpretation by a licensed practitioner.

Commented [PSC2]: Strike and insert

Rationale: Editorial; refers to all individuals performing medical imaging and radiation therapy procedures. This proposed revision encompasses both employees and volunteers.

Evidentiary Documentation: N/A

Commented [PSC3]: Strike and insert

Rationale: Editorial change for consistency with remainder of document.

Evidentiary Documentation: N/A

Commented [PSC4]: Strike and insert

Rationale: Editorial; does not change intent

Evidentiary Documentation: N/A

Commented [PSC5]: Insert

Rationale: Editorial; consistency with proposed change to definitions.

Evidentiary Documentation: N/A

Commented [PSC6]: Insert

Rationale: Editorial; consistency with other discipline definitions

Evidentiary Documentation: N/A

Bone densitometry technologists independently perform or assist the licensed practitioner or radiologist assistant in the completion of densitometric procedures. Bone densitometry technologists document medications in accordance with statutes, regulations, accreditation standards and institutional policies.

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Rationale: Editorial for consistency with other definitions.

Evidentiary Documentation: N/A

Cardiac Interventional and Vascular Interventional

The practice of cardiac interventional and vascular interventional is performed by health care professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes. A cardiac interventional and vascular interventional technologist performs radiographic, fluoroscopic and other procedures and acquires and analyzes data ~~needed for diagnosis~~ at the request of and for interpretation by a licensed practitioner.

Commented [PSC8]: Strike

Rationale: Struck for brevity and consistency with other definitions.

Evidentiary Documentation: N/A

Cardiac interventional and vascular interventional technologists independently perform or assist the licensed practitioner or radiologist assistant in the completion of cardiac interventional and vascular interventional procedures. Cardiac interventional and vascular interventional technologists prepare, administer and document activities related to medications and radiation exposure in accordance with statutes, regulations, accreditation standards and institutional policies.

Computed Tomography

The practice of computed tomography is performed by health care professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes. A computed tomography technologist performs computed tomography and molecular imaging procedures and acquires and analyzes data ~~needed for diagnosis, interpretation and the performance of interventional and therapeutic procedures~~ at the request of and for interpretation by a licensed practitioner.

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Rationale: Struck for brevity and consistency with other definitions.

Evidentiary Documentation: N/A

Computed tomography technologists independently perform or assist the licensed practitioner or radiologist assistant in the completion of computed tomography and molecular imaging procedures. Computed tomography technologists prepare, administer and document activities related to medications and radiation exposure in accordance with statutes, regulations, accreditation standards and institutional policies.

Limited X-ray Machine Operator

The practice of radiography ~~operation of x-ray equipment~~ in a limited scope is performed by health care professionals ~~employees~~ responsible for the administration of ionizing radiation for diagnostic purposes. A limited x-ray machine operator performs ~~radiographic procedures within the~~ a limited scope of practice radiographic procedures and acquires and analyzes data ~~needed for diagnosis~~ at the request of and for interpretation by a licensed practitioner.

Commented [PSC10]: Strike and insert.

Rationale: LXMO is included in the Practice Standards. The Practice Standards Preface states that the Practice Standards serve as a guide for the medical imaging and radiation therapy profession and LXMO is a part of the profession. Additional edits for brevity and consistency with other definitions.

Evidentiary Documentation:

Practice Standards Definition, Introduction: "The medical imaging and radiation therapy profession comprises health care professionals identified as ...limited x-ray machine operators..." ASRT LXMO curriculum, <https://www.asrt.org/educators/asrt-curricula/lxmo>

Page iv: "Advances in diagnostic imaging and employer expectations demand independent judgment by LXMOs."

Limited x-ray machine operators independently perform ~~are individuals other than radiographers who acquire static diagnostic~~ static radiographic procedures ~~images~~ on selected anatomical sites. Limited x-ray machine operators document activities related to radiation exposure in accordance with statutes, regulations, accreditation standards and institutional policies ~~perform their duties under the direction of a licensed practitioner, radiographer or, when indicated, a medical physicist.~~

156 **Magnetic Resonance**

157 The practice of magnetic resonance is performed by health care professionals responsible for the
158 use of radiofrequencies within a magnetic field for diagnostic, therapeutic or research purposes.
159 A magnetic resonance technologist performs magnetic resonance and molecular imaging
160 procedures and acquires and analyzes data ~~needed for diagnosis~~ at the request of and for
161 interpretation by a licensed practitioner.

Commented [PSC11]: **Strike**

Rationale: Struck for brevity and consistency with other definitions.

Evidentiary Documentation: N/A

162 Magnetic resonance technologists independently perform or assist the licensed practitioner or
163 radiologist assistant in the completion of magnetic resonance and molecular imaging procedures.
164 Magnetic resonance technologists prepare, administer and document activities related to
165 medications in accordance with statutes, regulations, accreditation standards and institutional
166 policies.

167 **Mammography**

168 The practice of mammography is performed by health care professionals responsible for the
169 administration of ionizing radiation and multi-frequency sound waves for diagnostic,
170 therapeutic or research purposes. A mammographer performs breast imaging procedures and
171 acquires and analyzes data, ~~including mammographic and sonographic images needed for~~
172 ~~diagnosis,~~ at the request of and for interpretation by a licensed practitioner.

Commented [PSC12]: **Strike**

Rationale: Struck for brevity and consistency with other definitions.

Evidentiary Documentation: N/A

173 Mammographers independently perform or assist the licensed practitioner or radiologist assistant
174 in the completion of mammographic and sonographic breast imaging procedures.
175 Mammographers prepare, administer and document activities related to medications and
176 radiation exposure in accordance with statutes, regulations, accreditation standards and
177 institutional policies.

178 **Medical Dosimetry**

179 The practice of medical dosimetry is performed by health care professionals responsible for
180 designing a treatment plans ~~for use in the administration of ionizing radiation~~ for the purpose of
181 treating diseases, primarily cancer. A medical dosimetrist acquires and analyzes data and
182 documents planning activities, operating independently while ~~independently performs duties and~~
183 ~~completes responsibilities under the supervision of~~ collaborating with qualified medical
184 physicists and radiation oncologists. ~~A medical dosimetrist generates an optimal treatment plan~~
185 ~~and ensures the appropriate transfer of data that the radiation therapist will use to treat the~~
186 ~~patient.~~

187 Medical dosimetrists must maintain a high degree of accuracy, thoroughness and safety in
188 treatment planning optimization, treatment techniques and positioning, while communicating
189 accurate treatment delivery information, in accordance with statutes, regulations, accreditation
190 standards and institutional policies. ~~Medical dosimetrists assist the radiation oncologist in~~
191 ~~localizing the treatment area, generate a treatment plan and communicate with the radiation~~
192 ~~oncology team to enable and ensure the appropriate transfer of information.~~

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Rationale: Editorial changes for brevity and consistency with other definitions.

Evidentiary Documentation: N/A

193 **Nuclear Medicine**

194 The practice of nuclear medicine is performed by health care professionals responsible for the
195 administration of ionizing radiation (radioactive material and computed tomography),

nonionizing radiation and adjunctive medications for diagnostic, therapeutic, theranostics or research purposes. ~~Radioactive materials, medications and imaging and nonimaging equipment are used in nuclear medicine and molecular imaging to study various organs, body systems and samples to aid in the diagnosis, treatment, theranostics and treatment planning of various pathological conditions.~~ A nuclear medicine technologist performs nuclear medicine and molecular imaging procedures, theranostics or therapies, administers the prescribed radionuclide therapy to the patient and acquires and analyzes data at the request of and for interpretation by a licensed practitioner and under the supervision of an authorized user. ~~Nuclear medicine technologists also administer the prescribed radionuclide therapy to the patient at the request and under the supervision of an authorized user.~~

Nuclear medicine technologists independently perform or assist the licensed practitioner or radiologist assistant and authorized user in the completion of nuclear medicine and molecular imaging procedures. Nuclear medicine technologists independently perform or assist the licensed practitioner and authorized user in the completion of theranostics and treatments. Nuclear medicine technologists prepare, administer and document activities related to ionizing radiation (radioactive material and computed tomography), nonionizing radiation, medications and radiation exposure in accordance with statutes, regulations, accreditation standards and institutional policies.

Quality Management

The practice of quality management is performed by health care professionals responsible for the identification, measurement, control and improvement of the various core processes that will ultimately lead to improved medical imaging and radiation therapy department performance and patient safety. A quality management technologist performs quality management activities and acquires and analyzes data to achieve and sustain quality.

~~Medical imaging and radiation therapy departments involve multiple practice areas, creating an interdisciplinary team. The quality management technologist is a member of the health care team, which includes clinicians, management, support staff and customers.~~

~~Quality management has four main components: quality planning, quality control, quality assurance and quality improvement. Quality management focuses on the means to achieve and sustain quality. A quality management technologist combines all of these components to ensure efficient and effective patient care.~~

Quality management technologists independently perform or assist the medical physicist in the completion of quality control procedures. Quality management technologists prepare, administer and document activities related to all facets of quality management in accordance with statutes, regulations, accreditation standards and institutional policies.

Radiation Therapy

The practice of radiation therapy is performed by health care professionals responsible for the administration ~~of high doses~~ of ionizing radiation for the purpose of treating diseases, primarily cancer. A radiation therapist acquires and analyzes data in preparation for patient treatment, uses various imaging technologies to localize the treatment area, and participates in treatment

Commented [PSC14]: Strike and insert

Rationale: Editorial changes for brevity and consistency with other definitions.

Evidentiary Documentation: N/A

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Rationale: Editorial changes for brevity and consistency with other definitions.

Evidentiary Documentation: N/A

planning ~~and performs radiation therapy procedures~~ as prescribed and supervised by a radiation oncologist. ~~Radiation therapists perform procedures in accordance with statutes, regulations, accreditation standards and institutional policies.~~

~~Radiation therapists are the primary liaison between patients and other members of the radiation oncology team. They also provide a link to other health care providers, such as social workers and dietitians. Radiation therapists independently perform radiation therapy procedures, must remain sensitive to the needs of the patient through communication, patient assessment, patient monitoring and patient care skills. Radiation therapy often involves daily treatments extending over several days or weeks, using highly sophisticated equipment. a high degree of accuracy. It requires thorough initial planning and as well as constant patient care and monitoring. Radiation therapists perform and document procedures~~ in accordance with statutes, regulations, accreditation standards and institutional policies.

Radiography

The practice of radiography is performed by health care professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes. A radiographer performs a full scope of radiographic and fluoroscopic procedures and acquires and analyzes data ~~needed for diagnosis~~ at the request of and for interpretation by a licensed practitioner.

Radiographers independently perform or assist the licensed practitioner or radiologist assistant in the completion of radiographic and fluoroscopic procedures. Radiographers prepare, administer and document activities related to medications and radiation exposure in accordance with statutes, regulations, accreditation standards and institutional policies.

Radiologist Assistant

A radiologist assistant practices under the supervision of a radiologist and enhances patient care in radiology services. ~~As a member of the radiologist-led team, t~~The radiologist assistant performs invasive and noninvasive procedures, comprehensive patient assessment and continuous patient monitoring as delegated ~~at the request of and for interpretation~~ by a radiologist.

~~Radiologist assistants act as liaisons between patients, radiographers, radiologists and other members of the health care team. Radiologist assistants remain sensitive to the physical, cultural and emotional needs of patients through communication, comprehensive patient assessment, continuous patient monitoring and advanced patient care skills.~~

Radiologist assistants maintain their radiographer credentials; therefore, both the radiologist assistant and radiography sections of the Practice Standards should be consulted when seeking practice information for the radiologist assistant. The clinical activities are delegated by the supervising radiologist in accordance with statutes, regulations, accreditation standards and institutional policies.

Sonography

The practice of sonography is performed by health care professionals responsible for the

Commented [PSC16]: Strike and insert

Rationale: Editorial revisions for brevity and consistency with other definitions.

Evidentiary Documentation: N/A

Commented [PSC17]: Strike

Rationale: Struck for brevity and consistency with other definitions.

Evidentiary Documentation: N/A

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Rationale: Editorial revisions for brevity and consistency with other definitions.

Evidentiary Documentation: N/A

275 administration of multi-frequency sound waves and other techniques for diagnostic, therapeutic
276 or research purposes. A sonographer performs sonographic and molecular imaging procedures
277 and acquires and analyzes data ~~needed for diagnosis~~ at the request of and for interpretation by a
278 licensed practitioner.

279 Sonographers independently perform or assist the licensed practitioner or radiologist assistant in
280 the completion of sonographic and molecular imaging procedures. Sonographers prepare,
281 administer and document activities related to medications in accordance with statutes,
282 regulations, accreditation standards and institutional policies.

283

Commented [PSC19]: ~~Strike~~

Rationale: Struck for brevity and consistency with other definitions.

Evidentiary Documentation: N/A

Education and Certification

Introduction

Medical imaging and radiation therapy professionals must be educationally prepared and clinically competent as a prerequisite to professional practice. Only medical imaging and radiation therapy professionals who have completed the appropriate education and training as outlined in these standards should perform medical imaging and radiation therapy procedures. Individuals working in more than one discipline must meet these requirements in the specific disciplines they are responsible for performing.

Medical imaging and radiation therapy professionals should be registered by certification agencies recognized by the ASRT. Individuals performing diagnostic or therapeutic procedures in more than one discipline will adhere to the general and specific criteria for each discipline.

To maintain certification, medical imaging and radiation therapy professionals must complete appropriate continuing education requirements to sustain their expertise and awareness of to stay current with changes and advances in practice.

Medical imaging and radiation therapy professionals who perform multimodality hybrid procedures should meet certification requirements and be registered by an ASRT-recognized agency in the discipline related to the diagnostic or therapeutic portion of the procedure. They must also follow the specific criteria within these standards. In addition, they must be educationally prepared and clinically competent in the discipline used for attenuation correction or anatomical localization. To stay current, they should complete continuing education in both the certified discipline and any other discipline used for attenuation correction or anatomical localization.

~~Medical imaging and radiation therapy professionals performing multimodality hybrid procedures should meet certification requirements for the diagnostic or therapeutic portion of the procedure and must be educationally prepared and clinically competent in the specific discipline for which they perform attenuation correction or anatomical localization.~~

~~Medical imaging and radiation therapy professionals performing multimodality hybrid procedures should be registered by certification agencies recognized by the ASRT in the discipline for the diagnostic or therapeutic portion of the procedure. Individuals performing multimodality hybrid procedures will adhere to the specific criteria for the diagnostic or therapeutic portion of the procedure.~~

~~Medical imaging and radiation therapy professionals performing multimodality hybrid procedures should complete continuing education requirements in the discipline used for the diagnostic or therapeutic portion of the procedure and maintain education and clinical competence in the discipline used for attenuation correction or anatomical localization.~~

Bone Densitometry

~~Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification as outlined in these standards should perform bone~~

Commented [PSC20]: Strike

Rationale: Editorial revision for clarity and brevity.

Evidentiary Documentation: N/A

Commented [PSC21]: Strike and insert

Rationale: Editorial revision for clarity.

Evidentiary Documentation: N/A

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Rationale: Editorial revision for clarity and brevity.

Evidentiary Documentation: N/A

~~Densitometry Procedures~~

Qualified ~~B~~bone densitometry technologists prepare for professional practice ~~their roles on the interdisciplinary team~~ by meeting ~~postprimary examination eligibility~~ criteria as determined by the ARRT or ISCD. Technologists who have passed the ARRT bone densitometry ~~postprimary examination~~ use the additional credential (BD). ~~ISCD is another certifying agency.~~ Technologists with an active credential in a supporting category as identified by the ARRT, through an ASRT-recognized certification agency and ~~primary medical imaging or radiation therapy certification~~ who have passed the ISCD certified bone densitometry technologist examination use the additional credential CBDT.

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Rationale: Editorial revisions to eliminate redundancy with first paragraph of the Introduction to the Education and Certification section and to improve consistency with all disciplines.

Evidentiary Documentation: N/A

Commented [PSC24]: Editorial Revision

Rationale: The ASRT style guide prefers "exam" to be used instead of "examination" when referring to a test such as an ARRT exam. All appropriate examples of this usage have been revised.

Evidentiary Documentation: N/A

Cardiac Interventional and Vascular Interventional

~~Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification as outlined in these standards should perform cardiac interventional and vascular interventional procedures.~~

Qualified ~~C~~cardiac interventional and vascular interventional technologists prepare for professional practice ~~their roles on the interdisciplinary team~~ by meeting ~~postprimary examination eligibility~~ criteria as determined by the ARRT or CCI. Technologists who have passed the ARRT cardiac interventional radiography, cardiovascular interventional radiography or ~~and~~ vascular interventional radiography ~~postprimary examinations~~ use the additional credentials (CI), (CV) or (VI). ~~CCI is another certifying agency.~~ Technologists with an active credential in a supporting category as identified by the ARRT, through an ASRT-recognized certification agency and ~~primary certification in radiography~~ who have passed the CCI cardiovascular invasive specialist examination ~~as a postprimary examination~~ use the additional credential RCIS.

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Rationale: Editorial revisions to eliminate redundancy with first paragraph of the Introduction to the Education and Certification section and to improve consistency with all disciplines.

Evidentiary Documentation: N/A

Commented [PSC26]: Editorial Revision

Rationale: The proposed addition of the word "radiography" following each of these disciplines is more accurate and does not change intent.

Evidentiary Documentation: N/A

Computed Tomography

~~Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification as outlined in these standards should perform computed tomography and molecular imaging procedures.~~

Qualified ~~C~~computed tomography technologists prepare for professional practice ~~their roles on the interdisciplinary team~~ by meeting ~~postprimary examination eligibility~~ criteria as determined by the ARRT or NMTCB. Technologists who have passed the ARRT or NMTCB computed tomography ~~postprimary examination~~ use the additional credential (CT).

Commented [PSC27]: Strike and insert

Rationale: Editorial revisions to eliminate redundancy with first paragraph of the Introduction to the Education and Certification section and to improve consistency with all disciplines.

Evidentiary Documentation: N/A

Limited X-ray Machine Operator

~~Only limited x-ray machine operators who have completed the appropriate education and obtained state licensure or certification should perform radiographic procedures.~~

Qualified ~~L~~limited x-ray machine operators prepare for professional practice ~~their roles on the interdisciplinary team~~ by meeting eligibility criteria as determined by the respective state. States should use the limited scope of practice in radiography exam~~ination~~ developed by the ARRT. ~~Those~~ Individuals who have obtained licensure or certification through state requirements use various terminologies to define their role as a limited x-ray machine operator as determined by their state.

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Rationale: Editorial revisions to eliminate redundancy with first paragraph of the Introduction to the Education and Certification section and to improve consistency with all disciplines.

Evidentiary Documentation: N/A

Magnetic Resonance

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification as outlined in these standards should perform magnetic resonance and molecular imaging procedures.

Qualified Magnetic resonance technologists prepare for professional practice ~~their roles on the interdisciplinary team~~ by meeting ~~primary or postprimary examination eligibility~~ criteria as determined by the ARRT. Technologists who have passed the ARRT magnetic resonance imaging primary examination use the credential R.T.(MR). ~~Technologists who have passed the ARRT magnetic resonance postprimary examination use the additional credential (MR).~~ Technologists who have passed the ABMRS Magnetic Resonance Safety Officer or Magnetic Resonance Safety Expert exam use the additional credential MRSO (MRSC™) or MRSE (MRSC™).

Mammography

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification as outlined in these standards should perform mammography and breast sonography procedures.

Qualified Mammographers prepare for professional practice ~~their roles on the interdisciplinary team~~ by meeting ~~postprimary examination eligibility~~ criteria as determined by the ARRT. Technologists who have passed the ARRT mammography ~~postprimary examination~~ use the additional credential (M). Technologists with an active mammography credential who have passed the ARRT breast sonography ~~postprimary examination~~ use the additional credential (BS).

Medical Dosimetry

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification as outlined in these standards should perform medical dosimetry procedures.

Qualified Medical dosimetrists prepare for ~~their roles on the interdisciplinary team~~ professional practice by meeting the exam~~ination eligibility~~ criteria as determined ~~established~~ by the MDCB. Individuals who have passed the MDCB medical dosimetry exam~~ination~~ use the credential CMD.

Nuclear Medicine

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification as outlined in these standards should perform nuclear medicine and molecular imaging procedures, theranostics or therapies.

Qualified Nuclear medicine technologists prepare for professional practice ~~their roles on the interdisciplinary team~~ by meeting exam~~ination eligibility~~ criteria as determined by the ARRT or NMTCB. Technologists who have passed the ARRT exam~~ination~~ use the credential R.T.(N). Technologists who have passed the NMTCB exam~~ination~~ use the credential CNMT. Technologists who have passed the NMTCB nuclear cardiology, positron emission tomography or radiation safety ~~specialty~~ exam~~inations~~ use the additional credentials NCT, PET or NMTCB

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Rationale: Editorial revisions to eliminate redundancy with first paragraph of the Introduction to the Education and Certification section and to improve consistency with all disciplines.

Evidentiary Documentation: N/A

Commented [MR30]: insert

Rationale: Additional certification in the discipline.

Evidentiary Documentation: <https://abmrs.org/MRMD-MRSC-MRSE-Examination-Content-Syllabus-Jan-13-2021.pdf>

Shah, A., & Aran, S. (2023). A Review of Magnetic Resonance (MR) Safety: The Essentials to Patient Safety. Cureus, 15(10), e47345. <https://doi.org/10.7759/cureus.47345>

Calamante, F., Ittermann, B., Kanal, E., The Inter-Society Working Group on MR Safety

Norris, D. (2016). Recommended responsibilities for management of MR safety. J. Magn. Reson. Imaging, 44: 1067-1069. <https://doi.org/10.1002/jmri.25282>

Approved by PSC (10/17/25)

Commented [PSC31]: Strike

Rationale: Editorial revision to eliminate redundancy with first paragraph of the Introduction to the Education and Certification section.

Evidentiary Documentation: N/A

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Rationale: Editorial revisions to eliminate redundancy with first paragraph of the Introduction to the Education and Certification section and to improve consistency with all disciplines.

Evidentiary Documentation: N/A

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Rationale: Editorial revisions to eliminate redundancy with first paragraph of the Introduction to the Education and Certification section and to improve consistency with all disciplines.

Evidentiary Documentation: N/A

400 (RS).

401 **Quality Management**

402 ~~Only medical imaging and radiation therapy professionals who have completed the appropriate~~
 403 ~~education and obtained certification as outlined in these standards should perform quality~~
 404 ~~management procedures.~~

405 Qualified ~~Q~~quality management technologists prepare for ~~their roles on the interdisciplinary~~
 406 ~~team~~ professional practice by meeting ~~postprimary~~ examination eligibility criteria as determined by
 407 the ARRT or HQCC. Technologists who have passed the ARRT quality management ~~postprimary~~
 408 exam~~ination~~ use the additional credential (QM). ~~HQCC is another certifying agency.~~
 409 Technologists with an active credential in a supporting category as identified by the ARRT,
 410 through an ASRT-recognized certification agency and ~~with a primary medical imaging or~~
 411 ~~radiation therapy certification~~ who have passed the HQCC Certified Professional in Healthcare
 412 Quality exam~~ination~~ use the additional credential CPHQ.

413 **Radiation Therapy**

414 ~~Only medical imaging and radiation therapy professionals who have completed the appropriate~~
 415 ~~education and obtained certification as outlined in these standards should perform radiation~~
 416 ~~therapy procedures.~~

417 Qualified ~~R~~radiation therapists prepare for professional practice ~~their roles on the~~
 418 ~~interdisciplinary team~~ by meeting exam~~ination~~ eligibility criteria as determined by the ARRT.
 419 Technologists who have passed the ARRT radiation therapy exam~~ination~~ use the credential
 420 R.T.(T).

421 **Radiography**

422 ~~Only medical imaging and radiation therapy professionals who have completed the appropriate~~
 423 ~~education and obtained certification as outlined in these standards should perform radiographic~~
 424 ~~and fluoroscopic procedures.~~

425 Qualified ~~R~~radiographers prepare for professional practice ~~their roles on the interdisciplinary~~
 426 ~~team~~ by meeting exam~~ination~~ eligibility criteria as determined by the ARRT. Technologists who
 427 have passed the ARRT radiography exam~~ination~~ use the credential R.T.(R).

428 **Radiologist Assistant**

429 ~~Only radiographers who have completed the appropriate education and obtained certification as~~
 430 ~~outlined in these standards should perform radiologist assistant procedures.~~

431 Qualified ~~R~~radiologist assistants prepare for professional practice ~~their roles on the~~
 432 ~~interdisciplinary team~~ by meeting exam~~ination~~ eligibility criteria as determined by the ARRT.
 433 Technologists who have passed the ARRT registered radiologist assistant exam~~ination~~ use the
 434 additional credential R.R.A.

435 **Sonography**

Commented [PSC34]: Strike and insert

Rationale: Editorial revisions to eliminate redundancy with first paragraph of the Introduction to the Education and Certification section and to improve consistency with all disciplines.

Evidentiary Documentation: N/A

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Rationale: Editorial revisions to eliminate redundancy with first paragraph of the Introduction to the Education and Certification section and to improve consistency with all disciplines.

Evidentiary Documentation: N/A

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Rationale: Editorial revisions to eliminate redundancy with first paragraph of the Introduction to the Education and Certification section and to improve consistency with all disciplines.

Evidentiary Documentation: N/A

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Rationale: Editorial revisions to eliminate redundancy with first paragraph of the Introduction to the Education and Certification section and to improve consistency with all disciplines.

Evidentiary Documentation: N/A

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Rationale: Consistency with other disciplines.

Evidentiary Documentation: ARRT Registered Radiologist Assistant credential: <https://www.arrt.org/pages/earn-arrt-credentials/credential-options/registered-radiologist-assistant>

Approved by PSC (10/17/25)

~~Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification as outlined in these standards should perform sonographic and molecular imaging procedures.~~

Qualified Ssonographers prepare for ~~their roles on the interdisciplinary team~~ professional practice by meeting ~~primary or postprimary~~ examination eligibility criteria as determined by the ARDMS, ARRT or CCI. Technologists who have passed an ~~the~~ ARDMS examination use the corresponding credentials RDCS, RDMS, RMSKS or RVT. Technologists who have passed an ~~the~~ ARRT ~~primary~~ examination use the corresponding credential R.T.(BS), R.T.(S) or R.T.(VS). ~~Technologists who have passed the ARRT breast sonography, sonography or vascular sonography postprimary examinations use the additional credentials (BS), (S) or (VS).~~ Technologists who have passed a ~~the~~ CCI examination use the corresponding credentials RCCS, RCS, RPhS or RVS.

Commented [PSC39]: Strike and insert

Rationale: Editorial revisions to eliminate redundancy with first paragraph of the Introduction to the Education and Certification section and to improve consistency with all disciplines.

Evidentiary Documentation: N/A

Medical Imaging and Radiation Therapy Scope of Practice

Scopes of practice delineate the parameters of practice and identify the boundaries for practice. A comprehensive procedure list for medical imaging and radiation therapy professionals is impractical because clinical activities vary by the practice needs and expertise of the individual. As medical imaging and radiation therapy professionals gain more experience, knowledge and clinical competence, their clinical activities may evolve.

The scope of practice of medical imaging and radiation therapy professionals includes:

- Administering medications enterally, parenterally, through new or existing vascular access or through other routes as prescribed by a licensed practitioner.*†
- Administering medications with an infusion pump or power injector as prescribed by a licensed practitioner.*†
- Administering oxygen as prescribed by a licensed practitioner.
- Applying, implementing and monitoring AI.
- Applying principles of ALARA to minimize exposure to patient, self and others.
- Applying principles of patient safety during all aspects of patient care.
- Assisting in maintaining medical records while respecting confidentiality and adhering to HIPAA and established policies.
- Corroborating a patient's clinical history with the procedure and ensuring information is documented and available for use by a licensed practitioner.
- Educating and monitoring students and other health care providers.*
- Evaluating images for proper positioning and determining if additional images will improve the procedure or treatment outcome.
- Evaluating images for technical quality and ensuring proper identification is recorded.
- Identifying and responding to emergency situations.
- Identifying, calculating, compounding, preparing or administering medications as prescribed by a licensed practitioner.*†
- Maintaining professionalism in patient care.
- Performing ongoing quality assurance activities.
- Performing point-of-care testing as prescribed by a licensed practitioner.†
- Performing venipuncture as prescribed by a licensed practitioner.*†
- Postprocessing data.
- Preparing patients for procedures.
- Providing education.
- Providing input for equipment or software purchase and supply decisions when appropriate or requested.
- Providing optimal patient care.
- Receiving, relaying and documenting verbal, written and electronic orders in the patient's medical record.
- Selecting the appropriate protocol and optimizing technical factors while maximizing patient safety.
- Starting, maintaining or removing intravenous access as prescribed by a licensed practitioner.*†

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

- Using vein localization devices for placement of intravenous catheters when appropriate-
*†
- Verifying archival storage of data-
- Verifying informed consent for applicable procedures-*

Bone Densitometry

- Performing and monitoring quality control procedures for bone densitometry equipment
- Performing bone densitometry procedures as prescribed by a licensed practitioner-

Cardiac Interventional and Vascular Interventional

- Assisting a licensed practitioner or radiologist assistant with fluoroscopic and specialized interventional radiography procedures-
- Maintaining intra-arterial access as prescribed by a licensed practitioner-
- Panning the procedure table during image production-
- Participating in physiologic monitoring of patients-
- Performing diagnostic or interventional procedures as prescribed by a licensed practitioner-
- Performing manual and mechanical hemostasis, including the use of vascular closure devices, as prescribed by a licensed practitioner-
- Performing noninterpretive fluoroscopic procedures as prescribed by a licensed practitioner-
- Placing, maintaining and removing peripherally inserted central catheters as prescribed by a licensed practitioner-

Computed Tomography

- Assisting a licensed practitioner or radiologist assistant with interventional computed tomography procedures-
- Performing computed tomography and molecular imaging procedures as prescribed by a licensed practitioner-

Limited X-ray Machine Operator

- ~~Assisting a licensed practitioner or radiographer during static radiographic procedures-~~
- Performing static diagnostic radiographic procedures within the limited scope of practice as prescribed by a licensed practitioner-

Magnetic Resonance

- Applying principles of magnetic resonance safety to minimize risk to patient, self and others-
- Assisting a licensed practitioner or radiologist assistant with magnetic resonance interventional procedures-
- Performing magnetic resonance and molecular imaging procedures as prescribed by a licensed practitioner-

Commented [PSC40]: ~~Strike~~ Exclusion for LXMO

Rationale: Current clinical practice may include scenarios where a limited operator may provide assistance during an advanced procedure, similar to utilizing a medical assistant.

Evidentiary Documentation: ASRT LXMO Curriculum: <https://www.asrt.org/educators/asrt-curricula/lxmo>, page 18.

Commented [PSC41]: ~~Strike~~

Rationale: Editorial - eliminate redundancy with revised second specific criteria bullet.

Evidentiary Documentation: N/A

Commented [PSC42]: ~~Strike and Insert~~

Rationale: Editorial - allows for proposed strike of first bullet, to eliminate redundancy.

Evidentiary Documentation: N/A

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

- Selecting appropriate pulse sequences with consideration given to established protocols and other factors influencing data acquisition parameters.

Mammography

- Assisting a licensed practitioner or radiologist assistant with interventional breast procedures.
- Imaging pathologic breast specimens as prescribed by a licensed practitioner.
- Performing breast ultrasound procedures as prescribed by a licensed practitioner.
- Performing mammographic procedures per facility policies or as prescribed by a licensed practitioner.
- Performing or assisting with clinical breast examination.

Medical Dosimetry

- Designing and generating optimal treatment plans in collaboration with a radiation oncologist.
- Evaluating treatment plans for accuracy.
- Monitoring doses to normal tissues within the irradiated volume to ensure tolerance levels are not exceeded.
- Obtaining and incorporating patient data from medical imaging procedures or manual methods to be used in simulation, treatment planning, treatment delivery and quality assurance.
- Participating in brachytherapy treatment planning and delivery.
- Participating in simulation under the supervision of a radiation oncologist.
- Performing dosimetric calculations.
- Performing or assisting with the fabrication of patient immobilization and other treatment devices.
- Transferring and documenting treatment planning data according to departmental policies.

Nuclear Medicine

- Applying principles of magnetic resonance safety to minimize risk to patient, self and others when performing PET/MR.
- Assembling, calibrating, maintaining, eluting and administering radiopharmaceuticals from the radionuclide infusion system and the generator while complying with standards and as prescribed by a licensed practitioner and under the supervision of an authorized user.
- Performing hybrid imaging, including PET/CT, PET/MR and SPECT/CT for emission, transmission, attenuation correction, anatomical location and for use in radiation therapy treatment planning when performed within hybrid imaging as prescribed by a licensed practitioner and under the supervision of an authorized user.
- Performing nuclear medicine and molecular imaging procedures, theranostics or therapies as prescribed by a licensed practitioner and under the supervision of an authorized user.

Commented [PSC43]: Editorial Revision

Rationale: Slashes are to be replaced with hyphens for all applicable hybrid procedures in accordance with the ASRT style guide.

Evidentiary Documentation: N/A

- Procuring, identifying, calculating, preparing or administering ionizing radiation (radioactive material and computed tomography) and nonionizing radiation as prescribed by a licensed practitioner and under the supervision of an authorized user-

Quality Management

- Coordinating, performing and monitoring quality control procedures for all types of equipment-
- Developing and maintaining policies and procedures to meet regulatory, accreditation and fiscal requirements-
- Ensuring adherence to accreditation, federal, state and local regulatory requirements-
- Evaluating the success of performance improvements-
- Facilitating change through appropriate management processes-
- Facilitating performance improvement processes-
- Facilitating the department's quality assessment and improvement plan-
- Monitoring exposure factors or procedural protocols in accordance with ALARA principles and age-specific considerations-
- Performing physics surveys independently on general radiographic and fluoroscopic equipment, with medical physicist oversight-
- Providing assistance to staff for image optimization, including patient positioning, proper equipment use and image critique-
- Providing practical information regarding techniques and tools for process improvement-
- Serving as a resource regarding regulatory, accreditation and fiscal requirements-
- Supporting and assisting a medical physicist with modality physics surveys-

Radiation Therapy

- Constructing or preparing-immobilization, beam directional and beam-modification devices-
- Delivering radiation therapy treatments as prescribed by a radiation oncologist-
- Detecting and reporting significant changes in patients' conditions and determining when to withhold treatment until the radiation oncologist is consulted-
- Monitoring doses to normal tissues within the irradiated volume to ensure tolerance levels are not exceeded-
- Participating in brachytherapy procedures-
- Participating in superficial radiation therapy procedures as prescribed by a licensed practitioner-
- Performing simulation, localization, treatment planning procedures and dosimetric calculations as prescribed by a radiation oncologist-
- Using imaging technologies for the explicit purpose of simulation, treatment planning and treatment delivery as prescribed by a radiation oncologist-

Radiography

- Assisting a licensed practitioner or radiologist assistant with fluoroscopic and specialized radiologic procedures-

- Performing diagnostic radiographic and noninterpretive fluoroscopic procedures as prescribed by a licensed practitioner.

Radiologist Assistant

- Assessing, monitoring and managing patient status, including patients under minimal and moderate sedation.
- Communicating the supervising radiologist's report to the appropriate health care provider consistent with the ACR Practice Guidelines for Communication of Diagnostic Imaging Findings.
- Emphasizing patient safety and verifying procedure appropriateness by analyzing and incorporating evidence-based practices for optimal patient care.
- Entering medication and other orders as directed by a radiologist.
- Evaluating images for completeness and diagnostic quality and recommending additional images.
- Identifying and administering radioactive materials as prescribed by a supervising radiologist and under the supervision of an authorized user.
- Identifying variances that may influence the expected outcome through preprocedural evaluation as part of the radiologist-led team.
- Obtaining images necessary for diagnosis and communicating initial observations to the supervising radiologist. The radiologist assistant does not provide image interpretation as defined by the ACR.
- Participating in or obtaining informed consent.
- Participating in quality assurance activities within the radiology practice.
- Performing or assisting with invasive or noninvasive procedures as delegated by the radiologist who is licensed to practice and has privileges for the procedure being performed by the radiologist assistant.
- Performing ~~Completing~~ patient history and physical.
- Performing research including ~~Assisting with~~ data collection and review for clinical trials ~~or other research.~~
- Providing follow-up patient evaluation.
- Recognizing, managing and treating contrast media-related adverse events per protocol.

Sonography

- Collaborating with a licensed practitioner or radiologist assistant in the performance of sonographic interventional procedures.
- Ensuring equipment parameters for diagnostic and interventional procedures are of optimal technical and administrative quality as requested by a licensed practitioner.
- Performing diagnostic, interventional and molecular imaging sonographic procedures as prescribed by a licensed practitioner or during appropriate educational activities.

Commented [RA44]: Insert

Rationale: Current clinical practice; Recurrent issues with clinical practice have been reported.

Evidentiary Documentation: CMS/ TJC CMS State Operations Manual – Appendix A, Tag A-0450 "Orders, whether verbal or written, must be given by a practitioner who is authorized by hospital policy and in accordance with State law... Individuals such as physician assistants, nurse practitioners, or other health care personnel who are acting in accordance with hospital policies and state law may enter orders into the medical record to be authenticated by the ordering practitioner."

ASRT RA Curriculum: <https://www.asrt.org/educators/asrt-curricula/radiologist-assistant>
Patient assessment - objectives - 3rd from last bullet and XVI

Approved by PSC (10/17/25)

Commented [RA45]: Strike and insert

Rationale: Clarifies role/responsibilities.

Evidentiary documentation: https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/7914efd9-41c7-4f2c-9c4c-e5e8c8a612f0/RRA_ELCA_2023.pdf ARRT ELCA document: Perform and document a procedure-focused physical examination, and review relevant data (e.g., signs and symptoms, laboratory values, significant abnormalities, vital signs); report findings to the supervising radiologist

Approved by PSC (10/17/25)

Commented [RA46]: Strike and insert

Rationale: Consistent with current scope.

Evidentiary Documentation: ARRT Content Specifications: <https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/1465bc21-b0c1-4e77-bbd3-858cee731c39/RRA%20Examination%20Content%20Specification.pdf>
ASRT Curriculum: <https://www.asrt.org/educators/asrt-curricula/radiologist-assistant>

Approved by PSC (10/17/25)

Commented [RA47]: Insert

Rationale: Current clinical practice

Evidentiary Documentation: ASRT RA Curriculum (Patient Assessment): <https://www.asrt.org/educators/asrt-curricula/radiologist-assistant>
ARRT RA Content Specs (2.D.): <https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/1465bc21-b0c1-4e77-bbd3-858cee731c39/RRA%20Examination%20Content%20Specification.pdf> ARRT RA ELCA: https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/7914efd9-41c7-4f2c-9c4c-e5e8c8a612f0/RRA_ELCA_2023.pdf

Approved by PSC (10/17/25)

Standards

Standard One – Assessment

The medical imaging and radiation therapy professional collects pertinent data about the patient, procedure, equipment and work environment.

Rationale

Information about the patient's health status is essential in providing appropriate imaging and therapeutic services. The planning and provision of safe and effective medical services relies on the collection of pertinent information about the patient, equipment, procedure and work environment.

The medical imaging and radiation therapy professional:

General Criteria

- Assesses and maintains the integrity of medical supplies and medications, properly disposing when indicated~~-~~
- Assesses any potential patient limitations or factors that may affect the procedure~~-~~
- Assesses patient lab values, medication list and risk for allergic reaction prior to procedure and administration of medication~~-~~*†
- Assesses the patient's need for information and reassurance~~-~~
- Confirms that all required quality control tests are performed~~-~~
- Confirms that equipment performance, maintenance and operation comply with the manufacturer's specifications~~-~~
- Determines that services are performed in a safe environment~~-~~, minimizing and takes measures to minimize potential hazards~~-~~
- Identifies the customers served by medical imaging and radiation therapy~~-~~
- Identifies the processes used in customer service~~-~~
- Maintains restricted access to controlled areas~~-~~
- Obtains and reviews relevant previous procedures and information from all available resources~~-~~
- Recognizes signs and symptoms of an emergency~~-~~
- Verifies appropriateness of the requested or prescribed procedure, in compliance with the clinical indication and protocol~~-~~
- Verifies parameters when using AI to ensure patient safety in accordance with ALARA principles~~-~~
- Verifies patient identification~~-~~
- Verifies that protocol and procedure manuals include recommended criteria and are reviewed and revised~~-~~
- Verifies that the patient has consented to the procedure~~-~~
- Verifies the patient's pregnancy status~~-~~

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

Commented [PSC48]: Insert

Rationale: Moved from specific criteria in MD and Therapy. Applies to all disciplines.

Evidentiary Documentation: N/A

Commented [PSC49]: Insert

Rationale: Applies to all disciplines

Evidentiary Documentation: ASRT Curricula (all disciplines):
<https://www.asrt.org/educators/asrt-curricula>

AAMD Curriculum:
<https://www.medicaldosimetry.org/publications/curriculum-guide/>

JRCDS NEC Common Curricula:
<https://www.jrcdms.org/pdf/NEC%20Common%20Curricula.pdf>

SDMS Scope of Practice: [Scope of Practice - Defining Sonography Standards](#)

Commented [PSC50]: Strike and Insert

Rationale: Editorial revision. General criteria language moved from Standard Ten; applies more appropriately to Standard One - Assessment.

Evidentiary Documentation: N/A

687 *Specific Criteria*

688 **Bone Densitometry**

- 689 • Assesses patient compliance with prescribed treatment as it relates to the procedure-
- 690 • ~~Confirms all required quality control tests are performed.~~

691 **Cardiac Interventional and Vascular Interventional**

692 Refer to general criteria.

693 **Computed Tomography**

- 694 • Verifies that a registered technologist is physically present with the patient ~~at the CT~~
- 695 ~~console to perform~~ throughout a remote CT procedure.
- 696

697 **Limited X-ray Machine Operator**

698 Refer to general criteria.

699 **Magnetic Resonance**

- 700 • Assesses patient for factors that may contribute to anxiety or claustrophobia-
- 701 • Identifies and removes items that may affect safety, damage the equipment or affect the
- 702 image quality-
- 703 • Identifies, researches and verifies MR Conditional biomedical implants.
- 704 • Screens patient and others for potential magnetic resonance contraindications, either
- 705 within the body or on their person, prior to entering the magnet room-
- 706 • Verifies that an individual with the I.A.(MR) credential or a registered technologist with
- 707 MR Level 2 Personnel training is physically present with the patient ~~at the MR console~~
- 708 throughout a remote MR procedure.

709 **Mammography**

- 710 • Assesses the need for alternative procedures based on the patient's age, hormonal or
- 711 lactation status and the presence of surgical implants-
- 712 • ~~Confirms all required quality control tests are performed.~~

713 **Medical Dosimetry**

- 714 • ~~Assesses the patient's need for information and reassurance.~~
- 715 • Reviews patient history for previous therapeutic treatments-

716 **Nuclear Medicine**

- 717 • Complies with regulations and federal and state laws to minimize radiation exposure
- 718 levels-
- 719 • Identifies and removes items that may affect safety, damage the equipment or affect the
- 720 image quality when performing PET-MR

* Excludes limited x-ray machine operator
† Excludes medical dosimetry

Commented [PSC51]: Strike

Rationale: Insertion of new general criteria (bullet #4).

Evidentiary Documentation: See comment for insertion of new general criteria bullet.

Commented [PSC52]: Strike and Insert

Rationale: Editorial revision that clarifies the intent of this standard.

Evidentiary Documentation: N/A

Commented [MR53]: Insert

Rationale: Current clinical practice.

Evidentiary documentation: per ARRT MRI Content Specifications Page 4 Section Safety 1. MRI Screening and Safety as of Jan 2024, implemented Feb 2025 <https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/8a6d78b2-c8bf-4a57-b824-85a9bc5a98e5/Magnetic%20Resonance%20Imaging%20Content%20Specifications%202025.pdf> & ACR Manual MR Safety 2024 page 142 Appendix 4: Implanted Device MR Risk/Safety Assessment) <https://www.acr.org/Clinical-Resources/Clinical-Tools-and-Reference/radiology-safety/mr-safety>

Approved by PSC (10/17/25)

Commented [PSC54]: Strike and insert

Rationale: To maintain consistency across disciplines and consistent with new credential.

Evidentiary Documentation: ARRT Imaging Assistant Magnetic Resonance I.A.(MR)(ARRT) credential: <https://www.arrt.org/pages/arrt-announces-ia-credential>

*Please also see new MR specific criteria in Standard Nine.

Commented [PSC55]: Strike

Rationale: Insertion of new general criteria (bullet #4).

Evidentiary Documentation: See comment for insertion of new general criteria bullet.

Commented [PSC56]: Strike

Rationale: General criteria added to Standard Four; applies to all disciplines.

Evidentiary Documentation: N/A

- Maintains and performs quality control on radiation safety equipment, radionuclide infusion systems and generators according to regulatory agencies.
- Monitors and assesses the patient throughout the theranostic treatment cycle.
- Monitors side effects and reactions to the theranostic treatment.
- Performs area monitoring and surveys to assess radiation exposure levels and contamination sites.
- Reviews theranostic protocol criteria and assesses contraindications and conditions that may affect the therapy.
- Screens patient and others for potential magnetic resonance contraindications, either within the body or on their person, prior to entering the magnet room when performing PET/-MR.
- Verifies that a technologist registered or certified in nuclear medicine ~~technologist~~ is physically present with the patient throughout ~~when performing~~ a remote SPECT/-CT or PET/-CT procedure.
- Verifies that a technologist registered or certified in nuclear medicine ~~or PET~~, with MR Level 2 Personnel training, is physically present with the patient throughout a ~~when performing a remote~~ PET/-MR procedure.
- Verifies the patient's lactation or breastfeeding status
- Verifies the patient's menstrual cycle

Commented [PSC57]: Strike and Insert

Rationale: Editorial revision that clarifies the intent of this standard.

Evidentiary Documentation: N/A

Commented [PSC58]: Strike and Insert

Rationale: Editorial revision that clarifies the intent of this standard.

Evidentiary Documentation: N/A

Quality Management

- Assesses policies, protocols and guidelines to improve safety, efficiency and patient care, and identify the potential effect on the facility.

Radiation Therapy

- ~~Assesses the patient's need for information and reassurance.~~
- Identifies and removes objects that could interfere with prescribed treatment.
- Inspects beam modifying and immobilization devices prior to use.
- Monitors and assesses the patient throughout the treatment course and follow-up visits.
- Monitors doses to normal tissues.
- Monitors side effects and reactions to treatment.
- Monitors treatment unit operation during use.
- Recognizes the patient's need for referral to other care providers, such as a social worker, nurse or dietitian.
- Reviews beam shaping devices prior to treatment delivery.
- Reviews treatment protocol criteria and assesses conditions affecting treatment delivery.
- Reviews treatment record prior to treatment or simulation.

Commented [PSC59]: Strike

Rationale: General criteria added to Standard Four; applies to all disciplines.

Evidentiary Documentation: N/A

Radiography

Refer to general criteria.

Radiologist Assistant

- Assesses the patient's level of anxiety and pain and informs the supervising radiologist.

- Interviews the patient to obtain, verify and update medical history.
- Observes and assesses a patient who has received minimal and moderate sedation.
- Performs a history and physical examination, analyzes data, and reports findings as part of a radiologist-led team.
- Performs area monitoring and surveys to assess radiation exposure levels and contamination sites.
- Verifies the patient's lactation or breastfeeding status.

Sonography

- ~~Verifies that a registered sonographer operates the offsite equipment throughout a remote sonographic procedure.~~
- Verifies that a registered technologist or sonographer is physically present with the patient throughout a remote sonographic procedure.

Commented [PSC60]: ~~Strike~~

Rationale: Editorial; previously addressed in Education and Certification section. See updated definition of remote procedure.

Evidentiary Documentation: N/A

Commented [PSC61]: ~~Insert~~

Rationale: Consistency with other disciplines that may involve remote scanning.

Evidentiary Documentation: N/A

773 **Standard Two – Analysis and Determination**

774 The medical imaging and radiation therapy professional analyzes the information obtained
775 during the assessment phase and develops an action plan for completing the procedure.

776 *Rationale*

777 Determining the most appropriate action plan enhances patient safety and comfort, optimizes
778 diagnostic and therapeutic quality and improves efficiency.

779 The medical imaging and radiation therapy professional:

780 *General Criteria*

- 781 • Analyzes relevant evidence-based practice to inform clinical decision-making.*
- 782 • Consults appropriate medical personnel to determine an action plan.
- 783 • Determines that all procedural requirements are in place to achieve a quality procedure.
- 784 • Determines the appropriate type and dose of contrast media to be administered based on
- 785 established protocols.*†
- 786 • Determines the course of action for an emergent situation.
- 787 • Determines the need for and selects equipment, supplies, ~~shielding, positioning accessory~~
- 788 ~~equipment~~, and immobilization, positioning and shielding devices.
- 789 • Develops methods for minimizing hazards associated with medical imaging and radiation
- 790 therapy procedures.
- 791 • Employs professional judgment to adapt procedures to improve ~~diagnostic~~ quality ~~or~~ and
- 792 ~~therapeutic~~ outcomes.
- 793 • Evaluates and monitors services, procedures, equipment and the environment to determine
- 794 if they meet or exceed established guidelines and develops the action plan.
- 795 • Monitors and develops methods to improve customer satisfaction.
- 796 • Selects the most appropriate and efficient action plan after reviewing all pertinent data and
- 797 assessing the patient's abilities and condition.

798 *Specific Criteria*

799 **Bone Densitometry**

800 Refer to general criteria.

801 **Cardiac Interventional and Vascular Interventional**

- 802 • Analyzes and determines action plans in conjunction with the ~~procedural~~ ~~cardiovascular~~
- 803 ~~team~~.

804 **Computed Tomography**

- 805 • Reviews the patient's medical record and the licensed practitioner's request to determine
- 806 optimal scanning protocol for clinical indication.

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

Commented [PSC62]: ~~Strike~~ Exclusion for LXMO

Rationale: Current clinical practice; performed in a limited scope.

Evidentiary Documentation: ASRT/LXMO Curriculum: https://www.asrt.org/docs/default-source/educators/curriculum/limited-x-ray-machine-operator/2025-adopted-draft-limited-x-ray-machine-operator-curriculum.pdf?sfvrsn=1d5e6e9d_6, page IV, "Advances in diagnostic imaging and employer expectations demand independent judgment by LXMOs. Consequently, critical-thinking skills must be fostered, developed and assessed in the educational process. Critical thinking has been incorporated in multiple content areas. It is expected that the faculty will develop and implement critical thinking throughout the curriculum."

Commented [PSC63]: ~~Strike and re-order~~.

Rationale: Editorial; does not change intent.

Evidentiary Documentation: N/A

Commented [PSC64]: ~~Strike and insert~~

Rationale: Editorial for consistency with other areas of the document. Does not change intent.

Evidentiary Documentation: N/A

Commented [CV65]: ~~Insert~~

Rationale: Editorial change to be more inclusive. Does not change intent.

Evidentiary Documentation: N/A

Approved by PSC (10/17/25)

Limited X-ray Machine Operator

- Develops, maintains and makes available optimal exposure technique guidelines for all radiographic equipment-

Magnetic Resonance

- Reviews the patient's medical record and licensed practitioner's request to determine optimal protocol and imaging parameters for clinical indications-
- Selects appropriate imaging coil-

Mammography

- Monitors the patient's need for information and reassurance throughout the procedure-
- Selects appropriate equipment and imaging techniques to optimize the procedure-

Medical Dosimetry

- Gathers and analyzes pertinent data relevant to the treatment planning and delivery process-
- Participates in reviewing patient treatment parameters and dose records to ensure treatment does not exceed the prescribed dose or normal tissue tolerances-
- Recommends the appropriate immobilization devices and positioning aids for simulation and treatment-
- Recommends when to hold treatment until a radiation oncologist is notified-
- Reviews the treatment record and verifies calculations before or after treatment delivery-
- Verifies the treatment summary and the mathematical accuracy of the prescription-

Nuclear Medicine

- Determines radiopharmaceutical dosage based on protocol, patient's age, weight and medical and physical status-
- Evaluates results of quality control testing on radioactive material-
- Reviews the patient's medical record and the ~~examination~~ procedure request to determine optimal ~~procedure~~ parameters for clinical indications-
- Selects appropriate data acquisition equipment and accessories to perform the procedure-
- Verifies and ensures the accuracy of the theranostic treatment cycle, record, calculation and delivery, ensuring the dose remains within the prescribed limits-

Quality Management

- Assesses and prioritizes the current processes to improve quality while focusing on issues needing immediate response-
- Assesses proposed changes to minimize organizational disruption during implementation-
- Clarifies current steps in a process to reorder and improve service flow and minimize redundancy-
- Creates an effective data-driven action plan while assessing possible options, fiscal impact and ease of implementation-
- Develops monitoring metrics-

Commented [PSC66]: Strike and insert

Rationale: Editorial revision for consistency of terminology with the remainder of the document. Does not change intent.

Evidentiary Documentation: N/A

- Establishes benchmarks and quality indicators to assess quality management issues-

Radiation Therapy

- Determines when to contact the radiation oncologist or licensed practitioner regarding patient side effects or questions-
- Determines when to withhold treatment until a radiation oncologist is contacted-
- Ensures the appropriate imaging technique is chosen for image-guided radiation therapy procedures-
- Participates in decisions about appropriate simulation techniques and treatment positions-
- Reviews and evaluates patient treatment records prior to each treatment for prescription or treatment procedure changes-
- Reviews and verifies patient treatment plan and prescription prior to initial treatment delivery
- Reviews doses daily to ensure that treatment does not exceed prescribed dose, normal tissue tolerance or treatment protocol constraints
- Reviews treatment record, calculations and/or treatment plan for accuracy prior to treatment delivery-
- Reviews verification images prior to treatment-
- Verifies machine quality assurance has been performed-
- Verifies the mathematical accuracy of the prescription and the daily treatment summary-
- Verifies treatment planning quality assurance has been performed prior to each treatment-

Radiography

- Develops, maintains and makes available optimal exposure technique guidelines for all radiographic and fluoroscopic equipment-

Radiologist Assistant

- Reviews the patient's medical record and the licensed practitioner's request to determine optimal imaging procedure for clinical indications-

Sonography

- Monitors the patient's need for information and reassurance throughout the procedure-
- Selects appropriate equipment and imaging techniques to optimize the procedure-

875 **Standard Three – Education, Collaboration and Collegiality**

876 The medical imaging and radiation therapy professional promotes a positive, collaborative and
877 collegial atmosphere by providing information to the patient, public and other health care
878 providers about procedures and related health issues.

879 *Rationale*

880 All individuals must communicate effectively and work together efficiently to provide quality patient
881 care. Education and a collaborative work environment are necessary to establish positive
882 relationships, promote safe practices and provide quality patient care.

883 The medical imaging and radiation therapy professional:

884 *General Criteria*

- 885 • Develops and maintains collaborative partnerships to enhance quality and efficiency-
- 886 • Educates the patient, public and other health care providers about procedures, the
887 associated biological effects and radiation protection-
- 888 • Elicits confidence and cooperation from the patient, the public and other health care
889 providers by providing timely communication and effective instruction-
- 890 • Explains effects and potential side effects of medications-*†
- 891 • Promotes awareness and understanding to patients, health care providers, students and the
892 public concerning the profession-
- 893 • Provides accurate explanations and instructions at an appropriate time and at a level the
894 patient and their care providers can understand and addresses questions and concerns
895 regarding the procedure-
- 896 • Provides information about the role of AI-
- 897 • Provides information on certification or accreditation to the patient, other health care
898 providers and the public-
- 899 • Provides pre-, peri- and post-procedure education-
- 900 • Refers questions about diagnosis, treatment or prognosis to a licensed practitioner-
- 901 • Shares knowledge and expertise with others-

902 *Specific Criteria*

903 **Bone Densitometry**

904 Refer to general criteria.

905 **Cardiac Interventional and Vascular Interventional**

906 Refer to general criteria.

907 **Computed Tomography**

908 Refer to general criteria.

909 **Limited X-ray Machine Operator**

910 Refer to general criteria.

- 911 * Excludes limited x-ray machine operator
† Excludes medical dosimetry

912

913 **Magnetic Resonance**

- 914 • Provides magnetic resonance safety education.

915 **Mammography**

- 916 • Displays all certification and accreditation documents of compliance.
- 917 • Educates the patient about the need for adequate compression to achieve a quality mammogram and instructs the patient to communicate if the compression becomes intolerable.
- 919 • Educates the patient about the risk factors for breast cancer and the benefits of early detection.
- 921 • Educates the patient about the value and use of additional projections and alternative breast imaging procedures.
- 923 • Provides mammography consumer information in accordance with federal and state regulations and guidelines.
- 925

926 **Medical Dosimetry**

- 927 • Explains the role and function of the medical dosimetrist in the overall treatment course.
- 928 • Provides information and instruction on the daily maintenance of treatment field markings and instruction on self-care procedures.
- 929
- 930 • Reviews the treatment plan with the patient as requested by a radiation oncologist.

931 **Nuclear Medicine**

- 932 • Ensures radiation safety instruction information and limitations are provided to the patient and others during and following theranostics and therapeutic procedures.
- 933 • Provides instruction to the patient and others regarding the reduction of radiation exposure during and after the procedure.
- 935 • Provides magnetic resonance safety education when performing PET/-MR.
- 936

937 **Quality Management**

- 938 • Provides education to the health care team about quality improvement tools and techniques.
- 939

940 **Radiation Therapy**

- 941 • Anticipates the patient's need for information and provides it throughout the treatment course.
- 942 • Instructs the patient in the maintenance of treatment markings.
- 943 • Provides information and instruction on proper skin care, diet and self-care procedures.
- 944 • Provides pre-, peri- and post-procedure instructions to the patient for simulation and treatment.
- 946

947 **Radiography**

948 Refer to general criteria.

Commented [MD67]: Insert

Rationale: Current clinical practice

Evidentiary Documentation: Leaver, D., Washington, C., Principles and Practice of Radiation Therapy 5th Edition. Mosby, 2021. 3rd edition chapter : treatment procedures "patient position, isocenter, and field placement" pg. 166

AAMD Curriculum:
<https://www.medicaldosimetry.org/publications/curriculum-guide/>

Approved by PSC (10/17/25)

949

950

951 ***Radiologist Assistant***

- 952 • Provides precare and postcare instructions to the patient as part of the radiologist-led
953 team.

954 ***Sonography***

- 955 • Educates patients and other health care professionals of the potential exposure risks
956 associated with nonmedical entrepreneurial or entertainment 2D/3D/4D sonographic
957 procedures.
958 • Educates patients and other health care professionals that the use of 2D/3D/4D
959 sonography for nonmedical entrepreneurial or entertainment purposes is an unethical
960 practice.
961

962 **Standard Four – Performance**

963 The medical imaging and radiation therapy professional performs the action plan and quality
964 assurance activities, including modifications when needed.

965 *Rationale*

966 Quality patient services are provided through the safe and accurate performance of a deliberate
967 plan of action. Quality assurance activities provide valid and reliable information regarding the
968 performance of equipment, materials and processes.

969 The medical imaging and radiation therapy professional:

970 *General Criteria*

- 971 • Adheres to radiation safety rules and standards~~-~~
- 972 • Administers contrast media and other medications only when a licensed practitioner or
973 radiologist assistant is physically present to ensure proper diagnosis and treatment of
974 adverse events~~-~~*†
- 975 • Administers first aid or provides life support~~-~~†
- 976 • Applies principles of aseptic or sterile technique~~-~~
- 977 • Assesses and monitors the patient's physical, emotional and mental status~~-~~
- 978 • Complies with infection control protocols~~-~~
- 979 • Consults with medical physicist or engineer in performing and documenting quality
980 control tests and in reviewing of quality assurance~~-~~
- 981 • Explains to the patient each step of the action plan as it occurs and elicits the cooperation
982 of the patient~~-~~
- 983 • Immobilizes patient for procedure~~-~~
- 984 • Implements an action plan~~-~~
- 985 • Maintains current information on equipment, materials and processes~~-~~
- 986 • Modifies the action plan according to changes in the clinical situation, equipment or
987 environment~~-~~
- 988 • Monitors patient vital signs pre-, peri- and post-procedure~~-~~†
- 989 • Monitors the patient for reactions to medications~~-~~*†
- 990 • Participates in ALARA, patient and personnel safety and risk management activities~~-~~
- 991 • Performs ongoing quality assurance activities and quality control testing~~-~~
- 992 • Performs procedural timeout~~-~~
- 993 • Positions patient for anatomic area of interest, respecting patient ability and comfort~~-~~
- 994 • Provides the patient with information and reassurance throughout the procedure~~-~~
- 995 • Supports and implements the safe use of new technologies and procedures~~-~~
- 996 • Uses accessory equipment~~-~~
- 997 • Uses an integrated team approach~~-~~
- 998 • Uses knowledge to modify current practices~~-~~
- 999 • Uses personnel radiation monitoring devices as indicated by the RSO or designee~~-~~
- 1000 • Works aseptically in the appropriate environment while preparing, compounding and
1001 dispensing sterile and nonsterile medication~~-~~*†

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

Commented [PSC68]: Strike exception for LXMO; also relocated from Standard Six

Rationale: Vital signs are part of ASRT curriculum for LXMO. More appropriate for Standard Four - Performance.

Evidentiary Documentation: ASRT LXMO Curriculum: https://www.asrt.org/docs/default-source/educators/curriculum/limited-x-ray-machine-operator/2025-adopted-draft-limited-x-ray-machine-operator-curriculum.pdf?sfvrsn=1d5e6e9d_6, pgs.2, 37 and 42

Commented [PSC69]: Insert

Rationale: General statement that applies to all disciplines as a component of routine patient care.

Evidentiary Documentation: ASRT Curricula: <https://www.asrt.org/educators/asrt-curricula>

SDMS/JRC-DMS Curriculum: <http://www.ircdms.org/nec.htm>

AAMD Curriculum: <https://www.medicaldosimetry.org/publications/curriculum-guide/>

*Specific Criteria***Bone Densitometry**

- Applies the concepts of accuracy and precision in bone densitometry-
- Confirms patient position matches the selected scan parameters-
- Scans alternate sites when indicated-

Cardiac Interventional and Vascular Interventional

- Coordinates and manages the collection and labeling of tissue and fluid specimens-
- Demonstrates safe handling and disposal of chemotherapeutic and radioactive materials-
- Monitors vital signs and hemodynamic values ~~ECG, blood pressure, respiration, oxygen saturation, level of consciousness and pain pre-, peri- and post-procedure-~~

Computed Tomography

- Adheres to protocol scan length to optimize patient dose-
- Confirms patient position matches the selected scanning orientation parameters-
- Coordinates and manages the collection and labeling of tissue and fluid specimens-
- Determines optimum placement of ECG electrodes and correctly identifies ECG wave trigger-
- Optimizes technical factors to minimize radiation exposure to the patient while maintaining diagnostic image quality-
- ~~Performs a remote CT procedure when a registered technologist is physically present with the patient.~~
- Uses radiation shielding devices-
- Utilizes isocentering of the anatomy of interest to optimize dose-

Limited X-ray Machine Operator

- Performs and reviews reject analyses-
- Uses appropriate uniquely identifiable pre-exposure radiopaque markers for anatomical and procedural purposes-
- Uses pre-exposure collimation and proper field-of-view selection-

Magnetic Resonance

- Assesses and monitors the patient under minimal sedation-
- Determines optimum placement of ECG electrodes and correctly identifies ECG wave trigger or pattern-
- Ensures that anyone who is pregnant is not in the magnetic resonance scanner bore or scan room during actual data acquisition or scanning, unless medically necessary-
- Identifies optimum placement of ~~appropriate cardiac or~~ respiratory monitors and correctly utilizes respiratory triggers-
- Monitors the patient's specific absorption rate and other factors related to patient heating-
- ~~Performs a remote MR procedure when a registered technologist with MR Level 2 Personnel training is physically present with the patient.~~

Commented [CIV170]: Insert

Rationale: Current evidence-based practice

Evidentiary Documentation:

ARRT VI Content Specs Patient Care Handling and Disposal of Hazardous Materials https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/12b1f5d5-1658-4f7d-961a-35e30dac0371/VI_CS_2023.pdf
ASRT CI/VI Curriculum https://www.asrt.org/docs/default-source/educators/curriculum/cardiac-interventional/2024-civi-curriculum.pdf?sfvrsn=29b90bb0_4
AAPM Medical Physics Practice Guideline 14.a: Yttrium-90 microsphere radioembolization <https://aapm.onlinelibrary.wiley.com/doi/10.1002/acm2.14> ... [1]

Commented [CIV171]: Strike and insert

Rationale: Editorial change to shorten list and to match current clinical practice.

Evidentiary Documentation:

<https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/f8b6aed9-94d2-45a5-896e-> ... [2]

Commented [PSC72]: Strike

Rationale: Remove redundancy with Standard One, where appropriate personnel are verified.

Evidentiary Documentation: N/A

Commented [MR73]: Insert

Rationale: Current practice; consistency with other similar discipline (Nuclear Medicine).

Evidentiary Documentation: ASRT MR Curriculum.

<https://www.asrt.org/docs/default-source/educators/curriculum/magnetic-resonance/2025-ad> ... [3]

Commented [MR74]: Insert

Rationale: Current practice; consistency with other similar discipline (Nuclear Medicine).

Evidentiary Documentation: ASRT MR Curriculum.

<https://www.asrt.org/docs/default-source/educators/curriculum/magnetic-resonance/2025-ad> ... [4]

Commented [MR75]: Strike and insert

Rationale: Current clinical practice

Evidentiary Documentation: ASRT MR Curriculum (Cardiac MR).

https://www.asrt.org/docs/default-source/educators/curriculum/magnetic-resonance/2025-adopted-magnetic-resonance-curriculum.pdf?sfvrsn=b81f570e_6 ... [5]

Commented [MR76]: Strike

Rationale: Remove redundancy with Standard One, where appropriate personnel are verified.

Evidentiary Documentation: N/A

Approved by PSC (10/17/25)

- Positions imaging coil-
- Provides hearing protection to the patient and others-
- Uses appropriate positioning or insulation materials ~~to protect the patient from excessive heating and burns-~~

Mammography

- Applies appropriate radiopaque markers to the breast to indicate anatomic landmarks, including nipples, scars and lumps-
- Coordinates and manages the collection and labeling of tissue and fluid specimens-
- Ensures correct annotation of images-
- Ensures sonographic correlation to mammographic findings-
- Exercises clinical judgment in the application of adequate compression to acquire a quality mammographic image-
- Recognizes sonographic appearance of normal and abnormal breast tissue structures-

Medical Dosimetry

- Adheres to established best practice protocols, guidelines and radiation oncologist directives-
- ~~Calculates treatment unit parameters and doses to treatment volumes and points of interest-~~
- Collaborates with the radiation therapist, medical physicist and radiation oncologist regarding the simulation and treatment processes and procedures-
- Demonstrates safe handling, storing and disposal of brachytherapy sources-
- Develops a treatment plan as prescribed by a radiation oncologist-
- Ensures an independent machine-setting check is completed before treatment is delivered-
- Makes the recommendation to discontinue patient treatment until equipment is operating properly-
- ~~Calculates treatment unit parameters and~~ Performs doses calculations to treatment volumes and points of interest-
- Performs multimodality image registration, facilitating the accurate delineation of regions of interest for use in the development, modification or adaptation of the treatment plan-
- Prepares or assists in preparing brachytherapy sources and equipment-
- Reviews treatment planning data for accuracy and appropriateness prior to input into the patient's treatment record and initial treatment-

Nuclear Medicine

- Administers radioactive material enterally, parenterally or through new or existing vascular access devices or through other routes as prescribed by a licensed practitioner and under the supervision of an authorized user-
- Assesses and monitors the patient under minimal sedation-
- Coordinates and manages the collection and labeling of tissue and fluid specimens, including radiolabeling-

Commented [MR77]: Strike

Rationale: Editorial. More concise and inclusive of other risks. Does not change intent.

Evidentiary Documentation: N/A

Approved by PSC (10/17/25)

Commented [MD78]: Strike, revise and re-alphabetize (see bullet #7).

Rationale: Current clinical practice. More inclusive of all dosimetric procedures and treatment systems.

Evidentiary Documentation: AAMD Medical Dosimetry Educational Program Curriculum Guidelines.

<https://www.medicaldosimetry.org/publications/curriculum-guide/>

Approved by PSC (10/17/25)

Commented [MD79]: Strike and insert

Rationale: Editorial revision to clarify current practice.

Evidentiary Documentation: N/A

Approved by PSC (10/17/25)

Commented [MD80]: Insert

Rationale: Current clinical practice

Evidentiary Documentation: AAMD Medical Dosimetry Educational Program Curriculum Guidelines.

<https://www.medicaldosimetry.org/publications/curriculum-guide/>

Approved by PSC (10/17/25)

- 1079 • Determines optimum placement of ECG electrodes and correctly identifies ECG wave
- 1080 trigger or pattern-
- 1081 • Ensures that anyone who is pregnant is not in the magnetic resonance scanner bore or
- 1082 scan room during actual data acquisition or scanning, unless medically necessary when
- 1083 performing PET/-MR-
- 1084 • Follows appropriate USP standards for beyond-use date and vial puncture standard
- 1085 • Follows aseptic technique in the appropriate environments while preparing,
- 1086 compounding, dispensing and repackaging sterile and nonsterile radiopharmaceuticals in
- 1087 compliance with USP and FDA standards-
- 1088 • Follows USP standards for immediate use of sterile radiopharmaceuticals-
- 1089 • Maintains security of radioactive material to reduce radiation exposure to patients,
- 1090 personnel and general public-
- 1091 • Manipulates a radiopharmaceutical unit dose and performs dose pooling-
- 1092 • Monitors for internal exposure when applicable including bioassays, blood and urine
- 1093 collection as directed by RSO or designee-
- 1094 • Monitors shielding effectiveness-
- 1095 • Monitors the patient visually and aurally during the theranostic treatment-
- 1096 • ~~Performs a remote PET/CT procedure when a certified technologist in nuclear medicine~~
- 1097 ~~or PET is physically present with the patient.~~
- 1098 • ~~Performs a remote PET/MR procedure when a certified technologist in nuclear medicine~~
- 1099 ~~or PET, with MR Level 2 Personnel training, is physically present with the patient.~~
- 1100 • ~~Performs a remote SPECT/CT procedure when a registered or certified technologist in~~
- 1101 ~~nuclear medicine is physically present with the patient.~~
- 1102 • Performs safe handling, receipt, storage, preparation for transport and disposal of
- 1103 radioactive materials-
- 1104 • Provides hearing protection to the patient and others when performing PET/-MR-
- 1105 • Uses appropriate positioning or insulation materials to protect the patient from excessive
- 1106 heating and burns when performing PET/-MR-
- 1107 • Uses radiation detecting equipment-
- 1108 • Uses radiation shielding devices-
- 1109 • Wears a ring badge on the dominant hand, with the label facing the radiation source-

1110 **Quality Management**

- 1111 • Collects and analyzes data using quality improvement methods-
- 1112 • Develops strategies for maintaining improvement-
- 1113 • Identifies variables and implements changes to improve performance-
- 1114 • Investigates adverse events-

1115 **Radiation Therapy**

- 1116 • Achieves precision patient alignment using imaging and external markings-
- 1117 • Acquires and manages simulation and verification images-
- 1118 • Assists the radiation oncologist in determining the optimum treatment field to cover the
- 1119 target volume-
- 1120 • Calculates monitor units and treatment times-

Commented [PSC81]: Strike

Rationale: Remove redundancy with Standard One, where appropriate personnel are verified.

Evidentiary Documentation: N/A

Commented [PSC82]: Strike

Rationale: Remove redundancy with Standard One, where appropriate personnel are verified.

Evidentiary Documentation: N/A

Commented [PSC83]: Strike

Rationale: Remove redundancy with Standard One, where appropriate personnel are verified.

Evidentiary Documentation: N/A

- Demonstrates safe handling, storage and disposal of brachytherapy sources-
- Exports data to treatment planning systems-
- Makes the decision to discontinue patient treatment until equipment is operating properly-
- Monitors the patient visually and aurally during treatment-
- Monitors the treatment console during treatment-
- Obtains radiation oncologist's approval of images prior to initiation of treatment-
- Performs clinically indicated treatment imaging and motion management techniques-
- Performs quality assurance checks on simulator, treatment unit and appropriate equipment-
- Prepares or assists in the preparation of brachytherapy sources and equipment-
- Uses knowledge of biological effects of ionizing radiation on tissue to minimize radiation dose to normal tissues-
- Uses radiation shielding devices-
- Verifies that only the patient is in the treatment room prior to initiating treatment or any imaging procedures-

1136 **Radiography**

- Coordinates and manages the collection and labeling of tissue and fluid specimens-
- Performs and reviews reject analyses-
- Uses appropriate uniquely identifiable pre-exposure radiopaque markers for anatomical and procedural purposes-
- Uses pre-exposure collimation and proper field-of-view selection-

1142 **Radiologist Assistant**

- Administers chemotherapeutic agents as approved by the supervising radiologist-
- Administers medications as approved by the supervising radiologist-
- Administers minimal and moderate sedation as prescribed by the supervising radiologist-
- Collects and documents tissue and fluid specimens-
- Demonstrates safe handling and disposal of chemotherapeutic and radioactive materials-
- Maintains security of radioactive material to reduce radiation exposure to patients, personnel and general public-
- Monitors the patient's physical condition during the procedure and responds to changes in the patient's vital signs, hemodynamics and level of consciousness-
- Participates in quality reporting measures to for the purpose of improved patient care-
- Recognizes and responds to medical emergencies, activates emergency response systems and provides advanced life support intervention-
- Uses radiation detecting equipment-
- Uses radiation shielding devices when handling radiopharmaceuticals-

1157 **Sonography**

- Adheres to evidence-based practices to mitigate work-related musculoskeletal disorders-
- Coordinates and manages the collection and labeling of tissue and fluid specimens-
- Ensures correct annotation of images-

Commented [RA84]: Insert

Rationale: Current clinical practice

Evidentiary Documentation: ARRT - ELCA (#21): https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/7914efd9-41c7-4f2c-9c4c-e5e8c8a612f0/RRA_ELCA_2023.pdf ASRT RA Curriculum (Pharmacology; Radiologic Procedures - J): <https://www.asrt.org/educators/asrt-curricula/radiologist-assistant>

Approved by PSC (10/17/25)

Commented [RA85]: Insert

Rationale: Current clinical practice

Evidentiary Documentation: ARRT - ELCA (#21): https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/7914efd9-41c7-4f2c-9c4c-e5e8c8a612f0/RRA_ELCA_2023.pdf ASRT RA Curriculum (Pharmacology; Radiologic Procedures - J): <https://www.asrt.org/educators/asrt-curricula/radiologist-assistant>

Approved by PSC (10/17/25)

Commented [RA86]: Strike and insert

Rationale: Editorial revision for clarity.

Evidentiary Documentation: N/A

Approved by PSC (10/17/25)

- 1161
- 1162
- 1163
- 1164
- ~~Performs a remote sonographic procedure when a registered technologist is physically present with the patient.~~
 - Recognizes sonographic appearance of normal and abnormal tissue structures and physiological data.

Commented [PSC87]: Strike

Rationale: Remove redundancy with Standard One, where appropriate personnel are verified.

Evidentiary Documentation: N/A

1165 **Standard Five – Evaluation**

1166 The medical imaging and radiation therapy professional determines whether the goals of the
1167 action plan have been achieved, evaluates quality assurance results and establishes an
1168 appropriate action plan.

1169 *Rationale*

1170 Careful examination of the procedure is important to determine that expected outcomes have
1171 been met. Equipment, materials and processes depend on ongoing quality assurance activities
1172 that evaluate performance based on established guidelines.

1173 The medical imaging and radiation therapy professional:

1174 *General Criteria*

- 1175 • Communicates the revised action plan to appropriate team members-
- 1176 • Completes the evaluation process in a timely, accurate and comprehensive manner-
- 1177 • Confirms data is accurate and complete-
- 1178 • Develops a revised action plan to achieve the intended outcome-
- 1179 • Evaluates customer satisfaction-
- 1180 • Evaluates discrepancies and variances when using AI-
- 1181 • Evaluates images for optimal demonstration of anatomy of interest-
- 1182 • Evaluates images to determine the use of appropriate imaging parameters-
- 1183 • Evaluates quality assurance and quality control results-
- 1184 • Evaluates the patient, equipment and procedure to identify variances that might affect the
1185 expected outcome-
- 1186 • Identifies exceptions to the expected outcome-
- 1187 • Measures the procedure against established policies, protocols and benchmarks-
- 1188 • Validates quality control testing conditions and results-

1189 *Specific Criteria*

1190 **Bone Densitometry**

- 1191 • Evaluates and identifies unexpected bone mineral density changes-
- 1192 • Reviews previous scan and reanalyzes as necessary-
- 1193 • Reviews T-scores and Z-scores to modify the action plan-

1194 **Cardiac Interventional and Vascular Interventional**

- 1195 • Evaluates access site for complications requiring intervention or further treatment-

1196 **Computed Tomography**

1197 Refer to general criteria.

1198 **Limited X-ray Machine Operator**

- 1199 • Verifies that exposure indicator data for digital radiographic systems has not been altered
1200 or modified and is included in the DICOM header and on images exported to media-

1201 **Magnetic Resonance**

1202 Refer to general criteria.

1203 **Mammography**

- 1204 • Collaborates with the lead interpreting physician and medical physicist to maintain
1205 quality and comply with federal and state regulations and guidelines-

1206 **Medical Dosimetry**

- 1207 • Acquires data necessary to perform accurate patient protocol plans and participates in
1208 implementation of the plan-
- 1209 • Ensures treatment parameters have been transferred correctly to the oncology information
1210 system-
- 1211 • Evaluates previously irradiated sites, and dose tolerances of tissues, and delineates
1212 critical structure volumes for treatment planning-
- 1213 • Evaluates prior and current radiation plans, cumulative doses, anatomical changes and
1214 positional changes throughout the treatment course-
- 1215 • Evaluates ~~Reviews~~ treatment calculations and ensures the validity of the treatment plan-
- 1216 • Reviews treatment variances and assists in determining possible causes and solutions-

1217 **Nuclear Medicine**

- 1218 • Consults with a licensed practitioner to confirm procedural completeness-
- 1219 • Evaluates the therapeutic treatment calculation or treatment plan, or both when
1220 applicable, as well as the patient for any adverse effects, reactions and therapeutic
1221 responses-
- 1222 • Reviews procedure to determine if additional images or data will enhance the diagnostic
1223 value-

1224 **Quality Management**

1225 Refer to general criteria.

1226 **Radiation Therapy**

- 1227 • Checks treatment calculations or treatment plan, or both when applicable-
- 1228 • Compares verification images to reference images-
- 1229 • Evaluates the patient daily for any side effects, reactions and therapeutic responses-
- 1230 • Performs treatment chart checks-
- 1231 • Reviews treatment discrepancies, determines causes and assists with the action plan-
- 1232 • Reviews verification images for quality and accuracy-
- 1233 • Verifies the accuracy of the patient setup prior to treatment delivery-
- 1234 • Verifies treatment console readouts and settings prior to initiating treatment and upon
1235 termination of treatment-

1236 **Radiography****Commented [MD88]: Insert**

Rationale: Current evidence-based practice.

Evidentiary Documentation: ASTRO white paper - Adaptive RT
<https://pubmed.ncbi.nlm.nih.gov/39424080/>
 Adaptive Radiotherapy
<https://pmc.ncbi.nlm.nih.gov/articles/PMC10968833/>
 ACR AAPM IGRT Standard
<https://gravitas.acr.org/PPTS/GetDocumentView?docId=62#:~:text=This%20technical%20standard%20is%20intended,should%20be%20implemented%20to%20ensure>

Approved by PSC (10/17/25)

Commented [MD89]: Insert

Rationale: Current evidence-based practice.

Evidentiary Documentation: ASTRO white paper - Adaptive RT
<https://pubmed.ncbi.nlm.nih.gov/39424080/>
 Adaptive Radiotherapy
<https://pmc.ncbi.nlm.nih.gov/articles/PMC10968833/>
 ACR AAPM IGRT Standard
<https://gravitas.acr.org/PPTS/GetDocumentView?docId=62#:~:text=This%20technical%20standard%20is%20intended,should%20be%20implemented%20to%20ensure>

Approved by PSC (10/17/25)

Commented [MD90]: Strike and insert

Rationale: Editorial revision that better reflects current clinical practice.

Evidentiary Documentation: N/A

Approved by PSC (10/17/25)

- 1237 • Verifies that exposure indicator data for digital radiographic systems has not been altered
1238 or modified and is included in the DICOM header and on images exported to media.

1239 ***Radiologist Assistant***

1240 Refer to general criteria.

1241 ***Sonography***

1242 Refer to general criteria.

1243

1244 **Standard Six – Implementation**

1245 The medical imaging and radiation therapy professional implements the revised action plan
1246 based on quality assurance results and achievement of goals from the action plan.

1247 *Rationale*

1248 It may be necessary to implement a revised action plan to promote safe and effective services.

1249 The medical imaging and radiation therapy professional:

1250 *General Criteria*

- 1251 • Adjusts imaging parameters, patient procedure or additional factors to improve the
1252 outcome-
- 1253 • Bases the revised plan on the patient's condition and the most appropriate means of
1254 achieving the expected outcome-
- 1255 • Implements appropriate health care provider notification when immediate clinical
1256 response is necessary, based on procedural findings and patient condition-
- 1257 • ~~Implements the revised action plan.~~
- 1258 • ~~Monitors patient vital signs pre-, peri- and post-procedure. *†~~
- 1259 • Obtains assistance to support the quality assurance action plan-
- 1260 • Resolves discrepancies and variances associated with AI use-
- 1261 • Takes action based on patient and procedural variances-

1262 *Specific Criteria*

1263 **Bone Densitometry**

1264 Refer to general criteria.

1265 **Cardiac Interventional and Vascular Interventional**

1266 ~~Refer to general criteria.~~

- 1267 • ~~Manages radioactive contamination and uses decontamination procedures.~~

1268 **Computed Tomography**

1269 Refer to general criteria.

1270 **Limited X-ray Machine Operator**

1271 Refer to general criteria.

1272 **Magnetic Resonance**

1273 Refer to general criteria.

1274 **Mammography**

1275 Refer to general criteria.

1276

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

Commented [PSC91]: ~~Strike~~

Rationale: Editorial; Redundant with the definition for this standard.

Evidentiary Documentation: N/A

Commented [PSC92]: ~~Strike exception for LXMO~~
~~Moved to Standard Four - Performance~~

Rationale: Vital signs are part of ASRT curriculum for LXMO; this statement is a better match for Standard Four - Performance.

Evidentiary Documentation: ASRT LXMO Curriculum:
https://www.asrt.org/docs/default-source/educators/curriculum/limited-x-ray-machine-operator/2025-adopted-draft-limited-x-ray-machine-operator-curriculum.pdf?sfvrsn=1d5e6e9d_6, pgs.2, 37 and 42

Commented [CIV193]: ~~Insert~~

Rationale: Current evidence-based clinical practice

Evidentiary Documentation:
https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/12b1f5d5-1658-4f7d-961a-35e30dac0371/VI_CS_2023.pdf
<https://www.osha.gov/hazardous-drugs/controlling-occex#disposal>
<https://www.arinursing.org/ARIN/assets/File/public/practice-guidelines/ARINCPGChemoCytotoxic.pdf>

Approved by PSC (10/17/25)

Medical Dosimetry

- Develops additional treatment plans to achieve an optimal dose distribution-
- Ensures accuracy in the transfer and documentation of treatment parameters, according to departmental policies-
- Reviews and implements treatment plan ~~field~~ changes indicated by anatomic images and biologic changes ~~on simulation or verification images~~ as directed by a radiation oncologist-

Nuclear Medicine

- Implements therapeutic treatment plan changes as directed by the authorized user-
- Manages radioactive contamination and uses decontamination procedures-
- Performs additional images or data collections as needed-
- Utilizes devices to minimize radiation levels-

Quality Management

Refer to general criteria.

Radiation Therapy

- Collaborates with radiation oncologists, medical physicists and medical dosimetrists to make adjustments ensuring treatment accuracy-
- Establishes congruence between verification images and reference images-
- Formulates recommendations for process improvements to minimize treatment discrepancies-
- Implements treatment plan or treatment field changes as directed by the radiation oncologist-
- Reports deviations from the standard or planned treatment-

Radiography

Refer to general criteria.

Radiologist Assistant

- Manages radioactive contamination and uses decontamination procedures-

Sonography

Refer to general criteria.

Commented [MD94]: Strike and insert

Rationale: Current statement is limited to external beam treatments and verification imaging. It doesn't account for ART, new diagnostic images or diagnostic markers during the course of treatment which are common scenarios for plan revisions. Proposed revision reflects current clinical practice.

Evidentiary Documentation: AAMD Medical Dosimetry Educational Program Curriculum Guidelines.

<https://www.medicaldosimetry.org/publications/curriculum-guide/>

Approved by PSC (10/17/25)

1307 **Standard Seven – Outcomes Measurement**

1308 The medical imaging and radiation therapy professional reviews and evaluates the outcome of
1309 the procedure according to quality assurance standards.

1310 *Rationale*

1311 To evaluate the quality of care, the actual outcome is compared to the expected outcome.
1312 Outcomes assessment is an integral part of the ongoing quality management action plan to
1313 enhance services.

1314 The medical imaging and radiation therapy professional:

1315 *General Criteria*

- 1316
 - Assesses the patient's physical, emotional and mental status prior to discharge[†]
 - 1317 • Evaluates the process and recognizes opportunities for future changes[†]
 - 1318 • Measures and evaluates the results of the appropriate action plan[†]
 - 1319 • Performs procedural analysis[†]
 - 1320 • Reviews and analyzes all data for completeness and accuracy[†]
 - 1321 • Reviews and evaluates quality assurance processes and tools for effectiveness[†]
 - 1322 • Reviews the implementation process for accuracy and validity[†]
 - 1323 • Uses evidence-based practice to determine whether the actual outcome is within
 - 1324 established criteria[†]

1325 *Specific Criteria*

1326 **Bone Densitometry**

1327 Refer to general criteria.

1328 **Cardiac Interventional and Vascular Interventional**

1329 Refer to general criteria.

1330 **Computed Tomography**

1331 Refer to general criteria.

1332 **Limited X-ray Machine Operator**

1333 Refer to general criteria.

1334 **Magnetic Resonance**

1335 Refer to general criteria.

1336 **Mammography**

1337 Refer to general criteria.

1338 **Medical Dosimetry**

[†] Excludes medical dosimetry

Commented [MD95]: **Insert:** Exclusion for Medical Dosimetry.

Rationale: Not included in current clinical practice. Medical dosimetrists do not perform physical assessments or anatomical review before or after completion of treatments.

Evidentiary Documentation: N/A

Approved by **PSC (10/17/25)**

1339 Refer to general criteria.

1340 ***Nuclear Medicine***

- 1341 • Monitors patient status during the theranostic procedure and throughout the theranostic
1342 treatment cycle.

1343 ***Quality Management***

- 1344 • Assesses differences between expected and actual outcomes.
1345 • Develops methods to demonstrate continuous improvement.
1346 • Evaluates the effectiveness of changes.
1347

1348 ***Radiation Therapy***

- 1349 • Monitors patient status during procedures, throughout the treatment course and for
1350 follow-up care.

1351 ***Radiography***

1352 Refer to general criteria.

1353 ***Radiologist Assistant***

- 1354 • Performs follow-up patient evaluation and communicates findings to the supervising
1355 radiologist.

1356 ***Sonography***

1357 Refer to general criteria.
1358

1359 **Standard Eight – Documentation**

1360 The medical imaging and radiation therapy professional documents and maintains information
1361 regarding patient care, procedures and outcomes.

1362 *Rationale*

1363 Maintenance of ~~C~~ clear and precise documentation is essential for continuity of care, accuracy of
1364 care and quality assurance.

1365 The medical imaging and radiation therapy professional:

1366 *General Criteria*

- 1367 • Archives images or data-
- 1368 • Documents diagnostic, treatment and patient data in the medical record in a timely,
1369 accurate and comprehensive manner-
- 1370 • Documents medication administration and any adverse effects in the patient's medical
1371 record-⁺⁺
- 1372 • Documents procedural timeout-
- 1373 • ~~Maintains documentation of~~ Documents quality assurance and quality control activities,
1374 procedures, outcomes and necessary corrective action according to established
1375 guidelines~~results~~.
- 1376 • Documents unintended outcomes or exceptions from the established criteria
- 1377 • Provides pertinent information to authorized individual involved in the patient's care-
- 1378 • Records information used for billing and coding procedures-
- 1379 • Reports any out-of-tolerance deviations to the appropriate personnel-
- 1380 • Verifies patient consent is documented-

1381 *Specific Criteria*

1382 **Bone Densitometry**

1383 Refer to general criteria.

1384 **Cardiac Interventional and Vascular Interventional**

- 1385 • ~~Documents administered medications~~
- 1386 • Documents or assists in documenting patient medical history related to the procedure-
- 1387 • Documents radiation exposure parameters and initiates further action as needed-
- 1388 • Documents use of sedation-
- 1389 • Maintains documentation for tracking implantable devices-

1390 **Computed Tomography**

- 1391 • Archives or documents radiation exposure-
- 1392 • Documents the use of shielding devices and proper radiation safety practices-

1393 **Limited X-ray Machine Operator**

- 1394 • Archives or documents radiation exposure-

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

Commented [PSC96]: Insert

Rationale: Editorial; clarifies intent of standard.

Evidentiary Documentation: N/A

Commented [PSC97]: Insert

Rationale: Editorial; clarifies intent of standard.

Evidentiary Documentation: N/A

Commented [PSC98]: Strike and insert

Rationale: Editorial for consistency; does not change intent. Similar specific criteria bullet deleted from mammography (Standard Seven) to avoid redundancy.

Evidentiary Documentation: N/A

Commented [PSC99]: Strike

Rationale: Editorial; redundant with third general criteria bullet.

Evidentiary Documentation: N/A

- Documents the use of shielding devices and proper radiation safety practices-

Magnetic Resonance

~~Refer to general criteria.~~

- Documents biomedical implants-
- Documents the modification of parameters or protocol based on the needs of a patient's biomedical implant(s)-

Mammography

- ~~Documents quality assurance and quality control outcomes and necessary corrective action according to established guidelines.~~
- Records interval changes in breast sonographic findings compared to previous imaging-

Medical Dosimetry

- Reports any treatment variances in accordance with departmental, institutional and national quality assurance guidelines-

Nuclear Medicine

- Documents dose and route of administered radiopharmaceutical or radionuclide therapy and any adverse effects in the patient's medical record-
- Documents instrumentation quality testing procedures and maintains results for review-
- Documents radioactive materials quality testing procedures and maintains results for inspection-
- Documents the implementation, evaluation and modification of the radiation safety plan under the authority of the RSO-
- Documents the master formulation record of radiopharmaceutical preparation with minor deviations and compounding-
- Maintains records of the receipt, administration and disposal of radioactive materials-

Quality Management

- Documents goals and outcomes based on data analysis-
- Documents process flow variances and justifies exceptions-
- Documents steps used to improve processes-
- Provides reports as required by statutes, regulations, accreditation standards and institutional policies
- Updates institutional policies, protocols and guidelines to ensure continuous compliance with regulatory requirements-

Radiation Therapy

- Maintains imaging and treatment records according to institutional policies-
- Reports treatment discrepancies and variances to appropriate personnel-

Radiography

Commented [MR100]: Insert

Rationale: Current clinical practice

Evidentiary Documentation: ASRT MR Curriculum: Clinical Practice and Patient Management Section, II. Procedural Performance, G. Charting 1. Medical reconciliation 2. Documentation - https://www.asrt.org/docs/default-source/educators/curriculum/magnetic-resonance/2025-adopted-magnetic-resonance-curriculum.pdf?sfvrsn=b81f570e_6

ACR Manual on MR Safety 2024: <https://edge.sitecorecloud.io/americancoldf5f-acrorgf92a-productioncb02-3650/media/ACR/Files/Clinical/Radiology-Safety/Manual-on-MR-Safety.pdf>

Approved by PSC (10/17/25)

Commented [MR101]: Insert

Rationale: Current clinical practice

Evidentiary Documentation: ASRT MR Curriculum: Clinical Practice and Patient Management Section, II. Procedural Performance, G. Charting 1. Medical reconciliation 2. Documentation - https://www.asrt.org/docs/default-source/educators/curriculum/magnetic-resonance/2025-adopted-magnetic-resonance-curriculum.pdf?sfvrsn=b81f570e_6

ACR Manual on MR Safety 2024: <https://edge.sitecorecloud.io/americancoldf5f-acrorgf92a-productioncb02-3650/media/ACR/Files/Clinical/Radiology-Safety/Manual-on-MR-Safety.pdf>

Approved by PSC (10/17/25)

Commented [PSC102]: Strike

Rationale: Editorial; See revision of Standard Seven general criteria bullet #6; applies to all disciplines.

Evidentiary Documentation: N/A

- 1431 • Archives or documents patient dose for fluoroscopy procedures-
- 1432 • Archives or documents radiation exposure-
- 1433 • Documents the use of shielding devices and proper radiation safety practices-

1434 ***Radiologist Assistant***

- 1435 • Communicates and documents radiologist's order to other health care providers-
- 1436 • Documents a history and physical examination in the patient record-
- 1437 • Documents administration of medications-
- 1438 • Documents and assists radiologist in quality reporting measures for the purpose of
- 1439 improved patient care-
- 1440 • Documents dose and route of administered radiopharmaceutical in the patient medical
- 1441 record-
- 1442 • Documents the implementation, evaluation and modification of the radiation safety plan
- 1443 under the authority of the RSO-
- 1444 • Documents use of minimal and moderate sedation-
- 1445 • Reports clinical and imaging observations and procedure details to the supervising
- 1446 radiologist-

1447 ***Sonography***

- 1448 • Documents initial impressions and technical data for interpretation by a licensed
- 1449 practitioner-
- 1450 • Records interval changes in sonographic findings compared to previous imaging-
- 1451

1452 **Standard Nine – Quality**

1453 The medical imaging and radiation therapy professional strives to provide optimal care.

1454 *Rationale*

1455 Patients expect and deserve optimal care during diagnosis and treatment.

1456 The medical imaging and radiation therapy professional:

1457 *General Criteria*

- 1458 • Adheres to standards, policies, statutes, regulations and established guidelines-
- 1459 • Applies professional judgment and discretion while performing the procedure-
- 1460 • Assists with establishing required quality assurance and quality control criteria-
- 1461 • Establishes the parameters of AI and develops quality assurance activities-
- 1462 • Maintains ALARA principles while utilizing integrated AI technology-
- 1463 • Participates in ongoing quality assurance programs-

1464 *Specific Criteria*

1465 **Bone Densitometry**

- 1466 • Advocates that facilities determine precision error and calculate the least significant
- 1467 change-
- 1468 • Advocates that facilities have at least one practicing technologist with a bone
- 1469 densitometry certification as recognized by the ASRT-

1470 **Cardiac Interventional and Vascular Interventional**

1471 Refer to general criteria.

1472 **Computed Tomography**

- 1473 • ~~Advocates that facilities performing remote CT require a registered technologist be~~
- 1474 ~~physically present with the patient.~~

1475 Refer to general criteria.

1476

1477 **Limited X-ray Machine Operator**

1478 Refer to general criteria.

1479 **Magnetic Resonance**

- 1480 • Advocates the need for a minimum of one MR Level 2 technologist and one additional
- 1481 MR Level 1 or 2 Personnel to be physically present and immediately available to provide
- 1482 patient care and maintain safety of the environment throughout a remote MR procedure-
- 1483 • Advocates the need for a minimum of one registered magnetic resonance technologist
- 1484 and one additional MR Level 2 Personnel as the standard for safe and efficient delivery
- 1485 of magnetic resonance procedures
- 1486

Commented [PSC103]: **Strike**

Rationale: Remove redundancy with Standard One, where appropriate personnel are verified.

Evidentiary Documentation: N/A

Commented [PSC104]: **Insert**

Rationale: Aligns with current ACR-MRI safety standards and statement on remote IMR.

Evidentiary Documentation: ACR Manual on MR Safety (2024): <https://www.acr.org/Clinical-Resources/Clinical-Tools-and-Reference/radiology-safety/mr-safety>; ACR Statement on Remote Scanning (March 20, 2025): <https://www.acr.org/Advocacy/Position-Statements/Remote-Scanning>

1487

1488 **Mammography**

- 1489 • Assists in setting policies and procedures in the facility to meet certification and accreditation standards specific to breast imaging-
- 1490
- 1491 • Prepares the annual medical outcomes audit and provides results to the lead interpreting physician-
- 1492
- 1493 • Reviews the annual MQSA inspection, medical outcomes audit and medical physicist's reports to assess the quality of the breast imaging equipment's performance and the facility's quality assurance program-
- 1494
- 1495

1496 **Medical Dosimetry**

1497 Refer to general criteria.

1498 **Nuclear Medicine**

- 1499 • ~~Advocates that facilities performing remote PET/CT procedures require a certified technologist in nuclear medicine or PET is physically present with the patient.~~
- 1500
- 1501 • ~~Advocates that facilities performing remote PET/MR procedures require a certified technologist in nuclear medicine or PET and trained as MR Personnel is physically present with the patient. Additionally, all MR safety procedures be overseen by a registered technologist with MR Level 2 Personnel training as a standard for safety and efficient delivery of PET/MR procedures.~~
- 1502
- 1503
- 1504
- 1505
- 1506 • ~~Advocates that facilities performing remote SPECT/CT procedures require a registered or certified technologist in nuclear medicine is physically present with the patient.~~
- 1507
- 1508 • Performs procedures in accordance with the NRC or in agreement with state regulations-

1509 **Quality Management**

1510 Refer to general criteria.

1511 **Radiation Therapy**

- 1512 • Maintains all elements of best practice when performing superficial radiation therapy procedures under the direction of a licensed practitioner-
- 1513
- 1514 • Promotes patient safety by performing external beam treatments with a minimum of two registered radiation therapists-
- 1515

1516 **Radiography**

1517 Refer to general criteria.

1518 **Radiologist Assistant**

- 1519 • Performs procedures in accordance with the NRC or in agreement with state regulations-

1520 **Sonography**

1521 Refer to general criteria.

Commented [PSC105]: Strike

Rationale: Remove redundancy with Standard One, where appropriate personnel are verified.

Evidentiary Documentation: N/A

Commented [PSC106]: Strike

Rationale: Remove redundancy with Standard One, where appropriate personnel are verified.

Evidentiary Documentation: N/A

Commented [PSC107]: Strike

Rationale: Remove redundancy with Standard One, where appropriate personnel are verified.

Evidentiary Documentation: N/A

1522 **Standard Ten – Self-Assessment and Professional Development**

1523 The medical imaging and radiation therapy professional evaluates personal performance and
1524 maintains professional growth.

1525 *Rationale*

1526 Self-assessment is necessary for personal growth and professional development. This can direct
1527 education necessary to maintain current knowledge and advancements in the profession to
1528 provide optimal patient care.

1529 The medical imaging and radiation therapy professional:

1530 *General Criteria*

- 1531 • Advocates for and participates in continuing education related to area of practice to
1532 maintain and enhance clinical competency-
- 1533 • Advocates for and participates in vendor-specific applications training to maintain
1534 clinical competency-
- 1535 • Assesses personal work ethics, behaviors and attitudes-
- 1536 • Evaluates performance, applies personal strengths and recognizes opportunities for
1537 educational growth and improvement-
- 1538 • Maintains credentials and certification related to practice-
- 1539 • Maintains knowledge of the most current practices and technology used to optimize
1540 patient exposure while producing quality images-
- 1541 • ~~Recognizes hazards associated with their work environment and takes measures to~~
1542 ~~mitigate them.~~

1543 *Specific Criteria*

1544 **Bone Densitometry**

1545 Refer to general criteria.

1546 **Cardiac Interventional and Vascular Interventional**

- 1547 • Maintains competency in the use of diagnostic and interventional devices-

1548 **Computed Tomography**

1549 Refer to general criteria.

1550 **Limited X-ray Machine Operator**

- 1551 • Investigates pathways to continue progress to become a registered radiographer-

1552 **Magnetic Resonance**

1553 Refer to general criteria.

1554 **Mammography**

1555 Refer to general criteria.

Commented [PSC108]: Strike

Rationale: Editorial revision. Incorporated into Standard One, general criteria. Not a component of self-assessment or professional development, as it is better suited as a component of assessment.

Evidentiary Documentation: N/A

- 1556 **Medical Dosimetry**
- 1557 Refer to general criteria.
- 1558 **Nuclear Medicine**
- 1559 Refer to general criteria.
- 1560 **Quality Management**
- 1561 Refer to general criteria.
- 1562 **Radiation Therapy**
- 1563 Refer to general criteria.
- 1564 **Radiography**
- 1565 Refer to general criteria.
- 1566 **Radiologist Assistant**
- 1567 Refer to general criteria.
- 1568 **Sonography**
- 1569 Refer to general criteria.
- 1570
- 1571

1572 **Standard Eleven – Ethics**

1573 The medical imaging and radiation therapy professional adheres to the profession's accepted
1574 ethical standards.

1575 *Rationale*

1576 Decisions made and actions taken on behalf of the patient are based on a sound ethical
1577 foundation.

1578 The medical imaging and radiation therapy professional:

1579 *General Criteria*

- 1580 • Accepts accountability for decisions made and actions taken-
- 1581 • Acts as a patient advocate-
- 1582 • Adheres to the established ethical standards of recognized certifying agencies-
- 1583 • Adheres to the established practice standards of the profession-
- 1584 • Anticipates, considers and responds to the needs of all patients-
- 1585 • Delivers patient care and service free from bias or discrimination-
- 1586 • Identifies and implements standards and ethics applicable to AI-
- 1587 • Promotes radiation safety standards-
- 1588 • Reports unsafe practices to ~~the RSO, regulatory agency or other~~ appropriate authorities
1589 ~~authority~~.
- 1590 • Respects the patient's right to privacy and confidentiality-

1591 *Specific Criteria*

1592 **Bone Densitometry**

1593 Refer to general criteria.

1594 **Cardiac Interventional and Vascular Interventional**

1595 Refer to general criteria.

1596 **Computed Tomography**

1597 Refer to general criteria.

1598 **Limited X-ray Machine Operator**

1599 Refer to general criteria.

1600 **Magnetic Resonance**

1601 ~~Refer to general criteria.~~

- 1602 • Reports unsafe MR practices to the MRSO or MRMD.

1603 **Mammography**

1604 Refer to general criteria.

Commented [PSC109]: ~~Strike and Insert~~

Rationale: Editorial revision to be more inclusive of all disciplines.

Evidentiary Documentation: N/A

Commented [MR110]: ~~Insert~~

Rationale: Current clinical practice

Evidentiary Documentation: Shah, A., & Aran, S. (2023). A Review of Magnetic Resonance (MR) Safety: The Essentials to Patient Safety. Cureus, 15(10), e47345. <https://doi.org/10.7759/cureus.47345>

Calamante, F., Ittermann, B., Kanal, E., The Inter-Society Working Group on MR Safety

Norris, D. (2016), Recommended responsibilities for management of MR safety. J. Magn. Reson. Imaging, 44: 1067-1069. <https://doi.org/10.1002/jmri.25282>

Approved by PSC (10/17/25)

1605 **Medical Dosimetry**

1606 Refer to general criteria.

1607 **Nuclear Medicine**

1608 Refer to general criteria.

1609 **Quality Management**

1610 Refer to general criteria.

1611 **Radiation Therapy**

1612 Refer to general criteria.

1613 **Radiography**

1614 Refer to general criteria.

1615 **Radiologist Assistant**

1616 Refer to general criteria.

1617 **Sonography**

- 1618 • Participates in diagnostic sonographic procedures for the sole purpose of education,
1619 treatment or interpretation in accordance with the tenets of ethical medical practice.
1620

1621 **Standard Twelve – Research, Innovation and Professional Advocacy**

1622 The medical imaging and radiation therapy professional participates in the acquisition and
1623 dissemination of knowledge, advocacy and the advancement of the profession.

1624 *Rationale*

1625 Participation in professional organizations and scholarly activities advances the profession.

1626 The medical imaging and radiation therapy professional:

1627 *General Criteria*

- 1628 • Adopts new best practices-
- 1629 • Advocates for an ergonomically safe work environment based on evidence-based
1630 practices-
- 1631 • Improves patient care and clinical outcomes through integration and dissemination of
1632 evidence-based research and practice-
- 1633 • Investigates innovative methods for application in practice-
- 1634 • Investigates relevant AI uses to enhance the science of the profession-
- 1635 • Monitors changes to statutes, regulations, accreditation standards and institutional
1636 policies-
- 1637 • Participates in data collection-
- 1638 • Participates in professional advocacy efforts-
- 1639 • Participates in professional societies and organizations-
- 1640 • Pursues lifelong learning-
- 1641 • Reads and evaluates research relevant to the profession-
- 1642 • Shares information through publication, presentation and collaboration-

1643 *Specific Criteria*

1644 **Bone Densitometry**

1645 Refer to general criteria.

1646 **Cardiac Interventional and Vascular Interventional**

- 1647 • Advocates for a safe working environment to mitigate the occupational risk related to
1648 fluoroscopically guided interventional procedures-

1649 **Computed Tomography**

1650 Refer to general criteria.

1651 **Limited X-ray Machine Operator**

1652 Refer to general criteria.

1653 **Magnetic Resonance**

1654 Refer to general criteria.

- 1655
- Mammography**
- 1656
- Refer to general criteria.
- 1657
- Medical Dosimetry**
- 1658
- Refer to general criteria.
- 1659
- Nuclear Medicine**
- 1660
- Refer to general criteria.
- 1661
- Quality Management**
- 1662
- Refer to general criteria.
- 1663
- Radiation Therapy**
- 1664
- Refer to general criteria.
- 1665
- Radiography**
- 1666
- Refer to general criteria.
- 1667
- Radiologist Assistant**
- 1668
- Refer to general criteria.
- 1669
- Sonography**
- 1670
- Advocates for an ergonomically safe working environment, based on evidence-based
- 1671
- practices, to mitigate the risk of work-related musculoskeletal disorders.

Advisory Opinion Statements

1672

1673 Advisory opinion statements provide explanations of the Practice Standards.

1674 ASRT issues advisory opinions to clarify what constitutes appropriate practice and offer
1675 guidance for specific practice issues.

1676 The profession holds medical imaging and radiation therapy professionals responsible and
1677 accountable for rendering safe, effective clinical services to patients and for judgments exercised
1678 and actions taken in the course of providing those services. The advisory opinion statements
1679 assist medical imaging and radiation therapy professionals in safe practice.

1680 The medical imaging and radiation therapy professional's performance should be evidence-based
1681 and consistent with statutes, regulations, accreditation standards and institutional policies.

1682 The ASRT recognizes the use of GRADE for measuring the quality of evidence and strength in
1683 recommendations for the development of advisory opinion statements.

1684 Medical imaging and radiation therapy professionals must exercise prudent judgment when
1685 determining whether performing a given act is based on their educational preparation and clinical
1686 competence, within their scope of practice, and, if applicable, within their license in the
1687 jurisdiction where they are practicing~~employed~~.
1688

Commented [PSC111]: Strike and insert

Rationale: Editorial; refers to all individuals performing medical imaging and radiation therapy procedures. This proposed revision encompasses both employees and volunteers.

Evidentiary Documentation: N/A

**Guidance for Programming and Verifying Active Biomedical Implanted
Devices in MR**

It is the opinion of the ASRT based on evidentiary documentation and where statutes, regulations, accreditation standards and institutional policies permit that MR technologists are qualified to:

1. Recognize active biomedical implanted devices which require programming into an appropriate mode prior to MR and after MR.
2. Ensure a trained health professional programs the active biomedical implant prior to MR and after MR.
3. Verify documentation that biomedical implanted devices are programmed.
4. Assist with programming the biomedical implanted device under the direct supervision of a physician or verifying that it is set to an appropriate MR mode when the facility has a clearly defined institutional protocol, proper training, and necessary equipment.

If these conditions are not in place, it is not recommended for MR technologists to assist with programming or verification of an active biomedical implant.

GRADE: Strong

Evidentiary documentation

Current Literature

- American College of Radiology. *ACR Manual on MR Safety*. American College of Radiology; 2024. Accessed July 16, 2025. <https://www.acr.org/Clinical-Resources/Clinical-Tools-and-Reference/radiology-safety/mr-safety>
- Bhuva A, Charles-Edwards G, Ashmore J, et al. Joint British Society consensus recommendations for magnetic resonance imaging for patients with cardiac implantable electronic devices. *Heart* 2024;110.
- Harwood, M., Fahrenholtz, S., Wellnitz, C., Kawashimi, A., & Panda, A. (2024, February 29). *MRI in adult patients with active and inactive implanted MR-conditional, MR-nonconditional, and other devices | radiographics*. RSNA. <https://pubs.rsna.org/doi/full/10.1148/rp.230102>
- Kim D, Collins JD, White JA, Hanneman K, Lee DC, Patel AR, Hu P, Litt H, Weinsaft JW, Davids R, Mukai K, Ng MY, Luetkens JA, Roguin A, Rochitte CE, Woodard PK, Manisty C, Zareba KM, Mont L, Bogun F, Ennis DB, Nazarian S, Webster G, Stojanovska J; SCMR Expert Consensus Writing Group. SCMR expert consensus statement for cardiovascular magnetic resonance of patients with a cardiac implantable electronic device. *J Cardiovasc Magn Reson*. 2024;26(1):100995. doi:10.1016/j.joemr.
- Zghaib, T., Nazarian, S. Current State of MRI with Cardiac Devices. American College of Cardiology, 2024

QUALITY OF EVIDENCE: High

Commented [MR112]: Insert new AOS

Rationale: Current clinical practice

Evidentiary Documentation: See proposed AOS

Approved by PSC (10/17/25)

Curricula

- Magnetic Resonance Curriculum (ASRT, 2025)

QUALITY OF EVIDENCE: High

Certification Agency Content Specifications

- Magnetic Resonance Imaging (ARRT, 2025)

QUALITY OF EVIDENCE: High

Scopes of Practice and Practice Standards References

- Scope of Practice
 - Preparing patients for procedures-
- The ASRT Practice Standards for Medical Imaging and Radiation Therapy
 - Assesses any potential patient limitations or factors that may affect the procedure- (Standard One, General Criteria)
 - Confirms that equipment performance, maintenance and operation comply with the manufacturer's specifications- (Standard One, General Criteria)
 - Identifies, researches, and verifies MR Conditional biomedical implants (Standard One, proposed magnetic resonance only)
 - Consults appropriate medical personnel to determine an action plan- (Standard Two, General Criteria)
 - Evaluates and monitors services, procedures, equipment and the environment to determine if they meet or exceed established guidelines and develops the action plan- (Standard Two, General Criteria)
 - Supports and implements the safe use of new technologies and procedures- (Standard Four, General Criteria)
 - Uses accessory equipment- (Standard Four, General Criteria)
 - Advocates for and participates in vendor-specific applications training to maintain clinical competency- (Standard Ten, General Criteria)

QUALITY OF EVIDENCE: High

State and Regulation References

Not applicable

Other

Not applicable

Guidance for the Communication of Clinical and Imaging Observations and Procedure Details by Radiologist Assistants to Supervising Radiologists

After research of evidentiary documentation, the ASRT issued opinions contained herein.

Advisory Opinion

It is the opinion of the ASRT based on evidentiary documentation and where statutes, regulations, accreditation standards and institutional policies permit that:

1. Communication of clinical and imaging observations and procedure details by the radiologist assistant to the supervising radiologist is an integral part of radiologist assistant practice. Without clear, consistent and appropriate communication between members of the radiology team, there is a possibility of inadequate patient care, incomplete reports and diminished departmental productivity. To create a safe and productive radiology environment, communication between the radiologist assistant and supervising radiologist must be free-flowing, consistent and relevant to the patient examination or procedure. This communication can take many forms, including verbal, written and electronic correspondence. These communications may be included and taken into consideration by the radiologist in creating a final report. However, initial clinical and imaging observations and procedure details communicated from the radiologist assistant to the radiologist are only intended for the radiologist's use and do not substitute for the final report created by the radiologist. These communications should be considered and documented as "initial clinical and imaging observations or procedure details."
2. While assisting radiologists in the performance of imaging procedures or during the performance of procedures under radiologist supervision, the radiologist assistant must be able to communicate and document procedure notes, observations, patient responses and other types of information relevant to the radiologist's interpretation and creation of the final report. Radiologist assistants do not independently "report findings" or "interpret" by dictation or by any other means; and to avoid any confusion, these terms should not be used to refer to the activities of the radiologist assistant. However, radiologist assistants may add to the patient record, (following the policies and procedures of the facility), in a manner similar to any other dependent nonphysician practitioner. Radiologist assistants who are authorized to communicate initial observations to the supervising radiologist using a voice recognition dictation system or other electronic means must adhere to institutional protocols ensuring that initial observations can be viewed or accessed only by the supervising radiologist. Initial clinical or imaging observations or procedure details created by the radiologist assistant resulting from the radiologist assistant's involvement in the performance of the procedure that are included in the final report should be carefully reviewed by the supervising radiologist and should be incorporated at the supervising radiologist's discretion.

GRADE: Strong

Definitions

See glossary.

Evidentiary Documentation

1806 *Current Literature*

1807 Not applicable

1808 *Curricula*

- 1809 • Radiologist Assistant Curriculum (ASRT, 2020)

1810 QUALITY OF EVIDENCE: High

1811 *Certification Agency Entry-Level Clinical Activities*

- 1812 • Registered Radiologist Assistant Entry-Level Clinical Activities (ARRT, 2023)

1813 The document states that radiologist assistants may “Review imaging procedures, make
1814 initial observations, and communicate observations **ONLY** [emphasis added] to the
1815 radiologist; record initial observations of imaging procedures following radiologist
1816 approval; communicate radiologist’s report to appropriate health care provider consistent
1817 with the ACR Practice Parameter for Communication of Diagnostic Imaging Findings.”

1818 *Certification Agency Content Specifications*

1819 Not applicable

1820 QUALITY OF EVIDENCE: High

1821 *Scopes of Practice and Practice Standards Reference*

- 1822 • Scope of Practice – (radiologist assistant only)
 - 1823 ○ Communicating the supervising radiologist’s report to the appropriate health care
1824 provider consistent with the ACR Practice Guidelines for Communication of
1825 Diagnostic Imaging Findings-
 - 1826 ○ Evaluating images for completeness and diagnostic quality and recommending
1827 additional images-
 - 1828 ○ Obtaining images necessary for diagnosis and communicating initial observations to
1829 the supervising radiologist. The radiologist assistant does not provide image
1830 interpretation as defined by the ACR.
 - 1831 ○ Providing follow-up patient evaluation-
- 1832 • The ASRT Practice Standards for Medical Imaging and Radiation Therapy
 - 1833 ○ Performs a history and physical examination, analyzes data, and reports findings as
1834 part of a radiologist-led team- (Standard One, radiologist assistant only)
 - 1835 ○ Performs follow-up patient evaluation and communicates findings to the supervising
1836 radiologist- (Standard Seven, radiologist assistant only)
 - 1837 ○ Documents diagnostic, treatment and patient data in the medical record in a timely,
1838 accurate and comprehensive manner- (Standard Eight, General Criteria)
 - 1839 ○ ~~Maintains documentation of~~ Documents quality assurance and quality control
1840 activities, procedures, outcomes and necessary corrective action according to
1841 established guidelines ~~results~~ (Standard Eight, General Criteria)
 - 1842 ○ Communicates and documents a radiologist’s order to other health care providers-
1843 (Standard Eight, radiologist assistant only)

Commented [PSC113]: Strike and insert

Rationale: Proposed revision to Standard Eight, General Criteria.
Editorial for consistency; does not change intent.

Evidentiary Documentation: N/A

- 1844 ○ Documents and assists radiologist in quality reporting measures for the purpose of
1845 improved patient care- (Standard Eight, radiologist assistant only)
- 1846 ○ Reports clinical and imaging observations and procedure details to the supervising
1847 radiologist- (Standard Eight, radiologist assistant only)

1848 QUALITY OF EVIDENCE: High

1849 *Statute and Regulation References*

1850 Not applicable

1851 *Other*

1852 Not applicable

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Medication Administration in Peripherally Inserted Central Catheters ~~Lines~~ or Ports With a Power Injector†**

1875 After research of evidentiary documentation, the ASRT issued the opinions contained herein.

1876 **Advisory Opinion**

1877 It is the opinion of the ASRT based on evidentiary documentation and where statutes,
1878 regulations, accreditation standards and institutional policies permit that:

1879

1880 Medical imaging and radiation therapy professionals can access or use an FDA approved:

1881 1. Peripherally inserted central catheter (~~PICC~~) ~~line~~ by inserting an approved connective
1882 device. The PICC ~~line~~ must be designated for use with power injectors. Manufacturer
1883 guidelines regarding infusion rate and pressure must be followed.

1884 2. Port by inserting an approved non coring needle. The port must be designated for use
1885 with power injectors. Manufacturer guidelines regarding infusion rate and pressure must
1886 be followed.

1887 GRADE: Strong

1888 **Definitions**

1889 See glossary.

1890 **Evidentiary Documentation**

1891 *Current Literature*

1892 Not applicable

1893 *Curricula*

- 1894 • Computed Tomography Curriculum (ASRT, 2023)
- 1895 • Magnetic Resonance Curriculum (ASRT, 2025~~9~~)
- 1896 • Nuclear Medicine Technology Competency-Based Curriculum Guide (SNMMI, 2022)
- 1897 • Radiography Curriculum (ASRT, 2022)
- 1898 • Radiologist Assistant Curriculum (ASRT, 2020)

1899 QUALITY OF EVIDENCE: High

1900

1901 *Certification Agency Content Specifications*

- 1902 • Components of Preparedness (NMTCB, 2024)
- 1903 • Computed Tomography (ARRT, 2022)
- 1904 • Positron Emission Tomography (PET) Specialty Examination Content Outline (NMTCB,
1905 2023)
- 1906 • Vascular Interventional Radiography (ARRT, 2023)

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

Commented [PSC114]: Editorial Revision

Rationale: Removes redundancy and improves clarity.

Evidentiary Documentation: N/A

Commented [PSC115]: Strike

Rationale: Editorial revision to align with ASRT Style Guide.

Evidentiary Documentation: N/A

Commented [PSC116]: Strike and insert

Rationale: All AOS references have been reviewed and updated, as warranted.

Evidentiary Documentation: N/A

1907 QUALITY OF EVIDENCE: High

1908 *Scopes of Practice and Practice Standards Reference*

1909 • Scope of Practice

- 1910 ○ Administering medications enterally, parenterally, through new or existing vascular
- 1911 access or through other routes as prescribed by a licensed practitioner-~~+~~*
- 1912 ○ Administering medications with an infusion pump or power injector as prescribed by a
- 1913 licensed practitioner-~~+~~*
- 1914 ○ Identifying, calculating, compounding, preparing or administering medications as
- 1915 prescribed by a licensed practitioner-~~+~~*

1916 QUALITY OF EVIDENCE: High

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1918 *Statute and Regulation References*

1919 Not applicable

1920 *Other*

1921 Not applicable

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* Excludes limited x-ray machine operator

† Excludes medical dosimetry

1936

1937 **Medication Administration Through New or Existing Vascular Access*†**

1938 After research of evidentiary documentation, the ASRT issued the opinions contained herein.

1939 **Advisory Opinion**1940 It is the opinion of the ASRT based on evidentiary documentation and where statutes,
1941 regulations, accreditation standards and institutional policies permit that:

- 1942 1. It is within the scope of practice for medical imaging and radiation therapy professionals
1943 to access and administer medications through new or existing vascular access by an
1944 approved method of administration (e.g., hand injection, power injection, slow push,
1945 bolus, infusion) as prescribed by a licensed practitioner.

1946 GRADE: Strong

1947 **Definitions**

- 1948 • **access** – The process of inserting an approved connective device through the access point
1949 of an existing vascular access device to deliver intravenous ~~(IV)~~ fluids or medication.
- 1950 • **existing vascular access** – Peripheral or central vascular implanted devices or external
1951 access lines that include, but are not limited to, peripherally inserted central catheter
1952 lines, intravenous lines, central lines and ports.

1953 **Evidentiary Documentation**1954 *Current Literature*

- 1955 • ACR Committee on Drugs and Contrast Media. *ACR Manual on Contrast Media*.
1956 American College of Radiology; 2025~~4~~.
- 1957 • American College of Radiology. ACR-SPR practice parameter for performing and
1958 interpreting diagnostic computed tomography (CT). ~~Amended~~Revised 2023~~2~~.
- 1959 • American College of Radiology. ACR practice parameter for performing and interpreting
1960 magnetic resonance imaging (MRI). Revised 2022.
- 1961 • American College of Radiology. ACR-SPR practice parameter for the use of
1962 intravascular contrast media. Revised 2022.
- 1963 • Rockwell D. A competency for central line use in radiology. *J Radiol Nurs*.
1964 2008;27(2):84. doi:10.1016/j.jradnu.2008.04.016

1965 QUALITY OF EVIDENCE: High

1966 *Curricula*

- 1967 • Cardiac Interventional and Vascular Interventional Curriculum (ASRT, 2024)
- 1968 • Computed Tomography Curriculum (ASRT, 2023)
- 1969 • Magnetic Resonance Curriculum (ASRT, 2025~~4~~)
- 1970 • Mammography Curriculum (ASRT, Revised 2023)
- 1971 • National Education Curriculum for Sonography (JRC-DMS, 2024)
- 1972 • Nuclear Medicine Technology Competency-Based Curriculum Guide (SNMMI, 2022)

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

Commented [PSC117]: ~~Strike~~

Rationale: Editorial revision to align with ASRT Style Guide.

Evidentiary Documentation: N/A

- 1973 • Radiation Therapy Curriculum (ASRT, 2024)
- 1974 • Radiography Curriculum (ASRT, 2022)
- 1975 • Radiologist Assistant Curriculum (ASRT, 2020)
- 1976 QUALITY OF EVIDENCE: High
- 1977 *Certification Agency Content Specifications*
- 1978 • Components of Preparedness (NMTCB, 2024)
- 1979 • Computed Tomography (ARRT, 2022)
- 1980 • Examination Overview: Registered Cardiovascular Invasive Specialist (CCI, [online.org](https://www.cci-online.org),
1981 accessed on October 17, 2025) ~~2022~~
- 1982 • Magnetic Resonance Imaging (ARRT, 2025) ~~2024~~
- 1983 • Nuclear Medicine Technology (ARRT, 2022)
- 1984 • Positron Emission Tomography (PET) Specialty Examination Content Outline (NMTCB,
1985 2023)
- 1986 • Radiography (ARRT, 2022)
- 1987 • Registered Radiologist Assistant (ARRT, 2023)
- 1988 • Vascular Interventional Radiography (ARRT, 2023)
- 1989 QUALITY OF EVIDENCE: High
- 1990 *Scopes of Practice and Practice Standards Reference*
- 1991 • Scope of Practice
- 1992 ○ Administering medications enterally, parenterally, through new or existing vascular
1993 access or through other routes as prescribed by a licensed practitioner-*†
- 1994 ○ Identifying, calculating, compounding, preparing or administering medications as
1995 prescribed by a licensed practitioner-*†
- 1996 ○ Performing venipuncture as prescribed by a licensed practitioner-*†
- 1997 ○ Starting, maintaining or removing intravenous access as prescribed by a licensed
1998 practitioner-*†
- 1999 ○ Using vein localization devices for placement of intravenous catheters when
2000 appropriate-*†
- 2001 QUALITY OF EVIDENCE: High
- 2002 *Statute and Regulation References*
- 2003 Not applicable
- 2004 *Other*
- 2005 Not applicable
- 2006

* Excludes limited x-ray machine operator

† Excludes medical dosimetry

- 2007 **Placement of Personnel Radiation Monitoring Devices**
- 2008 After research of evidentiary documentation, the ASRT issued the opinions contained herein.
- 2009 **Advisory Opinion**
- 2010 It is the opinion of the ASRT based on evidentiary documentation and where statutes,
2011 regulations, accreditation standards and institutional policies permit that:
- 2012 1. Radiation workers wear a personnel radiation monitoring device outside of protective
2013 apparel with the label facing the radiation source at the level of the collar.
- 2014 2. In specific cases, a whole-body monitor may be indicated. This monitor should be worn
2015 at the waist inside of protective apparel, with the label facing the radiation source.
- 2016 3. In some cases, a ring monitor may be indicated. This monitor should be worn on the hand
2017 likely to receive the highest exposure, with the label facing the radiation source.
- 2018 GRADE: Strong
- 2019 **Definitions**
- 2020 See glossary.
- 2021 **Evidentiary Documentation**
- 2022 *Current Literature*
- 2023 • Bushong S. and Shields E. Occupational radiation dose management. In: *Radiologic*
2024 *Science for Technologists: Physics, Biology, and Protection*. 13th ed. Elsevier; 20250:
2025 5467 - 5469.
- 2026 • By standards number: 1910.1096(d)(3)(i) – ionizing radiation. Occupational Safety and
2027 Health Administration website.
- 2028 • Gilmore D, Watersham-Rich K. Radiation safety in nuclear medicine. In: *Nuclear*
2029 *Medicine and PET/CT: Technology and Technique*. 8th edition. Elsevier; 2016:116.
- 2030 • Statkiewicz-Sherer MA, Visconti PJ, Ritenour ER, Welch-Haynes K. Radiation
2031 monitoring. In: *Radiation Protection in Medical Radiography*. 9th ed. Elsevier; 2022:72-
2032 87.
- 2033 QUALITY OF EVIDENCE: High
- 2034 *Curricula*
- 2035 • Bone Densitometry Curriculum (ASRT, ~~Revised~~ 2023)
- 2036 • Limited X-ray Machine Operator Curriculum (ASRT, 20250)
- 2037 • Nuclear Medicine Technology Competency-Based Curriculum Guide (SNMMI, 2022)
- 2038 • Radiation Therapy Curriculum (ASRT, 2024)
- 2039 • Radiography Curriculum (ASRT, 2022)
- 2040 • Radiologist Assistant Curriculum (ASRT, 2020)

2041 QUALITY OF EVIDENCE: High

2042 *Certification Agency Content Specifications*

- 2043 • Cardiac Interventional Radiography (ARRT, 2023)
- 2044 • Components of Preparedness (NMTCB, 2024)
- 2045 • Limited Scope of Practice in Radiography (ARRT, 2023)
- 2046 • Nuclear Medicine Technology (ARRT, 2022)
- 2047 • Radiation Therapy (ARRT, 2022)
- 2048 • Radiography (ARRT, 2022)
- 2049 • Registered Radiologist Assistant (ARRT, 2023)
- 2050 • Vascular Interventional Radiography (ARRT, 2023)

2051 QUALITY OF EVIDENCE: High

2052 *Scopes of Practice and Practice Standards Reference*

- 2053 • Uses personnel radiation monitoring devices as indicated by the RSO or designee;
- 2054 (Standard Four, General Criteria)

2055 *Statute and Regulation References*

- 2056 • § 19.12 Instruction to Workers (NRC, 2021)
- 2057 • § 20.1208 Dose Equivalent to an Embryo/Fetus (NRC, 2021)
- 2058 • § 20.1502 Conditions Requiring Individual Monitoring of External and Internal
- 2059 Occupational Dose (NRC, 2021)
- 2060 • Regulatory Guide 8.34: Monitoring Criteria and Methods to Calculate Occupational
- 2061 Radiation Doses (NRC, 2022)
- 2062 • Regulatory Guide 8.36: Radiation Dose to the Embryo/Fetus (NRC, 2017)
- 2063 • Regulatory Guide 8.7: Instructions for Recording and Reporting Occupational Radiation
- 2064 Exposure Data (NRC, 2018)

2065 QUALITY OF EVIDENCE: High

2066 *Other*

- 2067 • AAPM Report No. 58: Managing the Use of Fluoroscopy in Medical Institutions.
- 2068 Appendix A: Radiation Safety/Quality Assurance Program

2069 QUALITY OF EVIDENCE: High

2070

Supervision of Contrast Media Administration by Radiologist Assistants

After research of evidentiary documentation, the ASRT issued the opinions contained herein.

Advisory Opinion

It is the opinion of the ASRT based on evidentiary documentation and where statutes, regulations, accreditation standards and institutional policies permit that radiologist assistants are qualified to:

1. Supervise the administration of contrast media for medical imaging and radiation therapy procedures, as members of the radiologist-led team. The radiologist assistant must be able to consult with their supervising physician.
2. Recognize and respond to medical emergencies resulting from the administration of contrast media, in accordance with their advanced cardiac life support certification.
3. Administer medications and other interventions under a standing orders or algorithmic approach, as outlined by the American College of Radiology Manual of Contrast Media.

GRADE: Strong

Definitions

See glossary.

Evidentiary Documentation

Current Literature

- ACR Committee on Drugs and Contrast Media. ACR Manual on Contrast Media. American College of Radiology; 2025⁴.
- ~~American College of Radiology. Statement from Drugs and Contrast Media Committee on Supervision of Contrast Material Administration. Accessed February 26, 2024. https://www.acr.org/-/media/ACR/Files/Clinical-Resources/FINAL_Statement-from-Drugs-and-Contrast-Media-Committee-on-Supervision-of-Contrast-Administration.pdf~~
- American College of Radiology. ACR-SPR Practice Parameter for the Use of Intravascular Contrast Media, Revised 2022

Curricula

- Radiologist Assistant Curriculum (ASRT, 2020)

QUALITY OF EVIDENCE: High

Certification Agency Entry-Level Clinical Activities

- Registered Radiologist Assistant Entry-Level Clinical Activities (ARRT, 2023)

The document states that radiologist assistants:

- Administer contrast agents and radiopharmaceuticals as prescribed by the supervising radiologist.
- Administer medications (EXCLUDING contrast agents and radiopharmaceuticals) as prescribed by a licensed practitioner and approved by the supervising radiologist.
- Administer oxygen as prescribed.

Commented [PSC118]: Strike and insert

Rationale: Updated reference

Evidentiary Documentation: N/A

- 2113 • Monitor patient for side effects or complications of the pharmaceutical(s).
- 2114 • Perform examinations and procedures including contrast media administration when
- 2115 appropriate and operation of imaging equipment.
- 2116 • Recognize and respond to medical emergencies (e.g., drug reactions, cardiac arrest,
- 2117 hypoglycemia) and activate emergency response systems, including notification of the
- 2118 supervising radiologist.

2119 *Certification Agency Content Specifications*

- 2120 • Registered Radiologist Assistant (ARRT, 2023)

2121 QUALITY OF EVIDENCE: High

2122 *Scopes of Practice and Practice Standards Reference*

- 2123 • Scope of Practice (radiologist assistant only)
- 2124 ○ ~~Completing~~ Performing patient history and physical
- 2125
- 2126 • The ASRT Practice Standards for Medical Imaging and Radiation Therapy
- 2127 ○ Administers medications as approved by the supervising radiologist- (Standard
- 2128 Four, radiologist assistant only)
- 2129 ○ Monitors the patient's physical condition during the procedure and responds to
- 2130 changes in the patient's vital signs, hemodynamics and level of consciousness- (Standard Four, radiologist assistant only)
- 2131
- 2132 ○ Recognizes and responds to medical emergencies, activates emergency response
- 2133 systems and provides advanced life support intervention- (Standard Four,
- 2134 radiologist assistant only)
- 2135 ○ Documents administration of medications- (Standard Eight, radiologist assistant
- 2136 only)
- 2137 ○ Reports clinical and imaging observations and procedure details to the supervising
- 2138 radiologist- (Standard Eight, radiologist assistant only)
- 2139

2140 QUALITY OF EVIDENCE: High

2141 *Statute and Regulation References*

2142 Not applicable

2143 *Other*

2144 Not applicable

2145

Commented [PSC119]: Strike and insert

Rationale: Proposed revision to RA Scope; Clarifies role/responsibilities.

Evidentiary documentation: https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/7914efd9-41c7-4f2c-9c4c-e5e8c8a612f0/ARRA_ELCA_2023.pdf ARRT ELCA

document: Perform and document a procedure-focused physical examination, and review relevant data (e.g., signs and symptoms, laboratory values, significant abnormalities, vital signs); report findings to the supervising radiologist

Use of Postexposure Shuttering, Cropping and Electronic Masking in Radiography

After research of evidentiary documentation, the ASRT issued the opinions contained herein.

Advisory Opinion

It is the opinion of the ASRT based on evidentiary documentation and where statutes, regulations, accreditation standards and institutional policies permit that:

1. It is within the scope of practice of a radiologic technologist to determine and apply appropriate pre-exposure collimation to individual projections of ~~procedures~~ **examinations** to comply with the principle of ALARA. Postexposure shuttering, cropping, electronic collimation or electronic masking to eliminate the visibility of large regions of brightness are acceptable, where automatic processing fails to do so.
2. It is outside of the scope of practice of a radiologic technologist to use postexposure shuttering, cropping, electronic collimation or electronic masking to eliminate any anatomical information. This information is a part of the patient's permanent medical record and should therefore be presented to the licensed practitioner to determine whether the exposed anatomy obtained on any image is significant or of diagnostic value.
3. It is outside the scope of practice of a radiologic technologist to use postexposure shuttering, cropping, electronic collimation or electronic masking to duplicate and use any acquired image for more than one prescribed view or projection on any ~~procedure exam~~ **exam**. Facilities acquiring digital images are legally required to retain information in the DICOM information of each image that identifies the selected view or projection at the time of image acquisition. Using the same acquired image to represent two different prescribed views or projections is a falsification of the information in the patient medical record and imaging study made available to the licensed practitioner.

Commented [PSC120]: Strike and insert

Rationale: Editorial for consistency with rest of document; does not change intent.

Evidentiary Documentation: N/A

Commented [PSC121]: Strike and insert

Rationale: Editorial for consistency with rest of document; does not change intent.

Evidentiary Documentation: N/A

GRADE: Strong

Definitions

- **cropping** – The process of selecting and removing a portion of the image-
- **electronic masking** – Electronic collimation or cropping of the digital radiographic image that occurs during postprocessing of the acquired image and does not alter the size of the irradiated field-
- **shuttering** – A postprocessing technique that may be used to eliminate ambient light around an image for the sole purpose of improving the quality of the displayed image. It should not be used as a substitute for insufficient collimation of the irradiated field.

Evidentiary Documentation

Current Literature

- American College of Radiology. ACR-AAPM-SIIM-SPR practice parameter for digital radiography. Revised 2022.
- Balac V, DeMaio DN, Griswold R, ~~Herrmann T, Noble LB~~, et al; American Society of Radiologic Technologists. Best practices in digital radiography. Published 2024 ~~19~~.

- 2185 • Bomer J, Wiersma-Deijl L, Holscher HC. Electronic collimation and radiation protection
2186 in paediatric digital radiography: revival of the silver lining. *Insights Imaging*.
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- 2189 • Carter C, Vealé B. *Digital Radiography and PACS*. 4th ed. Elsevier; 2023.
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2191 radiological images captured from digital cameras, using the Adobe Photoshop 6.0
2192 program. *J Digit Imaging*. 2003;16(2):216-229.
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2194 ten steps to help manage radiation dose in pediatric digital radiography. *AJR Am J*
2195 *Roentgenol*. 2013;200(5):W431-W436. doi:10.2214/AJR.12.9895
- 2196 • Fauber TL, Dempsey MC. X-ray field size and patient dosimetry. *Radiol Technol*.
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- 2200 • Goske MJ, Charkot E, Herrmann T, et al. Image Gently: challenges for radiologic
2201 technologists when performing digital radiography in children. *Pediatr Radiol*.
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- 2205 • Russell J, Burbridge BE, Duncan MD, Tynan J. Adult fingers visualized on neonatal
2206 intensive care unit chest radiographs: what you don't see. *Can Assoc Radiol J*.
2207 2013;64(3):236-239. doi:10.1016/j.carj.2012.04.004
- 2208 • Seeram E. *Digital Radiography: An Introduction*. Cengage Learning; 2011.
- 2209 • Uffmann M, Schaefer-Prokop C. Digital radiography: the balance between image quality
2210 and required radiation dose. *Eur J Radiol*. 2009;72(2):202-208.
2211 doi:10.1016/j.ejrad.2009.05.060
- 2212 • Willis CE. Optimizing digital radiography of children. *Eur J Radiol*. 2009;72(2):266-273.
2213 doi:10.1016/j.ejrad.2009.03.003
- 2214 • Zetterberg LG, Espeland A. Lumbar spine radiography—poor collimation practices after
2215 implementation of digital technology. *Br J Radiol*. 2011;84(1002):566-9.
2216 doi:10.1259/bjr/74571469

2217 QUALITY OF EVIDENCE: High

2218 Curricula

- 2219 • Limited X-ray Machine Operator Curriculum (ASRT-Board-Approved, 2025~~0~~)
- 2220 • Radiography Curriculum (ASRT, 2022)

2221 Certification Agency Content Specifications

- 2222 • Limited Scope of Practice in Radiography (ARRT, 2023)
- 2223 • Radiography (ARRT, 2022)

2224 Scopes of Practice and Practice Standards Reference

- 2225 • Scope of Practice
- 2226 ○ Applying principles of ALARA to minimize exposure to patient, self and others-

- 2227 ○ Selecting the appropriate protocol and optimizing technical factors while maximizing
- 2228 patient safety-.
- 2229 • The ASRT Practice Standards for Medical Imaging and Radiation Therapy
- 2230 ○ Employs professional judgment to adapt procedures to improve ~~diagnostic~~ quality
- 2231 ~~and/or therapeutic~~ outcomes. (Standard Two, General Criteria)
- 2232 ○ Adheres to radiation safety rules and standards- (Standard Four, General Criteria)
- 2233 ○ Participates in ALARA, patient and personnel safety and risk management activities
- 2234 (Standard Four, General Criteria)
- 2235 ○ Positions patient for anatomic area of interest, respecting patient ability and comfort-
- 2236 (Standard Four, General Criteria)
- 2237 ○ Uses pre-exposure collimation and proper field-of-view selection- (Standard Four,
- 2238 limited x-ray machine operator and radiography only)
- 2239 ○ Evaluates images for optimal demonstration of anatomy of interest- (Standard Five,
- 2240 General Criteria)
- 2241 ○ Evaluates images to determine the use of appropriate imaging parameters- (Standard
- 2242 Five, General Criteria)
- 2243 ○ Verifies that exposure indicator data for digital radiographic systems has not been
- 2244 altered or modified and is included in the DICOM header and on images exported to
- 2245 media- (Standard Five, limited x-ray machine operator and radiography only)
- 2246 ○ Adheres to the established practice standards of the profession- (Standard Eleven,
- 2247 General Criteria)

Commented [PSC122]: Strike and insert

Rationale: Proposed revision to Standard Two, General Criteria. Editorial for consistency with other areas of the document. Does not change intent.

Evidentiary Documentation: N/A

2248 QUALITY OF EVIDENCE: High

2249 *Statute and Regulation References*

2250 Not applicable

2251 *Other*

2252 Not applicable

Glossary

Commented [PSC123]: Insertion of additional acronyms throughout the glossary, based on use within the Practice Standards.

Rationale: Editorial for consistency

Evidentiary Documentation: N/A

The glossary is an alphabetical list of defined terms or words specifically found in the ASRT Practice Standards for Medical Imaging and Radiation Therapy. The terms or words have meaning that might not be general knowledge. The definitions are formulated using evidentiary documentation and put into place following extensive review and subsequent approval. The glossary is not all-inclusive. New terms and new usage of existing terms will emerge with time and advances in technology.

AAPM – American Association of Physicists in Medicine

ABMRS – American Board of Magnetic Resonance Safety

ACR – American College of Radiology

adverse event – Any undesirable experience associated with the use of a medical product in a patient.

AI – Artificial intelligence

ALARA – As Low As Reasonably Achievable. A principle related to making every reasonable effort to maintain exposures to radiation as far below the dose limits as practical, consistent with the purpose for which the licensed activity is undertaken. This is done while taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety, in relation to the use of nuclear energy and licensed materials in the public interest and other societal and socioeconomic considerations. The ASRT recognizes the concept of ALARA to include energies used for magnetic resonance and sonographic imaging.

Anatomic landmarks – Bones or other identifiable points that are visible or palpable and indicate the position of internal anatomy.

appropriate action plan – Encompasses the initial, current or revised action plan.

archive (archival) – The storage of data in either hard (film) or soft (digital) form.

ARDMS – American Registry for Diagnostic Medical Sonography

ARRT – American Registry of Radiologic Technologists

ASRT – American Society of Radiologic Technologists

authorized user – A physician, dentist or podiatrist who meets the requirements as defined by the United States Nuclear Regulatory Commission.

beam-modification devices – Devices that change the shape of the treatment field or distribution of the radiation at (tissue) depth.

brachytherapy – A method of treatment that involves the temporary or permanent placement of radiation source (isotopic or electronic) inside or immediately adjacent to a tumor-bearing region.

CCI – Cardiovascular Credentialing International

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Rationale: To align with ASRT Style Guide

Evidentiary Documentation: N/A

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Rationale: To align with ASRT Style Guide

Evidentiary Documentation: N/A

- 2291 **clinical** – Pertaining to or founded on actual observations and treatments of patients.
- 2292 **clinically competent** – The ability to perform a clinical procedure in a manner that satisfies the
- 2293 demands of a situation, as assessed and documented by a qualified individual.
- 2294 **compounding medication** – The combining, mixing, pooling or otherwise altering of a
- 2295 conventionally manufactured drug in response to or anticipation of a medication order.
- 2296 **compounding radiopharmaceutical** – The combining, mixing, pooling or otherwise altering of
- 2297 a conventionally manufactured radiopharmaceutical or synthesizing/formulating a
- 2298 radiopharmaceutical from bulk drug substances and radionuclides.
- 2299 **contrast media** – A substance administered during a medical imaging procedure for the purpose
- 2300 of enhancing the contrast between an internal structure or fluid and the surrounding tissue.
- 2301 **CPHQ** – Certified Professional in Healthcare Quality
- 2302 **CT** – Computed Tomography
- 2303 **DICOM** – Digital Imaging and Communications in Medicine. The DICOM standards are a
- 2304 complex set of instructions to exchange and present medical image information.
- 2305 **dose distribution** – Spatial representation of the magnitude of the dose produced by a source of
- 2306 radiation. It describes the variation of dose with position within an irradiated volume.
- 2307 **dose pooling** – Combining unit doses of a radiopharmaceutical to meet the dosage requirements
- 2308 of a single patient.
- 2309 **dosimetric calculations** – Computation of treatment unit settings, monitor units, treatment times
- 2310 and radiation doses to anatomical areas of interest.
- 2311 **ECG** – electrocardiogram
- 2312 **educationally prepared** – The successful completion of didactic and clinical education
- 2313 necessary to properly perform a procedure in accordance with accepted practice standards.
- 2314 **FDA** – U.S. Food and Drug Administration
- 2315 **GRADE** – Grading of Recommendations Assessment, Development and Evaluation
- 2316 **HIPAA** – Health Insurance Portability and Accountability Act of 1996
- 2317 **HQCC** – Healthcare Quality Certification Commission
- 2318 **hybrid imaging** – The combination of imaging technologies that allows information from
- 2319 different modalities to be presented as a single set of images.
- 2320 **I.A.(MR)** – Magnetic Resonance Imaging Assistant
- 2321 **image-guided radiation therapy** – A process of using various imaging technologies to localize
- 2322 the target and critical tissues and, if needed, reposition the patient just before or during the
- 2323 delivery of radiotherapy.
- 2324 **imaging technologies** – Technologies using ionizing and nonionizing radiation to visualize
- 2325 physiological processes, internal structures and fiducial markers, both anatomical and
- 2326 nonanatomical.
- 2327 **immediate use** – Dose preparation, including one made using appropriate and necessary

- 2328 deviation, and/or the dispensing of a sterile radiopharmaceutical specific for a single patient.
- 2329 **immobilization device** – Device that assists in maintaining or reproducing the position while
2330 limiting patient movement.
- 2331 **initial observation** – Assessment of technical image quality with pathophysiology correlation
2332 communicated to a radiologist.
- 2333 **interpretation** – The process of examining and analyzing all images within a given procedure
2334 and integration of the imaging data with appropriate clinical data in order to render an
2335 impression or conclusion set forth in a formal written report composed and signed by a licensed
2336 practitioner.
- 2337 **interventional procedures** – Invasive medical imaging guidance methods used to diagnose
2338 and/or treat certain conditions.
- 2339 **ISCD** – International Society for Clinical Densitometry
- 2340 **JRC-DMS** – Joint Review Committee on Education in Diagnostic Medical Sonography
- 2341 **least significant change** – The least amount of bone mineral densitometry change that can be
2342 considered statistically significant.
- 2343 **licensed practitioner** – A medical or osteopathic physician, chiropractor, podiatrist or dentist
2344 who has education and specialist training in the medical or dental use of radiation and is deemed
2345 competent to perform independently or supervise medical imaging or radiation therapy
2346 procedures by the respective state licensure board.
- 2347 **MDCB** – Medical Dosimetrist Certification Board
- 2348 **medical physicist** – An individual who is competent to practice independently in the safe use of
2349 x-rays, gamma rays, electron and other charged particle beams, neutrons, radionuclides, sealed
2350 radionuclide sources, ultrasonic radiation, radiofrequency radiation and magnetic fields for
2351 diagnostic and therapeutic purposes. An individual is considered competent to practice in the
2352 field of medical physics if the individual is certified by the appropriate recognized certification
2353 organization.
- 2354 **medication** – Any chemical substance intended for use in the medical diagnosis, cure, treatment
2355 or prevention of disease.
- 2356 **minimal sedation** – A drug-induced state during which patients respond normally to verbal
2357 commands. Although cognitive function and coordination may be impaired, ventilatory and
2358 cardiovascular functions are unaffected.
- 2359 **moderate sedation** – A drug-induced depression of consciousness during which patients
2360 respond purposefully to verbal commands, either alone or accompanied by light tactile
2361 stimulation. No interventions are required to maintain a patent airway, and spontaneous
2362 ventilation is adequate. Cardiovascular function is usually maintained.
- 2363 **molecular imaging** – A noninvasive, diagnostic imaging technology that enables visualization,
2364 characterization and measurement of biologic processes at the molecular and cellular levels.
2365 Molecular imaging techniques may be applied to computed tomography, magnetic resonance,
2366 nuclear medicine, optical imaging, PET-CT, sonography and spectroscopy.
- 2367 **monitor units** – Unit of output measure used for linear accelerators, sometimes indicated with

2368 the abbreviation MU. Accelerators are calibrated so that 1 MU delivers 1 cGy for a standard
 2369 reference field size at a standard reference depth at a standard source to calibration point.

2370 **MQSA** – Mammography Quality Standards Act

2371 **MR** – Magnetic Resonance

2372 **MR Conditional** – Refers to a device or object that has been shown to pose no known hazards in
 2373 an MRI environment, provided it is strictly used within defined conditions.

2374 **MR Level 2 Personnel** – Individuals who have completed more extensive education in broad
 2375 MR safety issues related to all MR energy fields.

2376 **MR Personnel** – Individuals who have successfully completed education in MR safety at least to
 2377 a level sufficient to ensure that they do not present a danger to themselves or others in the MR
 2378 environment.

2379 **MRMD** – Magnetic Resonance Medical Director

2380 **MRSO** – Magnetic Resonance Safety Officer

2381 **NMTCB** – Nuclear Medicine Technology Certification Board

2382 **noninterpretive fluoroscopic procedures** – Use of fluoroscopic imaging under the direction of
 2383 a licensed practitioner for purposes other than interpretation.

2384 **normal tissue tolerance** – Radiation tolerance levels of healthy organs near or within the
 2385 radiation treatment fields.

2386 **NRC** – U.S. Nuclear Regulatory Commission

2387 **panning** – Movement of the procedure table during image production to maintain visualization
 2388 of an anatomic region of interest.

2389 **personnel radiation monitoring devices** – Devices designed to be worn or carried by an
 2390 individual for the purpose of measuring the dose of radiation received.

2391 **PET/-CT** – Positron Emission Tomography/-Computed Tomography

2392 **PET/-MR** – Positron Emission Tomography/-Magnetic Resonance

2393 **physics survey** – Performing equipment testing, evaluating the testing results and completing a
 2394 formal written report of results. The written survey report, validated by a medical physicist,
 2395 contains sufficient information to document that each test was conducted according to local,
 2396 federal or state requirements and includes an assessment of corrective actions and
 2397 recommendations for improvements.

2398 **point-of-care testing** – Medical diagnostic testing performed outside the clinical laboratory in
 2399 close proximity to where the patient is receiving care (e.g., blood sugars, creatinine).

2400 **postprocessing** – Computerized processing of data sets after acquisition to create a diagnostic or
 2401 therapeutic image.

2402 **procedure** – Specific course of action intended to result in an imaging study, treatment or other
 2403 outcome.

2404 **processing** – Manipulation of the raw data just after acquisition.

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Rationale: Term included in proposed addition to Standard One - MR specific criteria

Evidentiary Documentation:
<https://www.fda.gov/media/74201/download> and
<https://edge.sitecorecloud.io/americancoldf5f-acrorgf92a-productioncb02-3650/media/ACR/Files/Clinical/Radiology-Safety/Manual-on-MR-Safety.pdf>

Approved by PSC (10/17/25)

2405 **protocol** – The plan for carrying out a procedure, scientific study or a patient’s treatment
 2406 regimen.

2407 **quality assurance** – Activities and programs designed to achieve a desired degree or grade of
 2408 care in a defined medical, nursing or health care setting or program. Sometimes indicated with
 2409 the abbreviation QA.

2410 **quality control** – The routine performance of techniques used in monitoring or testing and
 2411 maintenance of components of medical imaging and radiation therapy equipment. This includes
 2412 the interpretation of data regarding equipment function and confirmation that corrective actions
 2413 are/were taken. Sometimes indicated with the abbreviation QC.

2414 **radiation oncologist** – A physician who specializes in using radiation to treat cancer.

2415 **radiation protection** – Prophylaxis against injury from ionizing radiation. The only effective
 2416 preventive measures are shielding the operator, handlers and patients from the radiation source;
 2417 maintaining appropriate distance from the source; and limiting the time and amount of exposure.

2418 **radioactive material** – A substance composed of unstable atoms that decay with the
 2419 spontaneous emission of radioactivity. Includes radiopharmaceuticals, unsealed sources (open,
 2420 frequently in liquid or gaseous form) and sealed sources (permanently encapsulated, frequently
 2421 in solid form).

2422 **radiography** – The process of obtaining an image for diagnostic examination using x-rays.

2423 **remote procedure** – ~~Operator control of~~ Image acquisition performed by a qualified
 2424 technologist from a physical location that is different from the patient.

2425 **RSO** – Radiation Safety Officer

2426 **scholarly activity** – Activities that systematically advance the teaching, research and practice of
 2427 the medical imaging and radiation therapy profession through scientific investigation,
 2428 presentation, and publication.

2429 **setup** – Arrangement of treatment parameters used in preparation for delivering radiation
 2430 therapy; includes patient positioning data, field alignment information and equipment
 2431 configurations.

2432 **simulation** – A process using imaging technologies to plan radiation therapy so that the target
 2433 area is precisely located and marked; the mockup procedure of a patient treatment with medical
 2434 imaging documentation of the treatment portals.

2435 **SNMMI** – Society of Nuclear Medicine and Molecular Imaging

2436 **SPECT/CT** – Single Photon Emission/~~Computed Tomography~~

2437 **static** – Any medical image that is fixed or frozen in time.

2438 **superficial radiation therapy** – Treatment with x-rays produced at potentials ranging from 40-
 2439 150 kV.

2440 **supervising radiologist** – A board-certified or board-eligible radiologist who oversees duties of
 2441 the radiologist assistant and has appropriate clinical privileges for the procedure performed by
 2442 the radiologist assistant.

2443 **theranostics** – The systematic integration of molecularly targeted imaging and therapy that uses

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Rationale: Editorial revision to clarify intent.

Evidentiary Documentation: N/A

- 2444 similar targeting molecules as a combination of imaging therapy.
- 2445 **timeout** – Preprocedural pause to conduct a final assessment that the correct patient, site and
2446 procedure are identified.
- 2447 **tolerance levels** – The maximum radiation dose that may be delivered to a given biological
2448 tissue at a specified dose rate and throughout a specified volume without producing an
2449 unacceptable change in the tissue.
- 2450 **treatment calculations** – See dosimetric calculations **entry**.
- 2451 **treatment field (portal)** – Volume of tissue exposed to radiation from a single radiation beam.
- 2452 **treatment planning** – The process by which dose delivery is optimized for a given patient and
2453 clinical situation. It encompasses procedures involved in planning a course of radiation
2454 treatment, including simulation through completion of the treatment summary.
- 2455 **treatment record** – Documents the delivery of treatments, recording of fractional and
2456 cumulative doses, machine settings, verification imaging and the ordering and implementation of
2457 prescribed changes.
- 2458 **T-score** – Number of standard deviations the individual's bone mineral density is from the
2459 average bone mineral density for gender-matched young normal peak bone mass.
- 2460 **USP** – United States Pharmacopeia
- 2461 **vascular access device** – Apparatus inserted into the peripheral or central vasculature for
2462 diagnostic or therapeutic purposes.
- 2463 **vascular closure device** – Active or passive medical devices used to achieve hemostasis after a
2464 cardiovascular or endovascular procedure that requires catheterization.
- 2465 **venipuncture** – The transcutaneous puncture of a vein by a sharp rigid stylet or cannula carrying
2466 a flexible plastic catheter or by a steel needle attached to a syringe or catheter.
- 2467 **verification images** – Images produced to confirm accurate treatment positioning and accurate
2468 treatment portals.
- 2469 **Z-score** – Number of standard deviations the individual's bone mineral density is from the
2470 average bone mineral density for age- and gender-matched reference group.

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Rationale: To align with ASRT Style Guide

Evidentiary Documentation: N/A

Insert

Rationale: Current evidence-based practice

Evidentiary Documentation:

ARRT VI Content Specs Patient Care Handling and Disposal of Hazardous Materials https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/12b1f5d5-1658-4f7d-961a-35e30dac0371/VI_CS_2023.pdf

ASRT CI/VI Curriculum https://www.asrt.org/docs/default-source/educators/curriculum/cardiac-interventional/2024-civi-curriculum.pdf?sfvrsn=29b90bb0_4

AAPM Medical Physics Practice Guideline 14.a: Yttrium-90 microsphere radioembolization <https://aapm.onlinelibrary.wiley.com/doi/10.1002/acm2.14157>

Clinical Practice Guidelines for Personnel Dealing with Chemotherapy/Cytotoxic Medications https://www.arinursing.org/ARIN/assets/File/public/practice-guidelines/p_Guidelines_for_Personnel_Dealing_with_Chemotherapy_Cytotoxic_Medications.pdf

Controlling Occupational Exposure to Hazardous Drugs <https://www.osha.gov/hazardous-drugs/controlling-occeex#disposal>

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Rationale: Editorial change to shorten list and to match current clinical practice.

Evidentiary Documentation:

https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/f8b6aed9-94d2-45a5-896e-4a037f8a92db/CI_CS_2023.pdf

https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/f8b6aed9-94d2-45a5-896e-4a037f8a92db/CI_CS_2023.pdf

<https://cci-online.org/credentials/registered-cardiovascular-invasive-specialist/>

Approved by PSC (10/17/25)

Insert

Rationale: Current practice; consistency with other similar discipline (Nuclear Medicine).

Evidentiary Documentation: ASRT MR Curriculum. https://www.asrt.org/docs/default-source/educators/curriculum/magnetic-resonance/2025-adopted-magnetic-resonance-curriculum.pdf?sfvrsn=b81f570e_6

Approved by PSC (10/17/25)

Insert

Rationale: Current practice; consistency with other similar discipline (Nuclear Medicine).

Evidentiary Documentation: ASRT MR Curriculum. <https://www.asrt.org/docs/default-source/educators/curriculum/magnetic-resonance/2025-adopted-magnetic-resonance->

[curriculum.pdf?sfvrsn=b81f570e_6](https://www.asrt.org/docs/default-source/educators/curriculum/magnetic-resonance/2025-adopted-magnetic-resonance-curriculum.pdf?sfvrsn=b81f570e_6)

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Page 31: [5] Commented [MR75]

Magnetic Resonance Subcommittee

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Rationale: Current clinical practice

Evidentiary Documentation: ASRT MR Curriculum (Cardiac MR). https://www.asrt.org/docs/default-source/educators/curriculum/magnetic-resonance/2025-adopted-magnetic-resonance-curriculum.pdf?sfvrsn=b81f570e_6

Approved by PSC (10/17/25)