



**American Society of Radiologic Technologists**  
**Twenty-fifth Session of the**  
**House of Delegates**

**Sheraton Uptown Hotel**  
**Albuquerque, N.M.**  
**June 25-27, 2010**

# Twenty-fifth Session of the ASRT House of Delegates

Sheraton Uptown Hotel  
Albuquerque, N.M.  
June 25, 2010

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# Twenty-fifth Annual Meeting of the ASRT House of Delegates

Sheraton Uptown Hotel  
Albuquerque, N.M.  
June 25, 2010

## I. Call to Order

Speaker of the House Donna Long called the 25th Annual Meeting of the ASRT House of Delegates to order at 2 p.m., Friday, June 25, 2010.

## II. Opening Ceremony and Delegate Orientation

Speaker of the House Donna Long appointed Liana Watson, Vice President of Governance and Member Services, to take the minutes of the House meetings.

Following the Opening Ceremony and appropriate introductions, Speaker of the House Donna Long presented delegate orientation.

## III. Credentials Report

Vice Speaker Sandra Hayden presented the Credentials Report. Out of a possible 166 delegates, 146 were credentialed as follows:

Credentialed Affiliate Delegates:	97
Credentialed Chapter Delegates:	<u>49</u>
Total Credentialed Delegates:	146

**Action:** The Credentials Report was adopted by voice vote. The Credentials Report established that a quorum was present.

## IV. Adoption of House of Delegates' Standing Rules

**Action:** The ASRT House of Delegates' Standing Rules were adopted by a vote of 144 YES, 0 NO

## V. Adoption of Agenda

**Action:** The published Agenda was adopted by a vote of 146 YES, 0 NO

## VI. Memorial Resolution

**Motion:** Be it resolved, that the American Society of Radiologic Technologists expresses its sorrow over the passing of these members since our 2009 House of Delegates meeting in Albuquerque, N.M., and affirms our sorrow by rising for a moment of silence in memory of our departed colleagues.

**Action:** Adopted without objection.

## **VII. Courtesy Resolutions**

**Motion:** Be it resolved that the ASRT House of Delegates congratulate the Hentes on their milestone 35th wedding anniversary; and

Be it further resolved that in recognition of this milestone that the Barbara Hente Traveling Microphone Award be permanently retired and presented to Barbara Hente.

**Action:** Adopted without objection.

## **VIII. Reports**

### **A. ASRT Annual Report**

President of the ASRT Board of Directors Diane Mayo presented the annual report. The 2010 election results were provided to the House of Delegates.

### **B. ASRT Education and Research Foundation Annual Report**

Chairman of the ASRT Education and Research Foundation Catherine Parsons provided a report on the ASRT Education and Research Foundation.

## **IX. Nominations for Speaker and Vice Speaker**

### **Speaker**

Donna Thaler Long

### **Vice Speaker**

Sandra Hayden

## **X. Introduction of Late Main Motions**

### **Composition of Certification Agency Boards of Trustees**

The American Society of Radiologic Technologists adopt the position statement “Composition of Certification Agency Boards of Trustees” that reads: It is the position of the American Society of Radiologic Technologists that medical imaging certification agency Boards of Trustees should be comprised of radiographers to represent all modalities, nuclear medicine technologists and radiation therapists.

**Motion:** Paulette Peterson (New York affiliate delegate) moved to debate the motion “Composition of Certification Agency Boards of Trustees.”

**Action:** Lost. 56 YES, 89 NO

### **Continuing Education for Educators in the Radiologic Sciences**

The American Society of Radiologic Technologists adopt the position statement “Continuing Education for Educators in the Radiologic Sciences” that reads: It is the position of the American Society of Radiologic Technologists that educators should obtain at least half of their continuing education in topics related to educational theory and methodology.

**Motion:** Paulette Peterson (New York affiliate delegate) moved to debate the motion “Continuing Education for Educators in the Radiologic Sciences.”

**Action:** Lost. 45 YES, 101 NO

## **XI. Adjournment**

Following announcements, Speaker of the House Donna Long adjourned the first business meeting of the 2010 House of Delegates at 4:32 p.m., Friday, June 25, 2010.

# Twenty-fifth Annual Meeting of the ASRT House of Delegates

Sheraton Uptown Hotel  
Albuquerque, N.M.  
June 27, 2010

## I. Call to Order

Speaker of the House Donna Long called the second business meeting of the 25th Annual Meeting of the ASRT House of Delegates to order at 8:06 a.m., Sunday, June 27, 2010.

## II. Credentials Report

Vice Speaker Sandra Hayden presented the Credentials Report. There was no change in the number of credentialed delegates (146).

## III. Committee on Bylaws Report

Chairman Barbara Smith presented the Committee on Bylaws report. The results of each amendment are as follows:

### ***Proposed Amendment #1***

- Multiple amendments are grouped together to ensure internal consistency of the Bylaws.

### **Amendment #1A**

The Committee on Bylaws moves to amend Article III, Membership, Section 5, Censure, Reprimand and Removal, Letters A-G, page 5, by:

- Striking all of Section 5.
- Renumbering remaining section.

~~A. Any member may be censured, reprimanded or removed for cause. Sufficient cause includes a violation of the Bylaws or any lawful rule or practice duly adopted by the ASRT, or any other conduct prejudicial to the interests of the ASRT.~~

~~B. If the Board of Directors deems the charges to be sufficient, the person charged shall be advised in writing of the charges.~~

~~C. A statement of the charges shall be sent by certified or registered mail to the last recorded address of the member at least twenty (20) days before final action is taken.~~

~~D. The statement shall be accompanied by a notice of the time and place of the meeting of the Board of Directors at which the charges shall be considered.~~

~~E. The member shall have the opportunity to appear in person and be represented by counsel to present any defense to such charges before action is taken.~~

~~F. Censure or reprimand of a member shall be by majority vote of the entire membership of the Board of Directors.~~

~~G. Removal of a member shall be by three-quarters (3/4) vote of the entire membership of the~~

**Board of Directors.**

**Amendment #1B**

The Committee on Bylaws moves to amend Article V, House of Delegates, Section 9, Censure, Reprimand and Removal, Letters A-H, page 12, by:

- Striking all of Section 9.
- Renumbering remaining sections.

~~A. A delegate may be censured, reprimanded or removed from the position for dereliction of duty or conduct detrimental to the ASRT. Such action may be initiated when the Board of Directors receives formal and specific charges against the delegate.~~

~~B. If the Board of Directors deems the charges to be sufficient, the person charged shall be advised, in writing, of the charges.~~

~~C. A statement of the charges shall be sent by certified or registered mail to the last recorded address of the delegate at least twenty (20) days before final action is taken.~~

~~D. The statement shall be accompanied by a notice of the time and place of the meeting of the Board of Directors at which the charges shall be considered.~~

~~E. The delegate shall have the opportunity to appear in person and be represented by counsel to present any defense to such charges before action is taken.~~

~~F. Censure or reprimand of a delegate shall be by majority vote of the entire membership of the Board of Directors.~~

~~G. Removal of a delegate shall be by three quarters (3/4) vote of the entire membership of the Board of Directors.~~

~~H. Affiliates have the power to remove affiliate delegates.~~

**Amendment #1C**

The Committee on Bylaws moves to amend Article VII, Board of Directors, Section 5, Censure, Reprimand and Removal, Letters A-G, page 16, by:

- Striking all of Section 5.

~~A. A board member may be censured, reprimanded or removed from the position for dereliction of duty or conduct detrimental to the ASRT. Such action may be initiated when the Board of Directors receives formal and specific charges against a board member.~~

~~B. If the Board of Directors deems the charges to be sufficient, the person charged shall be advised, in writing, of the charges.~~

~~C. A statement of the charges shall be sent by certified or registered mail to the last recorded address of the Board member at least twenty (20) days before final action is taken.~~

~~D. The statement shall be accompanied by a notice of the time and place of the meeting of the Board of Directors at which the charges shall be considered.~~

~~E. The Board member shall have the opportunity to appear in person and be represented by counsel to present any defense to such charges before action is taken.~~

~~F. Censure or reprimand of a Board member shall be by majority vote of the entire remaining membership of the Board of Directors.~~

~~G. Removal of a Board member shall be by three quarters (3/4) vote of the entire remaining membership of the Board of Directors.~~

**Amendment #1D**

The Committee on Bylaws moves to amend the Bylaws by:

- Inserting new Article VIII, Censure, Reprimand and Removal.
- Renumbering remaining articles.

An ASRT member, delegate or Board member may be censured, reprimanded or removed for



cause. Sufficient cause includes a violation of the Bylaws or any lawful rule or practice duly adopted by the ASRT, dereliction of duty, other conduct prejudicial to the interests of the ASRT, or conduct detrimental to the ASRT. Such action may occur following completion of the due process procedure.

- A. The Board of Directors must receive formal and specific charges in writing against the individual.
- B. If the Board of Directors deems the charges to be sufficient, the person charged shall be advised, in writing, of the charges.
- C. A statement of the charges shall be sent by certified or registered mail to the last recorded address of the person charged at least twenty (20) days before final action is taken.
- D. The statement shall be accompanied by a notice of the time and place of the meeting of the Board of Directors at which the charges shall be considered.
- E. The person charged shall have the opportunity to address the charges and be represented by counsel to present any defense to such charges before action is taken.
- F. Censure or reprimand of an ASRT member or delegate shall be by majority vote of the entire membership of the Board of Directors.
- G. Censure or reprimand of a Board member shall be by majority vote of the entire remaining membership of the Board of Directors.
- H. Removal of an ASRT member or delegate shall be by three-fourths (3/4) vote of the entire membership of the Board of Directors.
- I. Removal of a Board member shall be by three-fourths (3/4) vote of the entire remaining membership of the Board of Directors.
- J. Affiliates have the power to remove affiliate delegates.

**Action:** Adopted. 144 YES, 0 NO

### ***Proposed Amendment #2***

- Multiple amendments are grouped together to ensure internal consistency of the Bylaws.

#### **Amendment #2A**

Paulette Peterson (New York affiliate delegate) moves to amend Article V, House of Delegates, Section 2, Composition, Letters A, C and D, page 8, by:

- Striking “and chapter delegates” in A.
- Striking C and D.

A. The House of Delegates shall be composed of the speaker and vice speaker, affiliate delegates ~~and chapter delegates.~~

C. ~~Each chapter, excluding the Military Chapter, shall be represented by four (4) delegates.~~

D. ~~The Military Chapter shall be represented by a total of six (6) delegates from any branch of the military.~~

#### **Amendment #2B**

Move to amend Article V, House of Delegates, Section 3, Delegate Requirements and Qualifications, Letters B and C, pages 9-11, by:

- Striking B and C.

~~B. Chapter delegates excluding Military Chapter delegates~~

1. ~~Two (2) delegates and two (2) alternate delegates shall be elected annually by a~~

- plurality vote of the voting members of the ASRT.
2. Delegates shall be elected for a term of two (2) years. The term shall begin at the close of the annual meeting of the House of Delegates in the year the delegate is elected.
  3. A delegate shall be limited to two (2), two (2) year consecutive terms unless no other qualified candidates are nominated.
  4. The delegate nominees receiving the third and fourth highest number of votes on the ballot are the elected alternate delegates.
  5. An alternate delegate shall serve a one (1) year term. The term shall begin at the close of the annual meeting of the House of Delegates in the year the alternate delegate is elected.
  6. If an alternate is not elected, this position remains open until the next regular election.
  7. A delegate shall show proof of continuing education.
  8. A delegate shall be a voting member of the ASRT and a member of an affiliate or have served as a military chapter delegate for two (2) years immediately preceding nomination.
  9. A delegate shall have served as an officer, delegate or a committee member in the ASRT, or as an officer, on the Board of Directors or as a committee member in an affiliate.
  10. In chapters where certification and/or post primary examination exists, the delegate shall show proof of current credential and documentation of current practice in the discipline or specialty being represented.
  11. In chapters where no certification and/or post primary examination exists, the delegate shall show proof of documentation of current practice in the discipline or specialty being represented.
  12. A delegate shall only be elected to represent a chapter of which the delegate is a member for the two (2) years immediately preceding nomination.
  13. A delegate who met qualification requirements at the time of nomination shall be permitted to complete the term, even though employment status changes.
  14. A delegate may serve concurrently on the board of any national radiologic science certification or national accreditation agency.
  15. A delegate shall have the time and availability for necessary travel to represent the ASRT.
  16. A delegate shall attend the annual meeting of the House of Delegates and all meetings required of delegates.
- C. Military Chapter delegates
1. Three (3) delegates and two (2) alternate delegates shall be elected annually from all branches of the military, by a plurality vote of the voting members of the ASRT.
  2. Delegates shall be elected for a term of two (2) years. The term shall begin at the close of the annual meeting of the House of Delegates in the year the delegate is elected.
  3. A delegate shall be limited to two (2), two (2) year consecutive terms, unless no other qualified candidates are nominated.
  4. The delegate nominees receiving the fourth and fifth highest number of votes on the ballot are the elected alternate Military Chapter delegates.
  5. An alternate delegate shall serve a one (1) year term. The term shall begin at the close of the annual meeting of the House of Delegates in the year the alternate delegate is elected.

6. If an alternate delegate is not elected, this position remains open until the next regular election.
7. A delegate shall show proof of continuing education.
8. A delegate shall be a voting member of the ASRT for two (2) years immediately preceding nomination.
9. A delegate shall be on active duty in the Army, Navy, Air Force or Coast Guard.
10. A delegate shall practice in the radiologic science profession or health care.
11. A delegate who met qualification requirements at the time of nomination shall be permitted to complete the term in the event of retirement or honorable discharge from active duty.
12. A delegate may serve concurrently on the board of any national radiologic science certification or national accreditation agency.
13. A delegate shall have the time and availability for necessary travel to represent the ASRT.
14. A delegate shall attend the annual meeting of the House of Delegates and all meetings required of delegates.

**Amendment #2C**

Move to amend Article V, House of Delegates, Section 10, Nominations and Elections of Speaker and Vice Speaker, Letter E, number 2 and 3, page 13, by:

- Striking “or chapter” after “affiliate” in E.
- Striking #2 and #3.

E. The affiliate ~~or chapter~~ that the speaker or vice speaker represents shall be entitled to fill that delegate position.

2. ~~The elected alternate chapter delegate shall fill that position. A new qualified alternate delegate may be appointed by the chapter within sixty (60) days following the close of the annual meeting of the House of Delegates.~~

3. ~~If an elected alternate chapter delegate does not exist for the vacated delegate seat, the delegate position remains vacant until the next regular election.~~

**Amendment #2D**

Move to amend Article VI, Nominations and Elections, Section 1, Composition and Responsibilities of the Committee on Nominations, Letter B, page 14, by:

- Striking “and chapter delegate positions” after “officer.”

B. It shall be the duty of the Committee on Nominations to review candidate information and present all qualified candidates for ASRT officer ~~and chapter delegate positions~~.

**Amendment #2E**

Move to amend Article VI, Nominations and Elections, Section 2, Nominations, Letters A-D, pages 14-15, by:

- Striking “and chapter delegate positions” after “officers” in A.
- Striking “and chapter delegate position” after “office” in B.
- Striking C and D.

A. Nominations of officers ~~and chapter delegates~~ may be submitted by any ASRT voting member. Nominations shall be received in the ASRT office by the end of the first business day of November. Candidate information shall be received in the ASRT office by the end of the first business day of December.

B. An individual may not run for a national office ~~and chapter delegate position~~ on the same ballot.

<del>C. An individual may not run for more than one chapter delegate position on the same ballot.</del>
<del>D. An individual shall not hold a national office and chapter delegate position simultaneously.</del>
<b>Amendment #2F</b>
Move to amend Article VI, Nominations and Elections, Section 3, Balloting, Letter C, page 15, by:
<ul style="list-style-type: none"> <li>• Striking “and chapter delegate positions” after “officer.”</li> </ul>
C. Write-in votes are prohibited for all officer <del>and chapter delegate positions.</del>
<b>Action:</b> Lost. 15 YES, 128 NO

<b><i>Proposed Amendment #3</i></b>
<ul style="list-style-type: none"> <li>• Multiple amendments are grouped together to ensure internal consistency of the Bylaws.</li> </ul>
<b>Amendment #3A</b>
The Committee on Bylaws moves to amend Article IV, Officers, Section 5, Vacancies, Letter C, page 8, by:
<ul style="list-style-type: none"> <li>• Striking “agreed upon by four (4) of the remaining members” and inserting “by a majority vote of the entire remaining membership” after “appointment.”</li> </ul>
C. A vacancy in the office of vice president or secretary-treasurer shall be filled by appointment by a majority vote of the entire remaining membership of the Board of Directors.
<b>Amendment #3B</b>
The Committee on Bylaws moves to amend Article V, House of Delegates, Section 14, Vacancy of Speaker and Vice Speaker, page 14, by:
<ul style="list-style-type: none"> <li>• Adding new Letter C.</li> </ul>
C. In the case of a concurrent vacancy in the office of speaker and vice speaker, the office of speaker shall be filled by appointment by a majority vote of the entire remaining membership of the Board of Directors.
<b>Action:</b> Adopted. 143 YES, 1 NO

<b><i>Proposed Amendment #4</i></b>
The Committee on Bylaws moves to amend Article V, House of Delegates, Section 3, Delegate Requirements and Qualifications, Letter A, Affiliate delegates , #2, page 8, by:
<ul style="list-style-type: none"> <li>• Substitution</li> </ul>
2. Affiliates shall submit completed affiliate delegate information forms to ASRT for the delegates and alternate delegates by the end of the first business day of April. Delegate and alternate delegate positions not filled with qualified members by the first business day of April shall remain open until after the annual meeting of the House of Delegates.
<b>Action:</b> Adopted. 142 YES, 1 NO

***Proposed Amendment #5***

- Multiple amendments are grouped together to ensure internal consistency of the Bylaws.

**Amendment #5A**

The Committee on Bylaws moves to amend Article V, House of Delegates, Section 3, Delegate Requirements and Qualifications, Letter B, Chapter delegates excluding Military Chapter delegates, #3, page 9, by:

- Striking “no other” and inserting “there is not a full slate of” before “qualified.”
- Striking “are” before “nominated.”

3. A delegate shall be limited to two (2), two- (2-) year consecutive terms unless there is not a full slate of qualified candidates nominated.

**Amendment #5B**

The Committee on Bylaws moves to amend Article V, House of Delegates, Section 3, Delegate Requirements and Qualifications, Letter C, Military Chapter delegates, #3, page 10, by:

- Striking “no other” and inserting “there is not a full slate of” before “qualified.”
- Striking “are” before “nominated.”

3. A delegate shall be limited to two (2), two- (2-) year consecutive terms unless there is not a full slate of qualified candidates nominated.

**Action:** Adopted. 141 YES, 2 NO

***Proposed Amendment #6***

The Committee on Bylaws moves to amend Article V, House of Delegates, Section 3, Delegate Requirements and Qualifications, Letter B, Chapter delegates excluding Military Chapter delegates, #10, page 9, by:

- Inserting “clinical practice” before “chapters.”
- Inserting “offered by an ASRT-recognized organization” before “exists.”

10. In clinical practice chapters where certification and/or post-primary examination offered by an ASRT-recognized organization exists, the delegate shall show proof of current credential and documentation of current practice in the discipline or specialty being represented.

**Action:** Adopted. 137 YES, 6 NO

***Proposed Amendment #7***

The Committee on Bylaws moves to amend Article V, House of Delegates, Section 3, Delegate Requirements and Qualifications, Letter B, Chapter delegates excluding Military Chapter delegates, #11, page 9, by:

- Inserting “management and education” before “chapters.”
- Striking “where no certification and/or post primary examination exists” after “chapters.”

11. In management and education chapters, the delegate shall show proof of documentation of current practice in the discipline or specialty being represented.

**Action:** Adopted. 140 YES, 3 NO

***Proposed Amendment #8***

The Committee on Bylaws moves to amend Article V, House of Delegates, Section 3, Delegate Requirements and Qualifications, Letter C, Military Chapter delegates, #1, page 10, by:

- Striking “all branches” and inserting “any branch” after “from.”

1. Three (3) delegates and two (2) alternate delegates shall be elected annually from any branch of the military by a plurality vote of the voting members of the ASRT.

**Action:** Adopted. 142 YES, 0 NO

***Proposed Amendment #9***

The Committee on Bylaws moves to amend Article V, House of Delegates, Section 6, Voting, Letter B, page 11, by:

- Striking all of letter B.
- Relettering remaining items.

~~B. Unless specified in these Bylaws, a majority of the delegates voting shall decide issues.~~

**Action:** Adopted. 143 YES, 0 NO

***Proposed Amendment #10***

- Multiple amendments are grouped together to ensure internal consistency of the Bylaws.

**Amendment #10A**

The Committee on Bylaws moves to amend Article V, House of Delegates, Section 6, Voting, Letter C, page 11, by:

- Striking all of letter C.
- Relettering remaining item.

C. Main motions adopted by the House of Delegates shall remain in force until rescinded or amended.

**Action:** Motion to divide the question adopted without objection.

**Motion:** April Apple (North Carolina affiliate delegate): “I move to strike out the first part of letter C ‘Main motions adopted by the House of Delegates shall remain in force until rescinded or amended.’”

This amendment would have the effect of leaving the language in the amendment in the Bylaws.

**Action:** Adopted. 81 YES, 59 NO.

**Action:** Adopted as amended. 124 YES, 17 NO

**Amendment #10B**

The Committee on Bylaws moves to amend Article VII, Board of Directors, Section 2, Duties, page 15, by:

- Adding new letter D.

D. Temporarily suspend main motions adopted by the House of Delegates if found to be

contrary to federal, state or local laws, ASRT Bylaws, or to be financially infeasible.  
**Action:** Adopted. 137 YES, 6 NO

***Proposed Amendment #11***  
The Committee on Bylaws moves to amend Article V, House of Delegates, Section 13, Duties of Speaker and Vice Speaker, Letter A, Speaker, #2, page 14, by:

- Striking “shall” and inserting “may.”

2. May vote only to break a tie.  
**Action:** Adopted. 132 YES, 10 NO

***Proposed Amendment #12***  
The Committee on Bylaws moves to amend Article VI, Nominations and Elections, Section 2, Nominations, Letter A, page 14, by:

- Inserting “Completed” before “candidate.”
- Inserting “forms” after “information.”

A. Nominations of officers and chapter delegates may be submitted by any ASRT voting member. Nominations shall be received in the ASRT office by the end of the first business day of November. Completed candidate information forms shall be received in the ASRT office by the end of the first business day of December.  
**Action:** Adopted. 143 YES, 0 NO

***Proposed Amendment #13***

- Multiple amendments are grouped together to ensure internal consistency of the Bylaws.

**Amendment #13A**  
The Committee on Bylaws moves to amend Article VII, Board of Directors, Section 2, Duties, page 15, by:

- Adding new letter E.

E. Place affiliates and chapters on probationary or inactive status.

**Amendment #13B**  
The Committee on Bylaws moves to amend Article VII, Board of Directors, Section 2, Duties, page 15, by:

- Adding new letter F.

F. Reinstate affiliates to active status when the requirements of these Bylaws, the ASRT Affiliate Charter Agreement and the House of Delegates Procedure Manual are met.

**Amendment #13C**  
The Committee on Bylaws moves to amend Article VII, Board of Directors, Section 2, Duties, page 15, by:

- Adding new letter G.

G. Reinstate chapters to active status when the requirements of these Bylaws and the House of Delegates Procedure Manual are met.



**Amendment #13D**

The Committee on Bylaws moves to amend Article IX, Affiliate Organizations and Chapters, Section 1, Affiliate Organizations, Letter C, page 17, by:

- Inserting “with the ASRT Bylaws, the ASRT Affiliate Charter Agreement or the House of Delegates Procedure Manual” before “shall.”

C. Any affiliate not in compliance with the ASRT Bylaws, the ASRT Affiliate Charter Agreement or the House of Delegates Procedure Manual shall be placed on probationary status.

**Amendment #13E**

The Committee on Bylaws moves to amend Article IX, Affiliate Organizations and Chapters, Section 2, Chapters, Letter C, page 18, by:

- Inserting “with the ASRT Bylaws or the House of Delegates Procedure Manual” before “shall.”

C. Any chapter not in compliance with the ASRT Bylaws or the House of Delegates Procedure Manual shall be placed on probationary status.

**Action:** Adopted. 144 YES, 0 NO

***Proposed Amendment #14***

The Committee on Bylaws moves to amend Article VII, Board of Directors, Section 3, Meetings, Letter B, page 16, by:

- Inserting “or the chairman of the Board,” before “or.”
- Inserting “and the meeting shall occur,” before “provided.”

B. The president or the chairman of the Board, or a majority of the members of the Board of Directors, upon written request to the chairman of the Board, may call a meeting, and the meeting shall occur, provided no less than a 15-day notice to all Board members is given.

**Action:** Adopted. 145 YES, 0 NO

***Proposed Amendment #15***

The Committee on Bylaws moves to amend Article VIII, Committees, Letter B, page 17, by:

- Striking “president” and inserting “appointing authority” before “shall.”
- Striking “the Board of Directors” and inserting “them” before “except.”

B. The appointing authorities shall be an ex-officio member of all committees appointed by them, except the Committee on Nominations.

**Action:** Adopted. 143 YES, 2 NO

***Proposed Amendment #16***

The Committee on Bylaws moves to amend Article IX, Affiliate Organizations and Chapters, Section 1, Affiliate Organizations, Letter B, page 17, by:

- Adding new number 9.

9. List of affiliate subordinates recognized by affiliate and attestation that these subordinates are in compliance with ASRT affiliate subordinate policies and procedures.



**Action:** Adopted 142 YES, 2 NO

***Proposed Amendment #17***

The Committee on Bylaws moves to amend Article IX, Affiliate Organizations and Chapters, Section 2, Chapters, Letter A, page 18, by:

- Inserting new number 14. “Registered Radiologist Assistant.”
- Proviso—Registered Radiologist Assistant Chapter delegates would be seated beginning with the 2011 House of Delegates following the procedure outlined in the House of Delegates Procedure Manual.
- Renumbering remaining item.

14. Registered Radiologist Assistant

**Action:** Adopted. 143 YES, 1 NO

***Proposed Amendment #18***

The Committee on Bylaws moves to amend Article X, Commission and Main Motions, Section 1, Composition and Responsibilities of the Commission, Letter B, page 18, by:

- Inserting a period after “House.”
- Inserting “Main motions may be submitted” before “by.”

B. Main motions shall be submitted to the Commission via the vice speaker of the House. Main motions may be submitted by the following individuals or groups: delegates, chapters, affiliates, Board of Directors, Commission and committees.

**Action:** Adopted. 144 YES, 0 NO

***Proposed Amendment #19***

The Committee on Bylaws moves to amend Article X, Commission and Main Motions, Section 1, Composition and Responsibilities of the Commission, Letter C, page 19, by:

- Inserting “The Commission shall distribute main motions as follows:” before “Practice.”
- Striking “will” in all three places and inserting “shall.”

C. The Commission shall distribute main motions as follows: Practice-related main motions shall be reported to the House of Delegates by the Commission; operational main motions shall be reported to the House of Delegates by the Board of Directors; and main motions containing Bylaw implications or Bylaw amendments shall be reported to the House of Delegates by the Committee on Bylaws.

**Action:** Adopted. 143 YES, 0 NO

***Proposed Amendment #20***

The Committee on Bylaws moves to amend Article XI, Parliamentary Authority, page 19, by:

- Substitution.

The rules contained in the current edition of *Robert’s Rules of Order Newly Revised*, shall

govern the ASRT in all cases in which they are applicable unless they are inconsistent with these Bylaws, the Articles of Incorporation, or state or federal law.

**Action:** Adopted. 144 YES, 0 NO

Following Proposed Amendment #20, the following motion was made:

**Motion:** The Committee on Bylaws moves that the Committee on Bylaws be authorized to correct article and section designations, punctuation, and cross-references and to make such other editorial and conforming changes as may be necessary to reflect the intent of the Society in connection with the adopted Bylaw amendments.

**Action:** Adopted. 141 YES, 1 NO

#### **IV. Consent Calendar and Commission Report**

**Action:** The Consent Calendar was adopted with the removal of motions 1, 2, 3, 9, 17, 18, 19, 20, 21, 22, 23, 24, 26, 27, 28, 31, 36, 37, 38, 39 and 40 by a vote of 142 YES, 1 NO

Motions 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 25, 29, 30, 32, 33, 34 and 35 on the Consent Calendar are adopted.

Chairman Steven Herrmann presented the Commission report. The results of each motion are as follows:

#### ***Main Motion C-10.01***

##### **Amendment to the Radiologist Assistant Practice Standards Introduction**

The Practice Standards Council moves to amend the Radiologist Assistant Practice Standards Introduction, pages 2-4, by:

- Substitution.

#### **Introduction to Radiologist Assistant Practice Standards**

##### **Definition**

A radiologist assistant is an advanced-practice radiographer who practices under the supervision of a radiologist and enhances patient care in radiology services. As a member of the radiologist-directed team, the radiologist assistant exercises independent professional judgment in the performance of patient assessment, patient management and procedures in medical imaging and interventional radiology.

##### **Education and Certification**

The radiologist assistant is a health care professional prepared to practice in the field of medical imaging as a mid-level provider, with a minimum of five years academic preparation, clinical preceptorship and clinical experience. Radiologist assistants are radiographers who

have completed didactic and clinical education in a radiologist assistant program recognized by a mechanism acceptable to the American Registry of Radiologic Technologists (ARRT). The individual must have earned a baccalaureate degree, post-baccalaureate certificate or graduate degree from an academic program encompassing a nationally recognized radiologist assistant curriculum that includes a radiologist-directed clinical preceptorship. Advisory committees of radiologist assistant programs should include radiologist representation.

Academic curriculum and clinical preceptorship prepares the graduate to:

- A. Assess, monitor, and manage patient physiologic and psychologic status.
- B. Perform invasive and noninvasive imaging procedures as delegated by the radiologist who is licensed to practice and has privileges for the procedure being performed by the radiologist assistant.
- C. Obtain images necessary for diagnosis and provide initial observations to the delegating radiologist.
- D. Emphasize patient safety and verify procedure appropriateness by analyzing and incorporating evidenced-based practices for optimal patient care.
- E. Advocate for patient and personnel radiation safety by employing the ALARA principle to minimize patient and occupational radiation dose.
- F. Participate in quality improvement activities within the radiology practice.
- G. Assist with data collection and review for clinical trials or other research.

Upon completion of a radiologist assistant program recognized by the ARRT, individuals may apply to take the ARRT national certification examination. Those who successfully complete the certification examination may practice as a registered radiologist assistant (R.R.A.) and identify themselves as such. In accordance with ARRT protocol, the R.R.A. may then add these credentials following his or her name, e.g., Jack Smith, R.R.A., R.T.(R).

To maintain certification, the R.R.A. must complete 50 continuing education credits per biennium, as defined by the ARRT, to sustain expertise and awareness of changes and advances in practice.

### **Overview**

An interdisciplinary team of radiologists, radiologist assistants, radiographers and other support staff plays a critical role in the delivery of health services as new modalities emerge and the need for imaging procedures increases. A comprehensive procedure list for the radiologist assistant is impractical because clinical activities vary by practice needs and expertise of the radiologist assistant. As radiologist assistants gain more experience, knowledge and clinical competence, the clinical activities for the radiologist assistant may evolve. The clinical activities are delegated by the supervising radiologist in accordance with state statute or regulations and lawful institutional policies.

State statute, regulation or lawful community custom may dictate practice parameters. *Wherever there is a conflict between these standards and state or local statutes or regulations, the state or local statutes or regulations supersede these standards.* A radiologist assistant should, within the boundaries of all applicable legal requirements and restrictions, exercise individual thought, judgment and discretion in the performance of the procedure. *In addition,*

*because a radiologist assistant holds radiographer credentials, specific criteria for radiographers are incorporated into these standards by reference. Both the Radiologist Assistant and Radiography sections of the Practice Standards for Medical Imaging and Radiation Therapy Professionals should be consulted when seeking practice information for radiologist assistant practice.*

### **Practice Standards**

The practice standards define the practice and establish general criteria to determine compliance. Practice standards are authoritative statements established by the profession for judging the quality of practice, service, and education.

### **Format**

The practice standards are divided into five sections: scope of practice, clinical performance, quality performance, professional performance and advisory opinion.

*Scope of Practice.* The scope of practice delineates the parameters of radiologist assistant practice.

*Clinical Performance Standards.* The clinical performance standards define the activities of the radiologist assistant in the care of patients and delivery of diagnostic or therapeutic procedures. The section incorporates patient assessment and management with procedural analysis, performance and evaluation.

*Quality Performance Standards.* The quality performance standards define the activities of the radiologist assistant in the technical areas of performance including equipment and material assessment, safety standards and total quality management.

*Professional Performance Standards.* The professional performance standards define the activities of the radiologist assistant in the areas of education, interpersonal relationships, self assessment and ethical behavior.

*Advisory Opinion Statements.* The advisory opinions are interpretations of the standards intended for clarification and guidance for specific practice issues.

A profession's practice standards serve as a guide for appropriate practice. Practice Standards provide role definition for radiologist assistants that can be used by individual facilities to develop job descriptions and practice parameters. Those outside the imaging, therapeutic and radiation science community can use the standards as an overview of the role and responsibilities of the radiologist assistant as defined by the profession.

Each section is subdivided into individual standards. The standards are numbered and followed by a term or set of terms that identify the standards, such as "assessment" or "analysis/determination." The next statement is the expected performance of the radiologist assistant when performing the procedure or treatment. A rationale statement follows and explains why a radiologist assistant should adhere to the particular standard of performance.

*Criteria.* Criteria are used in evaluating a radiologist assistant's performance. Each set 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.* General criteria are written in a style that applies to imaging and radiation science professionals. These criteria are the same in all sections of the standards and should be used for the appropriate area of practice.

*Specific Criteria.* Specific criteria meet the needs of the radiologist assistants in the various areas of professional practice. While many areas of practice within imaging and radiation sciences are similar, others are not. The specific criteria are drafted with these differences in mind.

**Action:** Adopted as amended. 144 YES, 1 NO

### ***Main Motion C-10.02***

#### **Amendment to the Radiologist Assistant Practice Standards Scope of Practice**

The Practice Standards Council moves to amend the Radiologist Assistant Practice Standards Scope of Practice, pages 5-7, by:

- Substitution.

Performance of clinical activities by the radiologist assistant is defined by educational preparation, documented clinical competence with radiologist supervision and radiologist delegation in accordance with state laws, regulations, and lawful institutional policy.

Preprocedure responsibilities include, but are not limited to, completing patient history and physical, determining procedure appropriateness and participating in informed patient consent. The radiologist assistant reviews variances identified through preprocedural evaluation that may influence the expected outcome with the delegating radiologist prior to the procedure.

The radiologist assistant performs or assists the radiologist with noninvasive and invasive radiology procedures using image guidance as appropriate. The radiologist assistant participates in the preparation, administration and documentation of contrast media and pharmaceuticals. The radiologist assistant assesses monitors and manages patient status including patients under moderate sedation.

Postprocedural responsibilities include, but are not limited to, evaluating images for completeness and diagnostic quality, reporting initial observations to the delegating radiologist, providing follow-up patient evaluation and communicating the radiologist's report to the appropriate health care providers. The radiologist assistant does not provide an image interpretation as defined by the American College of Radiology (ACR).

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 good communication, comprehensive patient assessment, continuous patient monitoring and advanced patient care skills. Radiologist

assistants use independent, professional, ethical judgment and critical thinking to safely perform imaging procedures. Radiologist assistants commit to continued professional development to enhance patient care, public education, knowledge and technical competence while embracing a life of learning.

**See also Radiography Scope of Practice.**

**Action:** Adopted as amended. 145 YES, 1 NO

### ***Main Motion C-10.03***

#### **Amendment to the Radiologist Assistant Practice Standards, Clinical Performance Standards, Standard One – Assessment, *Specific Criteria***

The Practice Standards Council moves to amend the Radiologist Assistant Practice Standards, Clinical Performance Standards, Standard One - Assessment, *Specific Criteria*, page 8, by:

- Substitution.

#### *Specific Criteria*

The radiologist assistant:

1. Performs and documents a radiology-focused physical examination, and analysis of data (e.g., signs and symptoms, laboratory values, vital signs, and significant abnormalities), and reports findings to the delegating radiologist.
2. Observes and assesses a patient who has received moderate sedation.
3. Assesses the patient's level of anxiety and pain, and informs delegating radiologist.
4. Interviews patient to obtain, verify and update medical history.

**See also Radiography Practice Standards.**

**Action:** Adopted as amended. 144 YES, 0 NO

### ***Main Motion C-10.04***

#### **Amendment to the Radiologist Assistant Practice Standards, Clinical Performance Standards, Standard Three – Patient Education, *Specific Criteria***

The Practice Standards Council moves to amend the Radiologist Assistant Practice Standards, Clinical Performance Standards, Standard Three - Patient Education, *Specific Criteria*, page 10, by:

- Substitution.

#### *Specific Criteria*

The radiologist assistant:

1. Explains procedure to the patient or significant others, including a description of risks, benefits, alternatives and follow-up.
2. Provides prescribed postcare instructions as ordered by the delegating radiologist.

3. Obtains informed consent.
4. Provides information regarding risks and benefits of radiation.
5. Refers questions about diagnosis, treatment, or prognosis to the delegating radiologist.

**See also Radiography Practice Standards.**

**Action:** Adopted on the Consent Calendar.

### ***Main Motion C-10.05***

#### **Amendment to the Radiologist Assistant Practice Standards, Clinical Performance Standards, Standard Four – Performance, *Specific Criteria***

The Practice Standards Council moves to amend the Radiologist Assistant Practice Standards, Clinical Performance Standards, Standard Four - Performance, *Specific Criteria*, pages 11-12, by:

- Substitution.

#### *Specific Criteria*

The radiologist assistant:

1. Administers moderate sedation and observes and assesses the patient who has received moderate sedation.
2. Recognizes and responds to medical emergencies, activates emergency response systems and provides advanced life support intervention.
3. Performs invasive and noninvasive procedures as delegated by the radiologist.
4. Administers radiopharmaceuticals and other medications as approved by the delegating radiologist.
5. Monitors patient's physical condition during the procedure and responds to changes in patient vital signs, hemodynamics and level of consciousness.
6. Collects and documents tissue samples.

**See also Radiography Practice Standards.**

**Action:** Adopted on the Consent Calendar.

### ***Main Motion C-10.06***

#### **Amendment to the Radiologist Assistant Practice Standards, Clinical Performance Standards, Standard Six – Implementation, *Specific Criteria***

The Practice Standards Council moves to amend the Radiologist Assistant Practice Standards, Clinical Performance Standards, Standard Six - Implementation, *Specific Criteria*, page 14,

by:

- Striking #2 and #3.

*Specific Criteria*

The radiologist assistant:

1. Communicates rationale for revisions to the radiologist.

**See also Radiography Practice Standards.**

**Action:** Adopted on the Consent Calendar.

***Main Motion C-10.07***

**Amendment to the Radiologist Assistant Practice Standards, Clinical Performance Standards, Standard Seven – Outcomes Measurement, *Specific Criteria***

The Practice Standards Council moves to amend the Radiologist Assistant Practice Standards, Clinical Performance Standards, Standard Seven - Outcomes Measurement, *Specific Criteria*, page 15 by:

- Inserting “delegating” before “radiologist” in items #2 and #3.

*Specific Criteria*

The radiologist assistant:

1. Evaluates images for completeness and diagnostic quality, and recommends additional images.
2. Reports initial observations to the delegating radiologist.
3. Performs follow-up patient evaluation and communicates findings to the delegating radiologist.

**Action:** Adopted on the Consent Calendar.

***Main Motion C-10.08***

**Amendment to the Radiologist Assistant Practice Standards, Clinical Performance Standards, Standard Eight – Documentation, *Specific Criteria***

The Practice Standards Council moves to amend the Radiologist Assistant Practice Standards, Clinical Performance Standards, Standard Eight – Documentation, *Specific Criteria*, page 16, by:

- Substitution.

*Specific Criteria*

The radiologist assistant:

1. Provides patient discharge, procedure and postcare instructions summary for review and co-signature by the delegating radiologist.
2. Documents use of moderate sedation.
3. Reports the initial observations from the examination to the delegating radiologist.



4. Communicates the delegating radiologist’s report to the appropriate health care provider consistent with the American College of Radiology Practice Guidelines for Communication of Diagnostic Imaging Findings.

**See also Radiography Practice Standards.**

**Action:** Adopted on the Consent Calendar.

***Main Motion C-10.09***

**Amendment to the Radiologist Assistant Practice Standards, Quality Performance Standards, Standard Four – Performance, *Specific Criteria***

The Practice Standards Council moves to amend the Radiologist Assistant Practice Standards, Quality Performance Standards, Standard Four – Performance, *Specific Criteria*, page 20, by:

- Inserting “and sterile” before “environment.”

*Specific Criteria*

The radiologist assistant:

1. Participates in quality improvement activities within the radiology practice (e.g., quality of care, patient flow, reject-repeat analysis, patient satisfaction).
2. Provides a safe and sterile environment for patients and staff.

**Action:** Lost. 54 YES, 91 NO

***Main Motion C-10.10***

**Amendment to the Radiologist Assistant Practice Standards, Quality Performance Standards, Standard Seven – Outcomes Measurement, *Specific Criteria***

The Practice Standards Council moves to amend the Radiologist Assistant Practice Standards, Quality Performance Standards, Standard Seven - Outcomes Measurement, *Specific Criteria*, page 23, by:

- Inserting “None added.” after “*Specific Criteria.*”
- Striking “The radiologist assistant: 1. Collects data for clinical trials or other research.”

*Specific Criteria*

None added.

**See also Radiography Practice Standards.**

**Action:** Adopted on the Consent Calendar.

***Main Motion C-10.11***

**Amendment to the Radiologist Assistant Practice Standards, Quality Performance Standards, Standard Eight – Documentation, *Specific Criteria***

The Practice Standards Council moves to amend the Radiologist Assistant Practice Standards, Quality Performance Standards, Standard Eight - Documentation, *Specific Criteria*, page 24, by:

- Inserting “None added.” after “*Specific Criteria.*”
- Striking “The radiologist assistant: 1. Documents previously communicated initial observations of the imaging procedures.”

*Specific Criteria*

None added.

**See also Radiography Practice Standards.**

**Action:** Adopted on the Consent Calendar.

***Main Motion C-10.12***

**Amendment to the Radiologist Assistant Practice Standards, Professional Performance Standards, Standard Six – Research and Innovation, *Specific Criteria***

The Practice Standards Council moves to amend the Radiologist Assistant Practice Standards, Professional Performance Standards, Standard Six - Research and Innovation, *Specific Criteria*, page 30, by:

- Striking “None added.”
- Adding “The radiologist assistant: 1. Collects data for clinical trials or other research.”

*Specific Criteria*

The radiologist assistant:

1. Collects data for clinical trials or other research.

**See also Radiography Practice Standards.**

**Action:** Adopted on the Consent Calendar.

***Main Motion C-10.13***

**Amendment to the Introduction for all Practice Standards, subtitle Format, first sentence of the first paragraph**

The Practice Standards Council moves to amend the Introduction for all Practice Standards, subtitle Format, first sentence of the first paragraph, by:

- Inserting “Practice” before “standards” and capitalizing “Standards.”

The Practice Standards are divided into five sections: scope of practice, clinical performance, quality performance, professional performance and advisory opinions.

**Action:** Adopted on the Consent Calendar.

***Main Motion C-10.14***

**Amendment to the Introduction for all Practice Standards, subtitle Format, second sentence of the second paragraph**

The Practice Standards Council moves to amend the Introduction for all Practice Standards, subtitle Format, second sentence of the second paragraph, by:

- Inserting “Practice” before “Standards” and lowercasing “standards.”

A profession’s practice standards serve as a guide for appropriate practice. Practice standards

provide role definition for radiologist assistants that can be used by individual facilities to develop job descriptions and practice parameters. Those outside the imaging, therapeutic and radiation science community can use the standards as an overview of the role and responsibilities of the radiologist assistant as defined by the profession.

**Action:** Adopted on the Consent Calendar.

### ***Main Motion C-10.15***

#### **Amendment to the Introduction for all Practice Standards, subtitle Format, third paragraph, *Criteria***

The Practice Standards Council moves to amend the Introduction for all Practice Standards, subtitle Format, third paragraph, *Criteria*, by:

- Striking “of criteria” before “is.”

*Criteria.* Criteria are used in evaluating a radiologist assistant’s performance. Each set is divided into two parts: the general criteria and the specific criteria. Both general and specific criteria should be used when evaluating performance.

Note: The Radiologist Assistant Introduction will say “radiologist assistant’s performance” and all other Practice Standards will say “practitioner’s performance.”

**Action:** Adopted on the Consent Calendar.

### ***Main Motion C-10.16***

#### **Amendment to all Practice Standards to insert “lawful” before “institutional”**

The Practice Standards Council moves to amend all Practice Standards by:

- Inserting “lawful” before “institutional.”

#### **Bone Densitometry, pages BD 7 - 28:**

##### *General Stipulation*

Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

#### **Cardiac-Interventional Radiography, page CI 2:**

Cardiac-interventional technologists prepare, administer, and document activities related to contrast media and medications in accordance with state and federal regulations or lawful institutional policy.

#### **Cardiac-Interventional Radiography, pages CI 7 - 10, 12 - 29:**

##### *General Stipulation*

Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

#### **Cardiovascular-Interventional Technology, page CV 2:**

Cardiovascular-interventional technologists prepare, administer, and document activities related to contrast media and medications in accordance with state and federal regulations or lawful institutional policy.

**Cardiovascular-Interventional Technology, pages CV 7 - 10, 12 - 29:**

*General Stipulation*

Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

**Computed Tomography, page CT 2:**

CT technologists prepare, administer, and document activities related to contrast media, medications, and radiation exposure in accordance with federal and state laws or lawful institutional policy.

**Computed Tomography, page CT 7:**

Individuals demonstrate competency to meet state licensure, permit, or certification requirements defined by law and lawful institutional policy for computed tomography and maintain appropriate medical imaging credentials.

**Computed Tomography, pages CT 8 - 9, 11 - 12, 14 - 31:**

*General Stipulation*

Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

**Limited X-ray Machine Operators, pages LXMO 7 - 28:**

*General Stipulation*

Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

**Magnetic Resonance, page MR 2:**

Magnetic resonance technologists prepare, administer, and document activities related to contrast media and medications in accordance with state and federal regulations or lawful institutional policy.

**Magnetic Resonance, pages MR 8 - 11, 13 - 30:**

*General Stipulation*

Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

**Mammography, page M 2:**

He or she utilizes independent professional judgment to obtain the resultant diagnostic information when possible and seeks directive from a qualified interpreting physician or lawful institutional policies (or standards of care) to continue or discontinue the exam otherwise.

**Mammography, page M 2:**

The mammography technologist independently performs screening and diagnostic mammography exams based on lawful institutional policies and/or practice standards and/or follows the directive of the interpreting physician to assist in the completion of the exam.

**Mammography, page M 2:**

When involved with diagnostic procedures in breast imaging, mammography technologists must be able to assist the interpreting physician as directed and to prepare, and/or document activities related to contrast media and/or medications, in accordance with federal, state, and lawful institutional policies.

**Mammography, pages M 8 - 11, 13 - 30:**

*General Stipulation*

Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

**Nuclear Medicine, page NM 5:**

8. In agreement with state statute(s) and/or where lawful institutional policy permits, preparing, calculating, identifying, and/or administering radiopharmaceuticals and/or medications as prescribed by a licensed practitioner.

**Nuclear Medicine, pages NM 7 - 10, 12 - 29:**

*General Stipulation*

Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

**Radiation Therapy, page RT 5:**

14. Performing venipuncture with the appropriate clinical and didactic education where state and/or lawful institutional policy permits.

**Radiation Therapy, pages RT 7, 9 - 11, 13 - 30:**

*General Stipulation*

Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

**Radiography, page R 2:**

Radiographers prepare, administer, and document activities related to contrast media and medications in accordance with state and federal regulations or lawful institutional policy.

**Radiography, page R 6:**

24. Performing peripherally inserted central catheter placement where state statute(s) and/or lawful institutional policy permits.

**Radiography, pages R 7 - 10, 12 - 29:**

*General Stipulation*

Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

**Radiography, page R 7:**

- Receives, relays, and documents verbal and/or telephone orders in the patient's chart where state statute and/or lawful institutional policy permit.

**Radiologist Assistant, pages 8 – 11, 13 – 30:**

*General Stipulation*

Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

**Radiologist Assistant, page 29:**

- Performs procedures in accordance with lawful institutional credentialing restrictions.

**Sonography, pages DS 8 - 11, 13 - 30:**

*General Stipulation*

Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

**Sonography, page DS 8:**

- Receives, relays, and documents verbal and/or telephone orders in the patient's chart where state statute and/or lawful institutional policy permit.

**Vascular Interventional Radiography, page VI 2:**

Vascular-interventional technologists prepare, administer, and document activities related to contrast media and medications in accordance with state and federal regulations or lawful institutional policy.

**Vascular Interventional Radiography, pages VI 7 - 10, 12 - 29:**

*General Stipulation*

Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

**Action:** Adopted on the Consent Calendar.

***Main Motion C-10.17***

**Amendment to Scopes of Practice for administering medications**

The Practice Standards Council moves to amend the following Scopes of Practice by:

- Striking out and inserting.
- Renumbering as appropriate.

Identifying, preparing, and/or administering medications as prescribed by a licensed practitioner.

**Action:** Adopted. 145 YES, 0 NO

***Main Motion C-10.18***

**Amendment to Radiologist Assistant Scope of Practice for administering medications**

The Commission moves to amend the Radiologist Assistant Scope of Practice by:

<ul style="list-style-type: none"> <li>• Striking out and inserting.</li> <li>• Renumbering as appropriate.</li> </ul>	
<b>Radiologist Assistant, page 6:</b> <del>22. Administering contrast media, radioactive materials, and other medications as prescribed by the radiologist or licensed independent practitioner.</del>	Preparing, identifying, and/or administering medications as prescribed by a licensed practitioner.
<b>Action:</b> Withdrawn by Commission with no objection.	

<p><b><i>Main Motion C-10.19</i></b>  <b>Amendment to Scopes of Practice for venipuncture</b>          The Practice Standards Council moves to amend the following Scopes of Practice by:</p> <ul style="list-style-type: none"> <li>• Striking out and inserting.</li> <li>• Renumbering as appropriate.</li> </ul>	
<p><b>Bone Densitometry, page BD 5:</b>  <del>18. Starting and maintaining intravenous (IV) access per orders when applicable.</del></p> <p><b>Cardiac-Interventional Radiography, pages CI 5 - 6:</b>  <del>11. Performing venipuncture where state statute(s) and/or institutional policy permits.</del>  <del>24. Starting and maintaining intravenous (IV) access per orders when applicable.</del></p> <p><b>Cardiovascular-Interventional Technology, pages CV 5 - 6:</b>  <del>11. Performing venipuncture where state statute(s) and/or institutional policy permits.</del>  <del>24. Starting and maintaining intravenous (IV) access per orders when applicable.</del></p> <p><b>Computed Tomography, pages CT 6 - 7:</b>  <del>14. Performing venipuncture where state statutes and/or institutional policy permits and with the appropriate clinical and didactic education where state and/or institutional policy permits.</del>  <del>27. Starting and maintaining intravenous (IV) access per orders when applicable.</del></p> <p><b>Magnetic Resonance, pages MR 6 - 7:</b>  <del>9. Performing venipuncture where state statutes and/or institutional policy permit and with the appropriate clinical and didactic education where state and/or institutional policy permit.</del>  <del>21. Starting and maintaining intravenous (IV) access per orders when applicable.</del></p> <p><b>Mammography, pages M 6 - 7:</b></p>	Starting and maintaining intravenous (IV) access.

<p>17. Performing venipunctures where state statutes and/or institutional policy permits with the appropriate clinical and didactic education where state and/or institutional policy permits.</p> <p><b>Nuclear Medicine, pages NM 5 - 6:</b></p> <p>10. Performing venipunctures where state statutes and/or institutional policy permits and with the appropriate clinical and didactic education where state and/or institutional policy permits.</p> <p>28. Starting and maintaining intravenous (IV) access per orders when applicable.</p> <p><b>Radiation Therapy, page RT 5:</b></p> <p>14. Performing venipuncture with the appropriate clinical and didactic education where state and/or institutional policy permits.</p> <p>16. Starting and maintaining intravenous (IV) access per orders when applicable.</p> <p><b>Radiography, pages R 5 - 6:</b></p> <p>12. Performing venipunctures where state statute(s) and/or institutional policy permits.</p> <p>27. Starting and maintaining intravenous (IV) access per orders when applicable.</p> <p><b>Sonography, pages DS 6 - 7:</b></p> <p>11. Performing venipunctures, where state statute(s) and/or institutional policy permits.</p> <p>24. Starting and maintaining intravenous (IV) access per orders when applicable.</p> <p><b>Vascular-Interventional Radiography, pages VI 5 - 6:</b></p> <p>11. Performing venipunctures where state statute(s) and/or institutional policy permits.</p> <p>24. Starting and maintaining intravenous (IV) access per orders when applicable.</p>	
<p><b>Action:</b> Lost. 47 YES, 97 NO</p>	

<p><b>Main Motion C-10.20</b></p>	
<p><b>Amendment to Radiologist Assistant Scopes of Practice for venipuncture</b></p>	
<p>The Commission moves to amend the Radiologist Assistant Scope of Practice by:</p>	
<ul style="list-style-type: none"> <li>• Striking out and inserting.</li> <li>• Renumbering as appropriate.</li> </ul>	
<p><b>Radiologist Assistant, page 6:</b></p> <p>11. Performing venipuncture.</p>	<p>Starting and maintaining intravenous (IV) access.</p>
<p><b>Action:</b> Withdrawn by Commission with no objection.</p>	



***Main Motion C-10.21***

**Amendment to all Practice Standards, Professional Performance Standards, Standard Six – Research and Innovation #6, *General Criteria***

The Practice Standards Council moves to amend all Practice Standards, Professional Performance Standards, Standard Six – Research and Innovation, #6, *General Criteria*, by:

- Adding “for the betterment of themselves, the patient, and the radiologic sciences” after “learning.”

6. Pursues a life of learning for the betterment of themselves, the patient, and the radiologic sciences.

**Action:** Lost. 19 YES, 125 NO

***Main Motion C-10.22***

**Amendment to all Practice Standards, Professional Performance Standards, Standard Six – Research and Innovation #6, *General Criteria***

The Commission moves to amend all Practice Standards, Professional Performance Standards, Standard Six – Research and Innovation, #6, *General Criteria* by:

- Striking “a life of learning” and inserting “lifelong learning.”

6. Pursues lifelong learning.

**Action:** Adopted. 144 YES, 2 NO

***Main Motion C-10.23***

**Amendment to the Medical Imaging and Radiation Therapy Glossary, definition of ALARA**

The Practice Standards Council moves to amend the Medical Imaging and Radiation Therapy Glossary by:

- Inserting “As low as reasonably achievable (ALARA) - Patient and personnel radiation safety technique involving administration of ionizing and nonionizing radiation in doses as low as reasonably achievable to minimize patient and occupational radiation dose.” after “Artifact.”

<b>Current Wording</b>	<b>Proposed Wording</b>
	<b>As low as reasonably achievable (ALARA) -</b> Patient and personnel radiation safety technique involving administration of ionizing and nonionizing radiation in doses as low as reasonably achievable to minimize patient and occupational radiation dose.

**Motion:** The Commission moves to refer Motion C-10.23 back to the Practice Standards Council.

**Action:** Adopted. 125 YES, 13 NO

***Main Motion C-10.24***

**Amendment to the Medical Imaging and Radiation Therapy Glossary, definition of Interventional procedures**

The Practice Standards Council moves to amend the Medical Imaging and Radiation Therapy Glossary, definition of Interventional procedures, page Glossary 3, by:

- Substitution.

<b>Current Wording</b>	<b>Proposed Wording</b>
<b>Interventional procedures</b> - Percutaneous catheterization for diagnostic and therapeutic purposes.	<b>Interventional procedures</b> - Imaging procedures requiring longitudinal involvement of the radiologist interventionalist, often involving therapeutic interventions, and continuing through time to eventual resolution of the clinical problem or establishment of an alternative care plan.

**Motion:** The Commission moves to refer Motion C-10.24 back to the Practice Standards Council.

**Action:** Adopted. 143 YES, 2 NO

***Main Motion C-10.25***

**Amendment to the Medical Imaging and Radiation Therapy Glossary, inserting the definition of Medication**

The Commission moves to amend the Medical Imaging and Radiation Therapy Glossary by:

- Inserting “**Medication** - Any chemical substance intended for use in the medical diagnosis, cure, treatment or prevention of disease.”

**Medication** – Any chemical substance intended for use in the medical diagnosis, cure, treatment or prevention of disease.

**Action:** Adopted on the Consent Calendar.

***Main Motion C-10.26***

**Amendment to the Medical Imaging and Radiation Therapy Glossary, definition of Pharmaceutical**

The Practice Standards Council moves to amend the Medical Imaging and Radiation Therapy Glossary, definition of Pharmaceutical, page Glossary 3, by:

- Striking “Note: the ASRT House of Delegates has indicated that administration of contrast media or other medications is within the scope of practice for radiologic technologists (see also ASRT Position Statements titled “Drug Administration by Radiologic Technologists).”

**Pharmaceutical** – Contrast media, radiopharmaceuticals or other medications. ~~Note: the ASRT House of Delegates has indicated that administration of contrast media or other medications is within the scope of practice for radiologic technologists (see also ASRT Position Statements titled “Drug Administration by Radiologic Technologists).~~

**Action:** Lost. 26 YES, 119 NO

***Main Motion C-10.27***

**Amendment to the Medical Imaging and Radiation Therapy Glossary, definition of Pharmaceutical**

The Commission moves to amend the Medical Imaging and Radiation Therapy Glossary, definition of Pharmaceutical, page Glossary 3, by:

- Substitution.

**Pharmaceutical** – See Medication.

**Action:** Adopted. 142 YES, 3 NO

***Main Motion C-10.28***

**Amendment to the Medical Imaging and Radiation Therapy Glossary, definition of Qualified supervisor**

The Practice Standards Council moves to amend the Medical Imaging and Radiation Therapy Glossary, definition of Qualified supervisor, page Glossary 4 by:

- Striking “the” after “to” and inserting “another” before “individual.”

**Current Wording**

**Qualified Supervisor** – Individual who is educationally prepared, clinically competent, and credentialed in the medical imaging and radiation therapy sciences who provides clinical supervision to ~~the~~ another individual.

**Proposed Wording**

**Qualified supervisor** – Individual who is educationally prepared, clinically competent, and credentialed in the medical imaging and radiation therapy sciences who provides clinical supervision to another individual.

**Motion:** Julie Gill (Education Chapter delegate): “I move to refer Motion C-10.28 back to the Practice Standards Council for removal from the “Glossary” and inclusion in the “LXMO Practice Standards”.

**Action:** Adopted. 125 YES, 19 NO

***Main Motion C-10.29***

**Amendment to the Medical Imaging and Radiation Therapy Glossary, inserting the definition of Delegating radiologist**

The Commission moves to amend the Medical Imaging and Radiation Therapy Glossary by:

- Inserting “**Delegating radiologist** – A board certified radiologist with appropriate clinical privileges.”

**Delegating radiologist** – A board certified radiologist with appropriate clinical privileges.

**Action:** Adopted on the Consent Calendar.

***Main Motion C-10.30***

**Rescind the position statement “Definition of Radiologist Assistant”**

The Practice Standards Council moves to rescind the position statement titled “Definition of Radiologist Assistant.”

**Definition of Radiologist Assistant**

The American Society of Radiologic Technologists (ASRT) defines the radiologist

assistant as an individual who holds the radiologist assistant credential from the American Registry of Radiologic Technologists (ARRT) and who has successfully completed an advanced academic program encompassing a nationally recognized radiologist assistant curriculum that includes a radiologist-directed clinical preceptorship, and that culminates in the award of a baccalaureate degree, post-baccalaureate certificate or graduate degree.

**Action:** Adopted on the Consent Calendar.

***Main Motion C-10.31***

**Rescind the position statement “Education of Personnel Performing Digital Radiography”**

The Practice Standards Council moves to rescind the position statement titled “Education of Personnel Performing Digital Radiography.”

**Education of Personnel Performing Digital Radiography**

It is the position of the American Society of Radiologic Technologists (ASRT) that all personnel performing digital radiography be educationally prepared and clinically competent in the operation of this equipment, including methods to reduce patient radiation dose.

**Action:** Lost. 36 YES, 108 NO

***Main Motion C-10.32***

**Rescind the position statement “Lifelong Learning in the Radiologic Sciences”**

The Practice Standards Council moves to rescind the position statement titled “Lifelong Learning in the Radiologic Sciences.”

**Lifelong Learning in the Radiologic Sciences**

It is the position of the American Society of Radiologic Technologists (ASRT) that radiologic technologists engage in lifelong learning through self-initiated, self-directed and self-evaluated education and training for the purposes of professional development, personal enhancement and quality of care improvement.

**Action:** Adopted on the Consent Calendar.

***Main Motion C-10.33***

**Rescind the position statement “Medication Administration by Radiologic Technologists”**

The Practice Standards Council moves to rescind the position statement titled “Medication Administration by Radiologic Technologists.”

**Medication Administration by Radiologic Technologists**

It is the position of the American Society of Radiologic Technologists (ASRT) that preparation, identification and administration of contrast media, radiopharmaceuticals and/or medications are within the scope of practice of radiologic technologists with appropriate clinical and didactic education and where federal or state law and/or institutional policy permit.

**Action:** Adopted on the Consent Calendar.

***Main Motion C-10.34***

**Rescind the position statement “Venipuncture”**

The Practice Standards Council moves to rescind the position statement titled “Venipuncture.”

**Venipuncture**

It is the position of the American Society of Radiologic Technologists (ASRT) that performing venipuncture to administer contrast media, radiopharmaceuticals and/or medications is within the scope of practice for radiologic technologists with appropriate clinical and didactic education and where federal or state law and/or institutional policy permit.

**Action:** Adopted on the Consent Calendar.

***Main Motion C-10.35***

**Amendment to and retitling of position statement “Personnel Performing Image-guided Procedures”**

The Practice Standards Council moves to amend the title of the position statement “Personnel Performing Image-guided Procedures” by:

- Striking “Personnel” and inserting “Qualifications for” before “Performing.”

**Qualifications for Performing Image-guided Procedures**

**Action:** Adopted on the Consent Calendar.

***Main Motion C-10.36***

**Amendment to and retitling of position statement “Personnel Qualifications for Image Acquisition With Hybrid Imaging Equipment in Fusion Mode”**

The Practice Standards Council moves to amend the title and the position statement “Personnel Qualifications for Image Acquisition With Hybrid Imaging Equipment in Fusion Mode” by:

- Substitution.

<b>Current Wording</b>	<b>Proposed Wording</b>
<p><b>Personnel Qualifications for Image Acquisition With Hybrid Imaging Equipment in Fusion Mode</b></p> <p>It is the position of the American Society of Radiologic Technologists (ASRT) that radiologic technologists performing multiple modality fusion imaging be registered by the American Registry of Radiologic Technologists (ARRT), Nuclear Medicine Technology Certification Board (NMTCB), American Registry for Diagnostic Medical Sonography (ARDMS) or equivalent and be</p>	<p><b>Qualifications for Performing Image Acquisition With Hybrid Imaging Equipment in Fusion Mode</b></p> <p>It is the position of the American Society of Radiologic Technologists (ASRT) that only radiologic technologists certified in each component of a multiple modality fusion imaging procedures by the American Registry of Radiologic Technologists (ARRT), Nuclear Medicine Technology Certification Board (NMTCB), American Registry for Diagnostic Medical Sonography (ARDMS)</p>

educationally prepared and clinically competent in all components of the specific fusion procedures.	or equivalent perform all multiple modality fusion imaging.
<b>Action:</b> Motion to divide the question adopted with no objection.	
<b>Action on C-10.36A title change only:</b> Adopted. 146 YES, 0 NO	
<b>Action on C-10.36B content change only:</b> Lost. 13 YES, 131 NO	

<b><i>Main Motion C-10.37</i></b>	
<b>Amendment to position statement “Certification of Personnel Practicing in the Radiologic Sciences”</b>	
The Quality Management Chapter moves: We move that the following certification agencies be added to the position statement on Certification of Personnel Practicing in the Radiologic Sciences: American Board of Imaging Informatics (ABII) and the Radiology Administration Certification Commission (RACC).	
<b>Current Wording</b>	<b>Proposed Wording</b>
It is the position of the American Society of Radiologic Technologists (ASRT) that radiologic technologists practicing radiography, sonography, nuclear medicine, radiation therapy and other imaging disciplines or specialties in all health care facilities are certified by agencies such as the American Registry of Radiologic Technologists (ARRT), American Registry for Diagnostic Medical Sonography (ARDMS), Nuclear Medicine Technology Certification Board (NMTCB), Medical Dosimetrist Certification Board (MDCB), American Board of Imaging Informatics (ABII), Radiology Administration Certification Commission (RACC) or meet state licensure requirements.	It is the position of the American Society of Radiologic Technologists (ASRT) that radiologic technologists practicing radiography, sonography, nuclear medicine, radiation therapy and other imaging disciplines or specialties in all health care facilities are certified by agencies such as the American Registry of Radiologic Technologists (ARRT), American Registry for Diagnostic Medical Sonography (ARDMS), Nuclear Medicine Technology Certification Board (NMTCB), Medical Dosimetrist Certification Board (MDCB), <b>American Board of Imaging Informatics (ABII)</b> , Radiology Administration Certification Commission (RACC) or meet state licensure requirements.
<b>Motion:</b> William May (Education Chapter delegate): “I move to refer C-10.37 back to the Commission.”	
<b>Action:</b> Adopted. 99 YES, 47 NO	

<b><i>Main Motion C-10.38</i></b>
<b>Amendment to position statement “Certification of Personnel Practicing in the Radiologic Sciences”</b>
The Management Chapter moves:

We move to amend the position statement Certification of Personnel Practicing in the Radiologic Sciences by:

- Substitution.

<b>Current Wording</b>	<b>Proposed Wording</b>
<p>It is the position of the American Society of Radiologic Technologists (ASRT) that radiologic technologists practicing radiography, sonography, nuclear medicine, radiation therapy and other imaging disciplines or specialties in all health care facilities are certified by agencies such as the American Registry of Radiologic Technologists (ARRT), American Registry for Diagnostic Medical Sonography (ARDMS), Nuclear Medicine Technology Certification Board (NMTCB), Medical Dosimetrist Certification Board (MDCB) or meet state licensure requirements.</p>	<p>It is the position of the American Society of Radiologic Technologists (ASRT) that radiologic technologists practicing or managing other radiologic technologists in radiography, sonography, nuclear medicine, radiation therapy and other imaging disciplines, modalities or specialties in all health care facilities are certified in their area of practice by agencies such as the American Registry of Radiologic Technologists (ARRT), American Registry for Diagnostic Medical Sonography (ARDMS), Nuclear Medicine Technology Certification Board (NMTCB), Medical Dosimetrist Certification Board (MDCB), Radiology Administrators Certification Commission (RACC) and meet state licensure requirements.</p>
<p><b>Motion:</b> Gary Duehring (author and Management Chapter delegate): “I move to withdraw.”</p>	
<p><b>Action:</b> Adopted with no objection.</p>	

***Main Motion C-10.39***

**Motion titled “Qualifications for Educators Teaching Radiologic Sciences”**

Paulette Peterson (New York affiliate delegate) moves:

I move the American Society of Radiologic Technologists adopt the position statement “Qualifications for Educators Teaching Radiologic Sciences” that reads:

**Qualifications for Educators Teaching Radiologic Sciences**

It is the position of the American Society of Radiologic Technologist that all full time educators in the Radiologic Sciences have, at a minimum, a Baccalaureate degree in education and that they be required to accumulate twelve education related credits per biennium effective 2012. Current educators will demonstrate 12 continuing education credits in education related topics in their biennium beginning with their next biennium window.

**Action:** Ruled out of order by the speaker. The establishment of CE requirements is the purview of the certifying agencies and the ASRT does not have authority to mandate requirements set by other organizations.

**Action:** Paulette Peterson (New York affiliate delegate) appealed the decision of the speaker to rule Motion C-10.39 out of order.

**Action:** The speaker’s decision to rule Motion C-10.39 out of order was sustained by the House 86 YES, 59 NO



***Main Motion C-10.40***

**Motion titled “Composition of the American Registry of Radiologic Technologists Board of Trustees”**

Paulette Peterson (New York affiliate delegate) moves:

I move the American Society of Radiologic Technologists adopt the position statement “Composition of the American Registry of Radiologic Technologists Board of Trustees” that reads:

**Composition of the American Registry of Radiologic Technologists Board of Trustees**

The American Registry of Radiologic Technologists shall be comprised of one American College of Radiology appointed radiologist, one public member, one Radiation Therapist, one Nuclear Medicine technologist and five Radiographers; none of these members shall have been an officer of the organization that appointed them.

**Action:** Ruled out of order by the speaker. The ASRT does not have authority to mandate to another organization who should be seated on their board or qualifications for their appointees.

Following Main Motion C-10.40 the following motion was made:

**Motion:** The Commission moves that the Commission be authorized to correct punctuation and cross-references and to make such other editorial and conforming changes to the position statements and Practice Standards as may be necessary to reflect the intent of the Society in connection with adopted position statements and amendments.

**Action:** Adopted 143 YES, 2 NO

**V. Nominations for Speaker and Vice Speaker**

There were no further nominations for speaker or for vice speaker.

**VI. Election of Speaker and Vice Speaker**

**Action:** Donna Long, candidate for speaker, and Sandra Hayden, candidate for vice speaker, were elected by voice vote on a single vote of voting delegates. There were no dissenting votes.



## VII. New Business

### A. Introduction of Late Main Motions

#### **Continuing Education of Personnel in Area of Practice To Reduce Radiation Dose**

It is the position of the American Society of Radiologic Technologists that credentialed technologists should complete continuing education that is related to their area of practice and that includes methods to reduce radiation dose.

**Motion:** Lorenza Clausen (California affiliate delegate) moved to debate the motion “Continuing Education of Personnel in Area of Practice To Reduce Radiation Dose.”

**Action:** Lost 81 YES, 65 NO

#### **Amendment to the Radiologist Assistant Practice Standards, Clinical Performance Standards, Standard Six – Implementation, *Specific Criteria*, page 14.**

To amend the Radiologist Assistant Practice Standards, Clinical Performance Standards, Standard Six – Implementation, *Specific Criteria*, page 14, by inserting the word “delegating” before “radiologist.”

**Motion:** Amanda Corbin (Washington affiliate delegate) moved to debate the motion “Amendment to the Radiologist Assistant Practice Standards, Clinical Performance Standards, Standard Six – Implementation, *Specific Criteria*, page 14.”

**Action:** Lost. 81 YES, 61 NO

### B. Courtesy Motion

A humorous courtesy motion titled “More Than Corn” was brought by Ashley Smith (Indiana affiliate delegate) congratulating Speaker of the House Donna Thaler Long of Indiana for her hard work and effective leadership of the House of Delegates.

**Motion:** Resolved, that there is more than corn in Indiana.

**Action:** Adopted with delegates showing their appreciation through rising applause.

**C. Report of Election of Chapter Steering Committee Chairmen**

**Bone Densitometry**

Chairman Sherrill Wilson  
Vice Chairman Sharon Wartenbee

**Cardiovascular Interventional Technology**

Chairman Victoria Drey  
Vice Chairman Steven Miles

**Computed Tomography**

Chairman Pam Dunster  
Vice Chairman Jesse Pennington

**Education**

Chairman Anita Slechta  
Vice Chairman Jan Gibson

**Magnetic Resonance**

Chairman Christina Giabuis  
Vice Chairman Meredith Gammons

**Mammography**

Chairman Stephanie Johnston  
Vice Chairman Deborah Berry

**Management**

Chairman Gary Greathouse  
Vice Chairman Denise Tabor

**Medical Dosimetry**

Chairman Robert Vandeborne  
Vice Chairman Marco Lara

**Military**

Chairman Rick Brittain  
Vice Chairman Timothy Soukup

**Nuclear Medicine**

Chairman Rick States  
Vice Chairman Barbara Hente

**Quality Management**

Chairman Nancy Johnson  
Vice Chairman Barbara Smith

**Radiation Therapy**

Chairman Pam Cartright  
Vice Chairman Lynda Reynolds

**Radiography**

Chairman Heather Moore  
Vice Chairman Thomas King

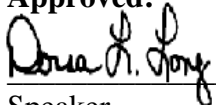
**Sonography**

Chairman Dale Collins  
Vice Chairman Bettye Wilson

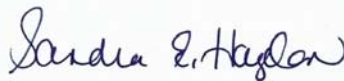
**VIII. Adjournment**

Speaker of the House Donna Long adjourned the second meeting of the 25th Annual Meeting of the House of Delegates at 11:33 a.m., Sunday, June 27, 2010.

**Approved:**

 Donna R. Long, MSN, RT(R)(M)(QM)

Speaker  
Chairman, Minutes Approval Committee  
Donna Long

 Sandra E. Hayden

Vice Speaker  
Sandra Hayden