

**NDAC TITLE 114
ND MEDICAL IMAGING and RADIATION THERAPY BOARD OF EXAMINERS**

**ARTICLE 114-01
GENERAL ADMINISTRATION**

Chapter
114-01-01 Organization of Board
114-01-02 Definitions
114-01-03 Fees

**CHAPTER 114-01-01
ORGANIZATION OF BOARD**

Section
114-01-01-01 Organization of Medical Imaging and Radiation Therapy Board of Examiners

Section 114-01-01-01 Organization of Medical Imaging and Radiation Therapy Board of Examiners.

1. **History and function.** The 2015 legislative assembly passed the Medical Imaging & Radiation Therapy Board practices act, codified as North Dakota Century Code chapter 43-62. This chapter requires the governor to appoint the board of medical imaging and radiation therapy board. The function of the board is to regulate the practice of medical imaging and radiation therapy modalities by licensing qualified individuals.

2. **Board membership.** The board consists of nine members appointed by the governor. Five members are medical imaging or radiation therapy professionals, one each from the areas of nuclear medicine technology, radiation therapy, radiography, sonography, and medical imaging or radiation therapy education, one member is a radiologist, one is a medical physicist, one is a physician from a rural area and one public member. Members of the board serve four-year terms with the public member's appointment coinciding with that of the governor. The terms are so arranged that no more than four terms expire on July thirty-first of each year. No member may be appointed for more than two consecutive 4 year terms.

3. **Compensation.** Board members shall receive expenses from board funds for each day or a portion of the day spent in board work as provided for other state officers in North Dakota Century Code section 54-06-09 - Mileage and travel expense of state officers and employees.

4. **Executive secretary.** The board shall employ personnel necessary to carry out North Dakota century code chapter 43-62 and this title will be responsible for the administration of the board's office and activities.

5. **Inquiries.** Inquiries regarding the board may be addressed to:

Medical Imaging and Radiation Therapy Board of Examiners
PO Box 398
Bismarck, North Dakota 58502-0398

History: Effective ____1, 2016.

General Authority: NDCC 28-32; NDCC 43-62;

Law Implemented: NDCC 43-62-04; NDCC 43-62-05; NDCC 43-62-09.

CHAPTER 114-01-02 DEFINITIONS

Section 114-01-02-01 Definitions

114-01-02-01. Definitions. The terms used in this title have the same meaning as in North Dakota Century Code chapter 43-62 and apply to North Dakota Administrative Code title 114 unless the context indicates otherwise.

1. "Accreditation" means the official authorization or status granted by a nationally recognized accrediting organization or agency.
2. "Applicant" means an individual seeking official action by the board.
3. "Approved" means that the standards established by the board are met.
4. "Approved program" means a formal education program in the respective discipline of nuclear medicine technology, radiation therapy, radiography, radiologist assistant, sonography that is accredited by one or more of the following:
 - a. Joint review committee on education in radiologic technology; or
 - b. Joint review committee on educational programs in nuclear medicine technology; or
 - c. Commission on accreditation of allied health education programs; or
 - d. Regional institutional accrediting agencies; or
 - e. Any other appropriate accreditation agency approved by the board.
5. "Authority" means legal authority granted through licensure to provide medical imaging or radiation therapy services to patients.
6. "Authorized User" means a physician, dentist, or podiatrist who is licensed as required to possess and use radioactive materials under North Dakota administrative code 33-10-07.2. and 33-10-15.
7. "Board" means the North Dakota medical imaging and radiation therapy board of examiners.
8. "Bone densitometry technologist", means an individual, other than a licensed practitioner, that is responsible for administration of ionizing radiation to humans to determine the density of bone structure for diagnostic, therapeutic or research purposes.
9. "Cardiac-Interventional technologist", means an individual, other than a licensed practitioner, that is responsible for the administration of ionizing radiation to humans to visualize cardiac structures for diagnostic, therapeutic or research purposes.

10. "Cardiac vascular interventional technologist", means an individual, other than a licensed practitioner, that is responsible for the administration of ionizing radiation to humans to visualize cardiac and vascular structures for diagnostic, therapeutic or research purposes.
11. "Competence" means the application and integration of knowledge, skills, ability, and judgment necessary to meet standards.
12. "Computed tomography technologist", means an individual, other than a licensed practitioner, who is responsible for the administration of ionizing radiation to humans for diagnostic, therapeutic or research purposes.
13. "Conditional license" means a license issued by the board to an individual that may or may not have graduated from a program and is actively working toward certification and registration.
14. "Cross training" means board authorization to practice with supervision in a related modality while attaining the knowledge, skills and ability to meet the requirements set by the board.
15. "Criminal history record information" shall have the same meaning as the phrase is defined in North Dakota Century Code section 12-60-16.1.
16. "Internationally educated" means educated outside the United States.
17. "Jurisdiction" means a province, state, or territory that certifies, registers, or licenses medical imaging or radiation therapy professionals to practice.
18. "Lapsed" means a license which is not renewed.
19. "License" means the legal authority granted by the board to practice one or more of the medical imaging and radiation therapy modalities.
20. "Licensure" means the process by which the board grants legal authority to an individual to engage in the practice of medical imaging or radiation therapy upon finding that the individual has attained the essential degree of education, certification and competence, or on the job training, necessary to ensure that the public health, safety, and welfare will be protected.
21. "Limit" means to restrict, qualify, or otherwise modify the license.
22. "Magnetic resonance imaging technologist", means an individual other than an licensed practitioner, who uses radiofrequency transmission within a high strength magnetic field on humans for diagnostic, therapeutic or research purposes.

23. "Mammography technologist" means an individual, other than a licensed practitioner, who is responsible for administration of ionizing radiation and breast directed high frequency sound waves for diagnostic, therapeutic and research purposes and performs breast imaging procedure and related techniques, producing data.

24. "Medical imaging modality" includes the following:

- a. Bone densitometry and all its subspecialties.
- b. Cardiac-interventional subspecialties.
- c. Cardio -vascular interventional subspecialties.
- d. Computed tomography and all its subspecialties.
- e. Diagnostic medical sonography and all its subspecialties.
- f. Interventional radiography and all its subspecialties.
- g. Magnetic resonance imaging and all its subspecialties.
- h. Mammography and all of its subspecialties.
- i. Nuclear medicine technology and all its subspecialties.
- j. Quality management and all its subspecialties.
- k. Radiography and all its subspecialties.
- l. Radiology assistant and all its subspecialties.
- m. Radiation therapy and all its subspecialties.
- n. Vascular-interventional radiography and all its subspecialties.

25. "Medically underserved areas" means having met the criteria based on the Index of Medical Underservice, published in the *Federal register* on October 15, 1976. See 42 CFR 51C.102.

26. "Modality" means the practice of one or more of the medical imaging and radiation therapy recognized professions.

27. "Nuclear medicine technologist" means an individual, other than an authorized user, who prepares and administers radiopharmaceuticals and related drugs to human beings for diagnostic and research purposes, and is responsible for the use of ionizing and non-ionizing radiation and molecular imaging, performs in vivo and in vitro detection and measurement of radioactivity and administers radiopharmaceuticals to human beings for therapeutic purposes.

28. "Patient" means an individual subjected to ionizing and non-ionizing radiation for the purposes of diagnosis or treatment.

29. "Primary source verification" means the process used by the board or its designee to confirm certification and registration information submitted by the applicant or licensee with the appropriate certification organization.

30. "Quality Management Technologist", means an individual, other than a licensed practitioner, who has received specific documented training to perform physics surveys independently with medical physicist oversight and may assist a medical physicist for

special modality physics surveys. The licensees also may also supervise quality control and quality improvement projects that ensure improved medical imaging and radiation therapy department performance

31. "Radiographer" means an individual, other than a licensed practitioner, who performs a comprehensive set of diagnostic radiographic procedures using external ionizing radiation or magnetic fields, radio waves, and field gradients to produce radiographic, fluoroscopic, magnetic resonance, or digital images.

32. "Radiologist assistant" means an individual, other than a licensed practitioner, who is a medical radiographer with advanced-level training and certification, and performs selected radiology examinations and procedures.

33. "Radiology" means the branch of medicine that deals with the study and application of imaging technology to diagnosis and treat disease.

34. "Registered cardiovascular invasive specialist" means an individual, other than a licensed practitioner, who operates medical equipment emitting ionizing radiation for fluoroscopic radiologic procedures that are limited to specific body parts and only for cardiovascular interventional procedures.

35. "Registered cardiac electrophysiology specialist" means an individual, other than a licensed practitioner, who performs limited fluoroscopic diagnostic and interventional cardiac electrophysiology procedures.

36. "Reinstatement" means issuance of a previously active license in the absence of disciplinary action.

37. "Relicensure" means renewal, reinstatement, or reissuance of a license.

38. "Scope of practice" means the delineation of the nature and extent of practice.

39. "Sonographer" means an individual, other than a licensed practitioner, who uses non-ionizing high frequency sound waves with specialized equipment to direct the sound waves into areas of the human body to generate images for the assessment and diagnosis of various medical conditions.

40. "Supervision" means responsibility for and control of, quality, radiation safety and protection, and technical aspects of the application of ionizing and non-ionizing radiation to human beings for diagnostic or therapeutic purposes:

a. "General"- means the required individual is under the overall direction and control of a licensed practitioner or an authorized user whose presence is not required during the performance of the procedure. The training of the personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the licensed practitioner or the authorized user.

b. "Personal" – means the licensed practitioner must be in attendance in the room during the performance of the procedure.

41. "Supervision for cross training" means the responsibility for and control of, quality, radiation safety and protection, and the technical aspects of the application of ionizing and non-ionizing radiation to human beings for diagnostic or therapeutic purposes.

a. "Direct" means the individual is under the direction of a registered and certified medical imaging modality licensee in the same discipline, or supervisor or licensed practitioner. The supervisor must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure.

b. "Indirect" means the registered and certified medical imaging modality licensee, supervisor or licensed practitioner is available through periodic inspection and evaluation or by telecommunication, or both, for direction, consultation, and collaboration.

42. "Vascular interventional technologist", means an individual, other than a licensed practitioner, that is responsible for the administration of ionizing radiation to humans to visualize vascular structures for diagnostic, therapeutic or research purposes.

43. "Temporary license" means the authority to practice for a limited time period not to exceed 180 days.

History: Effective ____1, 2016.

General Authority: NDCC 43-62.

Law Implemented: NDCC 43-62-09; NDCC 43-62-02.

CHAPTER 114-01-03 FEES

Section
114-01-03-01 Fees

Section 114-01-03-01. Fees. The board shall set fees in such an amount as to reimburse the operational cost of licensure services rendered. All fees nonrefundable.

1. Application fee: \$25.00.
2. Biennial renewal fee: \$150.00.
3. Biennial renewal fee for individuals who were **not** practicing in this jurisdiction after January 2 and license has expired \$150.00 plus reinstatement fee \$25.00.
4. Conditional license fee: \$150. This fee may be prorated towards the initial licensure fee.
5. Cross training application fee: \$25.00
6. Duplicate license request: \$10.00.
7. Endorsement Fee: \$ 150.00 and \$25.00 application fee.
8. Initial licensure fee: \$150.00 plus a \$25.00 application fee.
9. Late biennial renewal fee: additional \$50.00 (on or between January 2 and January 31): \$200.00.
10. Late biennial double renewal fee (on or after February 1 or 2 years from expiration of license) and a reinstatement fee \$25.00 for individuals who are employed and practiced without a current license: \$325.00.
11. Reinstatement Fee \$25 and biennial renewal fee for individuals requesting relicensure.
12. Request for multiple licensee information: \$25.00.
13. Temporary licensure fee \$40.00 plus \$25.00 application fee. This fee may be prorated towards the initial licensure fee.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62.

Law Implemented: NDCC 43-62-16; 43-62-09(6).

**NDAC TITLE 114
ND MEDICAL IMAGING and RADIATION THERAPY BOARD OF EXAMINERS**

**ARTICLE 114-02
LICENSE REQUIREMENTS**

Chapter

- 114-02-01 Initial licensure
- 114-02-02 Renewal of license
- 114-02-03 Licensure by endorsement
- 114-02-04 Recognition of educational programs and student supervision
- 114-02-05 Recognized certification organizations and credentials

**CHAPTER 114-02-01
INITIAL LICENSURE**

Section

- 114-02-01-01 Requirements for licensure of specific modalities
- 114-02-01-02 Qualifications of initial applicants for licensure
- 114-02-01-03 Requirements for temporary license
- 114-02-01-04 Requirements for conditional license
- 114-02-01-05 Requirements for cross training authorization

Section 114-02-01-01. Requirements for licensure of specific modalities.

1. "Bone densitometry technologist" must have satisfactorily completed a course of study in densitometry or holds a current certificate and is registered by a nationally accredited organization prior to January 1, 2016. The individual:
 - a. May perform such procedures only while under the general supervision of one who is a licensed practitioner; and
 - b. Must hold current registration by:
 - (1) American registry of radiologic technologists as a radiographer; or
 - (2) International society for clinical densitometry; or
 - (3) A successor organization or the equivalent as recognized by the board.

2. "Cardiac interventional technologist", must have satisfactorily completed a structured education program and clinical experience requirements for certification in cardiac interventional technology or holds a current certificate and is registered by a nationally accredited organization prior to January 1, 2016. The individual:
 - a. May operate medical equipment emitting ionizing radiation for fluoroscopic radiologic procedures only under the general supervision by a licensed practitioner; and
 - b. Must hold current certification and registration by the American registry of radiologic technologists; and

- c. Must hold current advanced certification in one or more of the following:
 - (1) Vascular interventional radiography; or
 - (2) Cardiac interventional radiography; or
 - (3) Cardiovascular interventional radiography; or
 - (4) A successor organization or the equivalent as recognized by the board.
- 3. “Cardiovascular interventional technologist”, must have satisfactorily completed a structured education program and clinical experience requirements for certification in cardiac interventional technology or holds a current certificate and is registered by a nationally accredited organization prior to January 1, 2016. The individual:
 - a. May operate medical equipment emitting ionizing radiation for fluoroscopic radiologic procedures only under the general supervision by a licensed practitioner; and
 - b. Must hold current certification and registration by the American registry of radiologic technologists; and
 - c. Must hold current advanced certification in one or more of the following:
 - (1) Vascular interventional radiography; or
 - (2) Cardiac interventional radiography; or
 - (3) Cardiovascular interventional radiography; or
 - (4) A successor organization or the equivalent as recognized by the board.
- 4. “Computed tomography technologist”, must have satisfactorily a completed structured education program and clinical experience requirements for certification in computed tomography or holds a current certificate and is registered by a nationally accredited organization prior to January 1, 2016. The individual:
 - a. May perform such procedures only while under the general supervision by a licensed practitioner; and
 - b. Must hold current registration from one of the following:
 - (1) Radiography or nuclear medicine or radiation therapy by American registry of radiologic technologists; or
 - (2) Nuclear medicine by the nuclear medicine technologist certification board; and
 - c. Must hold current advanced level certification from one of the following:
 - (1) American registry of radiologic technologists; or
 - (2) Nuclear medicine technologist certification board; or
 - (3) Successor organization or the equivalent.
- 5. “Magnetic resonance imaging technologist”, must have satisfactorily completed the academic requirements of a structured magnetic resonance imaging technology program or must have satisfactorily completed a structured education program and clinical experience requirements for certification in magnetic resonance imaging or holds a current certificate and is registered by a nationally accredited organization prior to January 1, 2016. The individual:

- a. May perform such procedures only while under the general supervision by a licensed practitioner; and
 - b. Must hold:
 - (1) Current certification and registration in one of the following:
 - [1] Radiography, nuclear medicine, radiation therapy or sonography by the American registry of radiologic technologists; or
 - [2] Nuclear medicine by the nuclear medicine technologist certification board; or
 - [3] Sonography by the American registry for diagnostic medical sonography; and
 - (2) Current advanced level certification in magnetic resonance imaging technology by American registry of radiologic technologists; or
 - c. Must hold current registration and certification through the American registry of magnetic resonance imaging technology; or
 - d. A successor organization or the equivalent as recognized by the board.
6. "Mammography technologist" must have satisfactorily completed a structured education program and clinical requirements in mammography or holds a current certificate and is registered by a nationally accredited organization prior to January 1, 2016 and is compliant with the mammography quality standards act. The individual:
- a. May perform such procedures only while under the general supervision by a licensed practitioner; and
 - b. Must hold current certification and registration as a radiographer by the American registry of radiologic technologists; and
 - c. Must hold current advanced level certification in mammography by the American registry of radiologic technologists; or
 - d. A successor organization or the equivalent as recognized by the board.
7. "Nuclear medicine technologist" must have satisfactorily completed a formal education program in nuclear medicine technology and must hold a baccalaureate or an associate degree or holds a current certificate and is registered by a nationally accredited organization prior to January 1, 2016 . The individual:
- a. May perform such procedures only while under the general supervision by an authorized user who is licensed to possess and use the radiopharmaceuticals involved; and
 - b. Must hold current certification and registration by one of the following:
 - (1) Nuclear medicine technologist certification board; or
 - (2) American registry of radiologic technologists in nuclear medicine technology; or
 - (3) A successor organization or the equivalent as recognized by the board.
8. "Quality Management Technologist" must have satisfactorily completed a structured education program and clinical experience requirements or holds a current certificate

and is registered by a nationally accredited organization prior to January 1, 2016. The individual:

- a. Must hold current certification and registration by the American registry of radiologic technologists in one of the following:
 - (1) Radiography; or
 - (2) Nuclear medicine; or
 - (3) Radiation therapy; or
 - b. Must hold current certification and registration in nuclear medicine by the nuclear medicine technology certification board; and
 - c. Must hold advanced level certification by American registry of radiologic technologists in quality management; or
 - d. A successor organization or the equivalent as recognized by the board.
9. "Radiation therapist" must have satisfactorily completed a formal accredited education program and hold a baccalaureate or an associate degree or holds a current certificate and is registered by a nationally accredited organization prior to January 1, 2016. The individual:
- a. May perform such procedures using x-ray machines and particle accelerators only while under the general supervision by an authorized user for external beam radiation therapy as defined by the requirements in NDAC 33-10-15; and
 - b. May perform such procedures using sealed radioactive sources only while under the supervision of authorized user of radioactive material as defined by the requirements in NDAC 33-10-07.2; and
 - c. Must hold current certification and registration by the American registry of radiologic technologists; or
 - d. A successor organization or the equivalent as recognized by the board.
10. "Radiographer" must have satisfactorily completed a formal accredited education program and must hold a baccalaureate or an associate degree or holds a current certificate and is registered by a nationally accredited organization prior to January 1, 2016. The individual:
- a. May perform such procedures only while under the general supervision by a licensed practitioner; and
 - b. Must hold current certification and registration by American registry of radiologic technologists; or
 - c. A successor organization or the equivalent as recognized by the board.
11. "Radiologist assistant" must have satisfactorily completed a formal accredited education program and must hold a baccalaureate or master's degree. The individual:
- a. May perform such procedures only while under general supervision of by a licensed practitioner; and

- b. Must hold current certification and registration as a radiographer by American registry of radiologic technologists; and
 - c. Must hold advanced level current certification from one of the following:
 - (1) American registry of radiologic technologists as a radiologist assistant; or
 - (2) Certification board of radiology practitioner assistants as a radiology practitioner assistant; or
 - (3) A successor organization or the equivalent as recognized by the board.
12. “Registered cardiovascular invasive specialist” must hold either a post-secondary diploma, associate or baccalaureate degree in an academic program in health science and must have satisfactorily completed a structured education program and clinical experience requirements or holds a current certificate and is registered by a nationally accredited organization prior to January 1, 2016. The individual:
- a. May assist with the performance of fluoroscopy procedures only while under personal supervision by licensed practitioner in the cardiac catheterization suite; and
 - b. Must hold current certification and registration as a registered cardiovascular invasive specialist by the cardiovascular credentialing international; or a successor organization or the equivalent as recognized by the board; and
 - c. Provide verification of successful completion of 12 hours of fluoroscopy safety and related radiation protection continuing education prior to the end of their first licensure period as approved by the board.
13. “Registered cardiac electrophysiology specialist” must hold either a post-secondary diploma, associate or baccalaureate degree in an academic program in health science and must have satisfactorily completed a structured education program and clinical experience requirements or holds a current certificate and is registered by a nationally accredited organization prior to January 1, 2016. The individual:
- a. May assist with such procedures only while under personal supervision by a licensed practitioner; and
 - b. Must hold current certification and registration as a registered cardiac electrophysiology invasive specialist by the cardiovascular credentialing international; or a successor organization or the equivalent as recognized by the board; and
 - c. Provide verification of successful completion of 12 hours of fluoroscopy safety and related radiation protection continuing education prior to the end of their first licensure period as approved by the board.
14. “Sonographer” must hold a certificate, associate degree or baccalaureate degree and must satisfactorily complete the academic requirements and fulfill the clinical ultrasound requirements or holds a current certificate and is registered by a nationally accredited organization prior to January 1, 2016. The individual:

- a. May perform such procedures only while under the general supervision by a licensed practitioner; and
 - b. Must hold current certification and registration by the:
 - (1) American registry of diagnostic medical sonography; or
 - (2) American registry of radiologic technologists in sonography; or
 - (3) Cardiovascular credentialing international; or
 - (4) A successor organization or the equivalent as recognized by the board.
15. "Vascular Interventional imaging technologist", must have satisfactorily completed a structured education program and clinical requirements in vascular interventional technology or holds a current certificate and is registered by a nationally accredited organization prior to January 1, 2016. The individual:
- a. May operate medical equipment emitting ionizing radiation for fluoroscopic radiologic procedures only under the general supervision by a licensed practitioner; and
 - b. Must hold certification and registration by the American registry of radiologic technologists; and
 - c. Advanced certification in one or more of the following:
 - (1) Vascular interventional radiography; or
 - (2) Cardiac interventional radiography; or
 - (3) Cardiovascular interventional radiography; or
 - (4) Successor organization or the equivalent.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62.

Law Implemented: NDCC 43-62-02; 43-62-14(2).

Section 114-02-01-02. Qualifications of applicants for initial licensure.

An applicant for initial licensure under the provision of this chapter must not have an encumbered license or other restricted practice in any state, or territory or jurisdiction, and must meet board requirements and submit the following:

1. Completed application and pay the nonrefundable fee;
2. Evidence to include an official transcript or other document that verifies successful completion of a medical imaging or radiation therapy education approved in a jurisdiction which meets or exceeds those requirements in chapter 114-02-04 for each modality applying for licensure as defined in section 114-02-01-01 or as individually approved by the board; or
3. Submit or cause to be submitted verification of current national certification and registration in each modality of practice by a certification organization recognized by the board; and
4. Verification of compliance of continuing education required by the applicable organization for certification in all the modalities in which the individual will practice. Primary source verification is required; and
5. A criminal history record check.

The expiration date of an initial license will be consistent with the two-year cycle. An individual who applies within the last six months of a two-year cycle, will be issued a license that will expire at the conclusion of the following two-year cycle.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62.

Law Implemented: NDCC 43-62-02; 43-62-09(5); 43-62-14(2a); 12-60-24.

Section 114-02-01-03. Requirements for temporary license.

A temporary license under the provision of this chapter may be issued provided the applicant does not have an encumbered license or other restricted practice in any state, or territory, or jurisdiction, and must meet board requirements and submit the following:

1. A completed application and pay the nonrefundable fee;
2. Evidence of currently meeting or meeting within 180 days from issuance all educational requirements;
3. A criminal history record check; and
4. Evidence that the applicant:
 - a. Will provide services in a medically underserved area of North Dakota; or
 - b. Is awaiting registration or certification examinations results.

The temporary license will expire at the earlier of 180 days from issuance or when the board makes the determination.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62.

Law Implemented: NDCC 43-62-16(2); 12-60-24.

Section 114-02-01-04. Requirements for conditional license.

A conditional license under the provision of this chapter may be issued provided the applicant does not have an encumbered license or other restricted practice in any state, or territory, or jurisdiction, and must meet board requirements, including continuing education and training, and submit the following:

1. A completed application and pay the nonrefundable fee;
2. A criminal history record check; and
3. Evidence to include an official transcript or other document that verifies successful completion of a medical imaging or radiation therapy education program approved in a jurisdiction which meets or exceeds those requirements in chapter 114-02-04 for each modality in which the individual is applying for licensure as defined in section 114-02-01-01 or as individually approved by the board; or
4. Verification of actively working toward certification and registration; or
5. Meets standards specifically set by the board on a case-by-case basis for continuing education and training or other requirements; and
6. Verification of education program completion by an official certificate or transcript.

The conditional license will expire two years from the date of issuance and may be renewed one time or as otherwise approved by the board.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62

Law Implemented: NDCC 43-62- 09(15); 12-60-24.

Section 114-02-01-05. Requirements for cross training authorization.

A cross training authorization may be issued within medical imaging modalities upon submission of the following:

1. A completed application identifying the modality(s) in which the cross training will occur and pay the nonrefundable fee;
2. A plan for cross training that includes adherence to standards and guidelines for education and clinical requirements required for the certification and registration;
3. A letter, must be submitted with the individual's application which attests the individual will perform studies under direct or indirect supervision, signed by one of the following:
 - a. A licensee registered and certified in the same medical imaging modality in which the individual is being cross trained; or
 - b. A licensed practitioner that is qualified to interpret medical images; or
 - c. An imaging department manager; and
4. Verification of completion must be received within six years from date of application and may be renewed one time or as directed by the board.

A licensee may be employed within the modality for which they are authorized to cross-train.

A cross training authorization will be valid for six years and a renewed one-time for an additional two years.

This section does not apply to a licensee that is currently enrolled in an approved educational program leading to qualification for another modality.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62.

Law Implemented: NDCC 43.62-02; 43-62-09(8)(15).

CHAPTER 114-02-02 RENEWAL OF LICENSE

Section

- 114-02-02-01 Requirements for license renewal
- 114-02-02-02 Reinstatement of a license
- 114-02-02-03 General diagnostic operator

Section 114-02-02-01. Requirements for licensure renewal- Licenses are renewable biennially.

Applicants for license renewal of one of the modalities of medical imaging and radiation therapy will be notified at least thirty days in advance of expiration of the license and includes:

1. A completed application and pay the nonrefundable fee prior to January 2 every two years;
2. Evidence of current national certification in the appropriate modality in a certification and registration program recognized by the board; and
3. Verification of compliance with current continuing education.

4. The board shall grant on a case-by-case basis exceptions to the board's license renewal requirements to address renewal compliance hardships that may result from one of the following:
 - a. Activation of more than thirty days of a licensee who is a member of the national guard or armed forces of the United States; or
 - b. Service in the theater or area of armed conflict by a licensee who is a member of the regular active duty armed forces of the United States; or
 - c. Medical or other hardship rendering the applicant unable to meet the renewal deadline or complete continued competency.

A late fee will be assessed for biennial renewal applications received on or after January 2. An increased late fee will be assessed for biennial renewal applications received on or after February 1.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62

Law Implemented: NDCC 43-62-09; 43-62-17.

Section 114-02-02-02. Reinstatement of a license.

A medical imaging or radiation therapy individual previously licensed in North Dakota may apply for relicensure. The applicant must not have an encumbered license or other restricted practice in any state, or territory, or jurisdiction, and must meet board requirements and submit the following:

1. A completed application and pay the nonrefundable renewal and reinstatement fee;
2. A criminal history record check; and
3. Evidence of current certification and registration by a national organization recognized by the board. Primary source verification is required.

An individual who applies within the last six months of a two-year cycle, will be issued a two-year license ending at the end of the next two-year cycle.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62.

Law Implemented: NDCC 43-62-17(3); 12-60-24.

Section 114-02-02-03. General diagnostic operator.

A restricted license under the provision of this chapter may be issued provided the applicant was designated by the North Dakota department of health as a general diagnostic operator as of December 31, 2015 and does not have an encumbered license or other restricted practice in any state, or territory, or jurisdiction and must submit the following:

1. A completed application and pay the nonrefundable fee;
2. A criminal history record check;
3. Verification of compliance of 24 hours of continuing education training with twelve hours to include radiobiology, radiation protection, principles of exposure, fundamentals of radiation safety and fluoroscopy; and
4. Other requirements as approved by the board.

History: Effective _____ 1, 2016.

General Authority: NDCC 23-20.1-04.

Law Implemented: NDCC 43-62-09(8); 12-60-24.

CHAPTER 114-02-03 LICENSURE BY ENDORSEMENT

Section

114-02-03-01 Requirements for licensure by endorsement

114-02-03-02 Military Spouse - Licensure

114-02-03-03 Requirements for licensure for military training or experience

Section 114-02-03-01. Requirements for licensure by endorsement.

Applicants licensed for medical imaging or radiation therapy in another jurisdiction may apply for license by endorsement. The applicant must not have an encumbered license or other restricted practice in any state, or territory, or United States jurisdiction, and must meet board requirements and submit the following:

1. A completed application in one or more of the modalities and pay the nonrefundable fee;
2. A criminal history record check;
3. Submit verification of licensure in all states of license; and
4. Evidence to include an official transcript or other document that verifies successful completion of a medical imaging or radiation therapy education approved in a jurisdiction which meets or exceeds those requirements in chapter 114-02-04 for each modality applying for licensure as described in section 114-02-01-01 or as individually approved by the board; or
5. Evidence of current certification and registration by a national organization recognized by the board. Primary source verification is required.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62.

Law Implemented: NDCC 43-62-14(3); 12-60-24.

Section 114-02-03-02. Military spouses – licensure.

Applicants licensed for medical imaging or radiation therapy in another jurisdiction may apply for license. A military spouse applicant must not have an encumbered license or other restricted practice in any state, or territory, or jurisdiction, and must meet board requirements and submit the following:

1. A completed application and pay the nonrefundable fee;
2. A criminal history record check; and
3. Evidence that demonstrates continued competency in one or more medical imaging or radiation therapy modalities, which must include experience for at least two of the four years preceding the date of application or otherwise approved by the board.

A military spouse issued a license under this section has the same rights and duties as a licensee issued a license under section 114-02-01-02. A military spouse who does not meet the practice requirements outlined above may apply for licensure pursuant to section 114-02-03-01.

History: Effective _____ 1, 2016.
General Authority: NDCC 43-62.
Law Implemented: NDCC 43-51-11.1; 12-60-24.

CHAPTER 114-02-04

Recognition of Educational Programs and Student Supervision

Section

114-02-04-01 Recognition of educational programs

114-02-04-02 Student supervision

Section 114-02-04-01. Recognition of programs.

For the purpose of initial licensure to practice in medical imaging and radiation therapy modalities, the board will recognize educational programs that are approved or accredited by one or more of the following national accreditation organizations:

1. Joint review committee on education in radiologic technology;
2. Joint review committee on educational programs in nuclear medicine technology;
3. Commission on accreditation of allied health education programs; and
4. Regional institutional accrediting agencies.

The Board may also recognize an educational program from another accreditation organization if the educational program meets or exceeds the requirements set out in NDCC 43-62-14 and has clinical education equivalent in amount and time to the board recognized programs or as otherwise approved by the board.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62

Law Implemented: NDCC 43-62-14(2)

Section 114-02-04-02. Student supervision.

Students enrolled in and attending board recognized programs for medical imaging and radiation therapy modalities, while under the supervision of a licensed practitioner, or a medical imaging or radiation therapy licensee registered and certified by an accreditation organization recognized by the board, in the modality in which the student is enrolled at the clinical facility affiliated with the educational program are exempt from the requirements of licensure by the board.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62.

Law Implemented: NDCC 43-62-09(2).

CHAPTER 114-02-05

Recognized Certification Organizations and Credentials

Section 114-02-05-01. Recognized certification organizations and credential.

The applicant's licensing title will be on the certificate including all areas in which the licensee holds current certification and registration. The board recognizes the following certification organizations and their credentials:

1. American registry for diagnostic medical sonography (ARDMS);
2. American registry of magnetic resonance imaging technologists (ARMRIT);
3. American registry of radiologic technologists (ARRT);
4. Canadian association of medical radiation technologists (CAMRT);
5. Cardiovascular credentialing international (CCI);
6. Certification board of radiology practitioner assistants (CBRPA);
7. International society for clinical densitometry (ISCD);
8. Nuclear medicine technology certification board (NMTCB); and
9. Other successor organizations as approved by the board.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62.

Law Implemented: NDCC 43-62-02; 43-62-09.

NDAC TITLE 114
ND MEDICAL IMAGING and RADIATION THERAPY BOARD OF EXAMINERS

ARTICLE 114-03
DISCIPLINARY ACTION

Chapter

- 114-03-01 Disciplinary Process
- 114-03-02 Criminal History Record Checks for Licensure

CHAPTER 114-03-01
DISCIPLINARY PROCESS

Section

- 114-03-01-01 Definitions
- 114-03-01-02 Applicant Statement
- 114-03-01-03 Reporting violations
- 114-03-01-04 Investigations
- 114-03-01-05 Evidence and evaluation of treatment
- 114-03-01-06 Disposition
- 114-03-01-07 Cease and desist order
- 114-03-01-08 Board decision
- 114-03-01-09 Application for relicensure
- 114-03-01-10 Practice without a license

Section 114-03-01-01. Definitions. The terms used in this title have the same meaning as in North Dakota Century Code chapter 43-62 and apply to North Dakota Administrative Code title 114 unless the context indicates otherwise.

1. "Acts or omissions" means patterns of unsafe behavior, practice deficits, failure to comply with acceptable standards of practice, or grounds for discipline identified in North Dakota Century Code chapter 43-62 or these rules.
2. "Cease & desist" means an order directing a licensee or applicant, or any other individual to halt purportedly unlawful activity ("cease") and not take it up again later ("desist").
3. "Denial" means the board's refusal to issue or renew a current license.
4. "Incompetence" means conduct that deviates from scope of practice approved by the board.
5. "Impaired" means the ability to practice safely has been affected by the use or abuse of alcohol or other drugs, psychiatric or physical disorders, or practice deficiencies.
6. "Letter of censure" means a formal action against a licensee or applicant whose practice does not meet the acceptable standard of practice.

7. "Major incident" means an act or omission in violation of North Dakota Century Code chapter 43-62 or this title which indicates an applicant or licensee continuing to practice poses a high risk of harm to the patient.
8. "Minor incident" means an act or omission in violation of North Dakota Century Code chapter 43-62 or this title which indicates an applicant or licensee's continuing to practice poses a low risk of harm to the patient.
9. "Misappropriation of property" means the patterned or knowing, willful, or intentional misplacement, exploitation, taking, or wrongful, temporary, or permanent use of a patient's, employer's, or any other person's or entity's belongings, money, assets, or property without consent.
10. "Neglect" means a disregard for and departure from the standards of care which has or could have resulted in harm to the patient.
11. "Practice deficiency" means a practice activity that does not meet the standards of medical imaging and radiation therapy practice.
12. "Probation" means restrictions, requirements, or limitations placed against a licensee through monitoring for a prescribed period of time.
13. "Professional boundaries" means the provision of services within the limits of one of the modalities and patient relationship which promote the patient's dignity, independence, and best interests and refrain from inappropriate involvement in the patient's or patient's family personal relationships.
14. "Professional-boundary violation" means a failure of a licensee to maintain appropriate boundaries with a patient, patient family member, or other health care provider.
15. "Professional misconduct" means any practice or behavior that violates the applicable standards governing the individual's practice necessary for the protection of the public health, safety, and welfare.
16. "Relicensure" means renewal, reinstatement, or reissuance of a license or registration.
17. "Revocation" means the withdrawal by the board of the licensee's right to practice for a specified length of time of no less than one year. If no specified length of time is identified by the board, revocation is permanent.
18. "Suspension" means withholding by the board of the license of the right to practice medical imaging and radiation therapy for a specified or indefinite period of time.

History: Effective _____ 1, 2016.
General Authority: NDCC 43-62.
Law Implemented: NDCC 43-62-09.

Section 114-03-01-02. Applicant statement.

If an applicant for initial or renewal of licensure has been arrested, charged, or convicted of a misdemeanor or felony offense, the applicant must provide the necessary information to determine the bearing upon that person's ability to serve in a licensed medical imaging and radiation therapy modality. Upon receipt of evidence of sufficient rehabilitation as outlined in North Dakota Century Code section 12.1-33-02.1, the license may be issued. If the information does not substantiate the rehabilitation, the applicant may ask for a hearing pursuant to North Dakota Century Code chapter 28-32.

History: Effective _____ 1, 2016.
General Authority: NDCC 43-62; 12.1-33-02.1.
Law Implemented: NDCC 43-62-09(12); 43-62-19(15).

Section 114-02-07-03. Reporting violations.

Protection of the public is enhanced by reporting of incidents to the board that maybe violations of North Dakota statutes grounds for discipline. Licensees or applicants, or citizens should use the following process to report any knowledge of facts or omissions of any individual that violate North Dakota Century Code chapter 43-62 or these rules:

1. Minor incident. If the act or omission meets the criteria for management of a minor incident, the applicant or licensee, should be aware of and follow the established policy within the practice setting for minor incidents. The established policy in the licensee's practice setting should detect patterns of unsafe behavior that may be considered minor incidents and take corrective action resulting in safe practice.
 - a. A minor incident may be handled in the practice setting with a corrective action process if all the following factors exist:
 - (1) Potential risk of harm to others is low;
 - (2) There is no pattern of recurrence;
 - (3) The licensee exhibits evidence of remediation and adherence to standards of practice; and
 - (4) The corrective action process results in the licensee possessing the knowledge, skills, and abilities to practice safely.
 - b. Other factors may be considered in determining the need to report the incident such as the significance of the event in the particular practice setting, the situation in which the event occurred and the presence of contributing or mitigating circumstances in the system.
 - c. Nothing in this rule is intended to prevent reporting of a minor incident or potential violation directly to the board.

2. Major incident. If the act or omission is a major incident or factors are present that indicate a duty to report the licensee or applicant. The licensee's or applicant's supervisor or employer must report the alleged violation to the board in the manner and form provided by the board. The report should include requested information about the act or omission, the individuals involved, and the action taken within the practice setting.
3. Termination of employment. When a licensee or applicant, terminates from the practice setting, either voluntarily or by request, due to conduct that maybe grounds for discipline under the medical imaging and radiation therapy practices act, a report shall be made to the board by the licensee or applicant, and may be reported by the employer or supervisor in the manner and form provided by the board.
4. Self-reporting. A licensee or applicant shall provide written notice of explanation and a copy of the applicable documents to the board within thirty days from the date of any criminal, malpractice, administrative, civil, or disciplinary action in this or any another jurisdiction, or a registry or certification organization, or any other action taken against the licensee or applicant for any conduct that may affect patient safety or otherwise relates adversely to the practice of medical imaging and radiation therapy. This includes failure to maintain applicable continuing education requirements of a registry or certification organization.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62.

Law Implemented: NDCC 43-62-09(7)(8); 43-62-19(15).

Section 114-03-01-04. Investigation.

Complaints, requests for investigation, and reports of acts or omissions that are in violation of North Dakota Century Code chapter 43-62 will be investigated by the board or by its direction to determine whether sufficient grounds exist to file a complaint according to North Dakota Century Code chapter 28-32. The board or its investigative panel may subpoena witnesses, records, and any other evidence relating to the investigation. Any medical record of an individual, or any other document containing personal health information which is obtained by the board, is an exempt record as defined in North Dakota Century Code section 44-04-17.1.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62.

Law Implemented: NDCC 43-62-09(7); 43-62-19(15).

Section 114-03-01-05. Evidence and evaluation of treatment.

The board may require the individual subject to an investigation to submit to a mental health, chemical dependency, or physical evaluation if, during the course of the investigation, there is reasonable cause to believe that any licensee or applicant is unable to practice with reasonable skill and safety or has abused alcohol or drugs. The board may require a copy of the evaluation to be submitted from the evaluating professional directly to the board.

1. Upon failure of the person to submit to the evaluation within thirty days of the request, the board may suspend the individual's license or deny or suspend consideration of any pending application until the person submits to the required evaluation.
2. The licensee or applicant shall bear the cost of any mental health, chemical dependency, or physical evaluation and treatment required by the board.
3. The board may suspend or revoke an individual's license if it is determined that the individual is unsafe to practice. The suspension or revocation will remain in effect until the individual demonstrates to the satisfaction of the board the ability to safely return to the practice.
4. The board may deny the individual's application for licensure if it is determined that the individual is unsafe to practice. The denial will remain in effect until the individual demonstrates to the satisfaction of the board the ability to safely practice.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62.

Law Implemented: NDCC 43-62-09(13); 43-62-19(3)(4).

Section 114-03-01-06. Disposition. Investigation may result in one of the following:

1. Informal resolution and disposition by the board;
2. Formal resolution and disposition by the board:
 - a. The board may use an administrative law judge to preside over the entire administrative proceeding and prepare recommended findings of fact, conclusions of law, and recommended order for board consideration; or
 - b. The board may use a procedural hearing officer for the conduct of the hearing at which a majority of board members must be present at the hearing;
3. Dismissal. If the board's investigative panel determines that the alleged violation is frivolous, would not constitute grounds for disciplinary action, is outside the jurisdiction of the board, or is otherwise inappropriate for board action, the complainant and the affected licensee shall be notified in writing that the board will not pursue the matter, stating the grounds for the decision;
4. Referral to another agency; or
5. Other action as directed by the board.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62; 28-32.

Law Implemented: NDCC 43-62-09; 43-62-18; 43-62-19(7); 43-62-20.

Section 114-03-01-07. Cease and desist order. When it appears by credible evidence that a cease and desist order is necessary, the president of the board or the authorized designee may issue an order directing a licensee, applicant, or any other individual practicing medical imaging and radiation therapy in violation of North Dakota Century Code Chapter 43-62 or this title to cease and desist certain actions.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62.

Law Implemented: NDCC 43-62-09(14).

Section 114-03-01-08. Board decision.

The final decision will be adopted by a simple majority of the board and will include findings of fact, conclusions of law, and order. The decision of the board to impose or modify any restrictions upon the licensee or the licensee's practice or to reinstate a license will be communicated to the licensee in the form of a board order. If a licensee is authorized to practice in more than one modality of medical imaging and radiation therapy, the board order applies to all modalities. In addition to the terms and conditions imposed by the board, the following may apply:

1. Revocation of license. If the board issues a revocation order, it may also prescribe the specific actions necessary for the relicensure of the individual. The certification process may be waived by the board as a condition for the relicensure of a previously revoked license. The initial licensure fee will be assessed for the relicensure of a revoked license. The time frame of revocation will be set in the order of the revocation or if not set it will be five years from the date of the board order.
2. Suspension of license. If the board issues a suspension order, it may also prescribe the length of suspension and specific actions necessary for the relicensure of the individual. An individual whose license is suspended may request relicensure by the board at any regularly scheduled meeting following the conclusion of the time period specified in the order. The current renewal fee will be required for relicensure of a suspended license.
3. Probation. If the board issues a probation order, it may prescribe the length of probation and specific actions necessary for successful completion of the probation. The license shall be designated in the board's records as "probation" or as the board may otherwise require. If a licensee is authorized to practice in more than one modality of medical imaging and radiation therapy, the probation applies to all modalities.
4. Denial. If the board issues an order to refuse to issue or renew a current license for cause, it may also prescribe the specific action necessary for the issuance or the reissuance of the license.
5. Letter of censure. The board may issue a letter of censure as formal action against an applicant or licensee whose practice does not meet the acceptable standard of practice.

6. Imposition of a penalty. The board may levy a penalty against an individual who has knowingly practiced medical imaging or radiation therapy without proper authorization or who has jeopardized public health, safety, or welfare.
7. Conditional dismissal. The board may impose terms and conditions for the individual to meet and upon compliance the complaint will be dismissed.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62.

Law Implemented: NDCC 43-62-18.

Section 114-03-01-09. Application for relicensure.

Any person whose license has been suspended, or revoked by the board shall submit a written application for relicensure in the manner and form required by the board at the conclusion of the time period specified in the order. A reinstatement fee and an administrative fee will be assessed for an application for reinstatement of a suspended or revoked license. The burden of proof is on the licensee to prove to the satisfaction of the board that the condition that led to a sanction no longer exists or no longer has a material bearing on the licensee's professional ability. If received at least 30 days prior to next board meeting, the board will consider the written application for relicensure at the next regularly scheduled board meeting. If the board votes for relicensure, the board may impose reasonable terms and conditions to be imposed prior to relicensure, or as a condition of relicensure. If the board denies relicensure, reasons for denial must be communicated to the applicant.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62

Law Implemented: NDCC 43-62-09; 43-62-18.

Section 114-03-01-10. Practice without a current license.

1. An individual who performs medical imaging or radiation therapy without proper authorization by the board is practicing without a license. The board may issue a cease and desist order, obtain a court order or injunction, or seek civil or criminal action or fines to halt the unlicensed practice, a violation of North Dakota Century Code 43-62, or a violation of this title.
2. On or before January 31, an individual seeking to initiate licensure or to renew a license who has failed to complete the licensure process within the required time period and has been found to have been practicing unintentionally without a current license shall be required to:
 - a. Submit a completed application and pay the nonrefundable renewal fee;
 - b. Submit payment of the nonrefundable late biennial renewal fee; and
 - c. Complete all other licensure requirements as established by the board.
3. On or after February 1, an individual who has been unintentionally practicing without a current license shall be required to:

- a. Submit a completed application and an increased late fee will be assessed for biennial renewal applications received on or after February 1, pay the double nonrefundable renewal fee;
 - b. Submit the application fee;
 - c. Submit to a criminal history check; and
 - d. Complete all other licensure requirements as established by the board.
4. On or after February 1, the license of an individual who has failed to renew the license and unintentionally practiced without proper authorization are not authorized to practice until they meet all board requirements for licensure. The license shall remain lapsed until the board receives satisfactory evidence of successful completion of the requirements for licensure.
 5. The licensee, who has a lapsed license and has been found to be intentionally practicing without a license will be referred to the appropriate organization for investigation and possible prosecution.
 6. Upon compliance with the board rules regarding licensure and the remittance of all fees, a current license shall be issued.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62.

Law Implemented: NDCC 43-62-09; 43-62-16; 43-62-17; 43-62-21; 12-60-24.

**CHAPTER 114-03-02
CRIMINAL HISTORY RECORD CHECKS FOR LICENSURE**

Section 114-03-02-01. Criminal History Record Checks.

Section 114-03-02-01. Criminal history record checks. Individuals must submit a set of fingerprints to the board or its agent for the purpose of obtaining a state and federal criminal history record check in the manner provided by North Dakota Century Code section 12-60-24 and as set forth by the board. An authorization and release form must be signed by the applicant authorizing the release of the criminal history record information to the board. The fingerprint card, authorization and release form, and fee for the criminal history record check must be submitted upon application for licensure.

1. The following applicants must submit to a criminal history record check:
 - a. Initial licensure;
 - b. Temporary or conditional licensure;
 - c. License by endorsement; and
 - d. Relicensure.

2. The following applicants may be required to submit to a criminal history record check:
 - a. Renewal of a license.

 - b. An individual who is under investigation for violation of North Dakota Century Code chapter 43-62. If a criminal history record check is required as part of a disciplinary investigation or proceeding, the fingerprint card, authorization and release form, and fee for the criminal history record check must be submitted by the licensee within twenty days of the board's request.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62

Law Implemented: NDCC 43-62-09(11); 12-60-24.

**NDAC TITLE 114
ND MEDICAL IMAGING and RADIATION THERAPY BOARD OF EXAMINERS**

**ARTICLE 114-04
STANDARDS OF PRACTICE**

Chapter
114-04-01 Standards related to professional accountability.

**CHAPTER 114-04-01
Standards related to professional accountability**

Section 114-04-01. Standards related to medical imaging and radiation therapist professional accountability.

Each licensed medical imaging and radiation therapy individual is responsible and accountable to practice according to the standards of practice and code of ethics recognized by the board and the profession. It is not the setting or the position title that determines a practice role, but rather the application of knowledge. The medical imaging and radiation therapy individual practices independently and interdependently. The licensee performs procedures for diagnostic or therapeutic purposes dependently through the prescription by a licensed practitioner. The licensee practices within the legal boundaries through the scope of practice authorized by North Dakota Century Code chapter 43-62 and this title.

Individuals licensed pursuant to this North Dakota Century Code 43-62 shall perform according to practice standards of the modality for which they hold credentials, as established by the:

1. American society of radiologic technologists;
2. American college of radiology;
3. American society of echocardiography;
4. International society for clinical densitometry;
5. Society of diagnostic medical sonography;
6. Society of invasive cardiovascular professional;
7. Society of nuclear medicine and molecular imaging;
8. Society for vascular ultrasound; and
9. A successor organization or the equivalent as recognized by the board.

The practice standards include the following:

1. Bone densitometry practice standards;
2. Cardiac interventional technology practice standards;
3. Computed tomography practice standards;
4. Magnetic resonance practice standards;
5. Mammography practice standards;
6. Radiography practice standards;
7. Nuclear medicine technologist practice standards;
8. Positron emission tomography technologist practice standards;

9. Radiologist assistant practice standards;
10. Radiation therapy practice standards;
11. Registered cardiovascular invasive specialist practice standards;
12. Quality Management practice standards;
13. Sonography practice standards;
14. Vascular interventional technology practice standards; and
15. Other practice standards as recognized by the board.

History: Effective _____ 1, 2016.

General Authority: NDCC 43-62

Law Implemented: NDCC 43-62-15(2)(3).