Tennessee Board of Medical Examiners

Radiologic Imaging and Radiation Therapy Board of Examiners
Thursday, January 25, 2018

MINUTES

The meeting of the Board of Medical Examiners' **Radiologic Imaging and Radiation Therapy Board of Examiners** was called to order at 9:00 a.m. in the Iris Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243.

Board members present:	Matthew Fakes, RT(R) Kae Fleming, RT(R) Karen Munyon , RT(R) Pamela Ward, RT(R) Gary Podgorski, MD Chester Ramsey, PhD
Board member(s) absent:	Spencer Madell, MD Kathy Hunt, RT(R)
Staff present:	Maegan Carr Martin, Executive Director Stacy Tarr, Administrative Director Candyce Waszmer, Administrative Director Tammy Davis, Administrator Peyton Smith, Office of General Counsel Francine Baca-Chavez, Deputy General Counsel

Orientation

Peyton Smith gave a brief presentation regarding the Office of General Counsel and its role in this process as well as the primary legal functions of the Board. The office of General Counsel has a dual role. They have an advisory role in various legal matters. The Board is their client. They give you advice on the legality of rules and legal options. They cannot give individual advice, but advice as a Board. They also contribute in rule-making. The rule-making process is a lengthy process. They have an advocacy role. This role comes into play when there are contested cases. This is a quasi-prosecutorial role where they represent the State. The Board serves as the judge and jury for contested cases. You will hear the evidence and findings of fact. There will be an Administrative Law Judge. The judge will give you rulings on evidence and procedure. At the end of a contested case, you will impose discipline. There are various levels of discipline.

A. PRIMARY LEGAL FUNCTIONS OF THE BOARD:

1. RULEMAKING

- The Board **promulgates rules** which have the force and effect of law (TENN. CODE ANN. § 63-6-101, *et seq.*).

- This Board's rules are in Chapter 0880-14 of the Tennessee Comprehensive Rules and Regulations.

- Rules implement procedures that enable the Board to carry out the powers and duties which are granted it by statute.

- Rules are intended to clarify **the broad provisions contained in statute**; they may not exceed the parameters which are set out by the statutes.

2. ASSESSING DISCIPLINE

- The Board is empowered to **assess discipline against its licensees** (TENN. CODE ANN. § 63-31-109) and **against individuals who engage in unlicensed practice** (TENN. CODE ANN. § 63-1-134).

- To sit in judgment on disciplinary matters, **Board members must have no prior knowledge of the case**.

- Discipline of a licensee may consist of **revocation, suspension, probation, civil penalties, or a combination**.

- Disciplinary matters come before the Board in the following forms:

    - **CONTESTED CASES**

        - Formal hearings in which Board sits as jury.
        - An Administrative Law Judge presides and makes evidentiary rulings and instructs the Board as to procedure.
        - Board members may question witnesses.
        - An OGC attorney represents the State and prosecutes the licensee, known as the Respondent; similar to a prosecutor in a criminal case.
        - A licensee always has the right to legal counsel.

    - **SETTLEMENT**

        - Contested cases may be settled by the two parties prior to a formal hearing, which prevents the need for a formal hearing.
        - In the event of settlement, the prosecuting attorney appears and presents the proposed settlement to the Board for ratification.
        - The Board must ratify any agreed order for it to be binding.
        - Settlement can take two forms:

- **Consent Orders** – Prior to formal charges filed
- **Agreed Orders** – After formal charges have been filed

- **SCREENING PANELS**

  - This is a form of Alternative dispute resolution.
  - In cases where the **facts are not disputed** by the Respondent, a screening panel composed of at least three board members can be convened to **informally discuss the matter with the Respondent**, whose participation is voluntary.
  - The screening panel is **confidential**.
  - The panel will recommend disciplinary action, which the Respondent may accept or reject.
  - If she accepts, then a Consent Order is prepared and the advisory attorney presents it to the full Board for ratification.
  - If a Board member has sat on the screening panel at issue, **that Board member may not participate in the full Board's** discussion on the agreed order.

B. KEY LEGAL CONSIDERATIONS FOR BOARD MEMBERS:

1. CONFLICT OF INTEREST

- Board members are obligated to disclose if he or she, or a family member, have a conflict of interest, or even the *appearance* thereof, **which could be seen to compromise his or her ability to render unbiased judgment** on any matter that comes before the Board for a vote.

  - For example, disciplinary actions, licensure applications, school approval, etc.

- Each Board member must **read and sign the Department's conflict of interest policy**, which **favors very liberal disclosure**.
- Once the disclosure is made, then the Board member will consult with the advisory attorney in deciding whether he or she can vote on the matter at issue.

- If a conflict exists, or if the appearance of a conflict is so great that it could give rise to a potential legal problem, **the attorney will advise the Board member to recuse himself or herself**.

- Recused members should leave the meeting room during all deliberations of that matter.

2. OPEN MEETINGS ACT

- Requires that all Board actions be conducted in an open meeting of which the public is properly notified. (TENN. CODE ANN. § 8-44-101, *et seq.*)

- **Board members should not discuss Board business with one another or with anyone else – including licensees – outside of an open Board meeting.**

- The prohibition applies to phone calls and e-mails.

- Board members often receive phone calls or e-mails from licensees asking for the Board's opinion or position on a given practice.

- The Board member should immediately end such inquiries by saying that he/she cannot discuss Board business outside of a meeting, and then refer the licensee to Board staff so that staff can advise the licensee how to properly present his concerns to the full Board.

3. ADVISORY ATTORNEY FUNCTIONS

- Protects the Board from liability and advises the Board on legal questions

    - For example, extent and proper exercise of Board authority; interpretation of statutes and rules; drafting, processing and defending of rules and Board policies, etc.

- As appointees of the State, Board members enjoy what is known as "sovereign immunity," which protects them from liability for any acts or omissions which they undertake in their official capacity as Board members (except for acts or omissions of ***intentional*** wrongdoing).

- An advisory attorney is present during Board business meetings to ensure that no Board action removes the protection of sovereign immunity, and that no Board action is subject to being overturned by later legal challenge.

- Attorneys are also available to research legal questions that Board members or Board staff might think of between Board meetings.

- The Board attorneys do not advise or represent individual Board members with respect to non-Board matters, and they may not provide legal advice to individual licensees.

4. DUTY OF THE BOARD

- **Protection of the health, safety and welfare of the public – the healthcare consumer**.

- The Board's duty is not to protect the interests of licensees or the profession.

Upon completion of the orientation, Mr. Smith asked if any of the Board members had any questions and/or comments. Dr. Podgorski commended Mr. Smith on the draft version of the rules that was distributed for review prior to this meeting. Dr. Podgorksi asked how the proposed rules were drafted. Mr. Smith stated that he used old Board of Medical Examiner rules and changed them based on the statute(s), added definitions, and also researched rules of surrounding states. Mr. Smith said that not many states have a separate Board. New Hampshire has recently created a separate Board and has draft rules on their website.

Lori Leonard, Bureau of Investigations – Ms. Leonard is a Disciplinary Coordinator with the Office of Investigations. Ms. Leonard gave a brief presentation regarding the complaint process from initial filing forward. She explained that on initial receipt of the complaint, the complaint is assigned a letter of warning, a letter of concern, or forwarded for formal investigation. She explained that depending on the outcome of the investigation, the level of discipline is determined. The "offender" may be asked to appear before the Board, a consent order can be issued, and many other types of discipline may be levied.

Maegan Martin, Executive Director – Ms. Martin referred the Board to Public Chapter 1029, page 5, to identify the primary functions of the Board. She summarized this information with three main responsibilities:

1. Determine qualifications necessary for licensure and license professionals
2. Discipline licensees when necessary
3. Engage in regulation of profession through the rulemaking process and through policy making.

There is currently no online application for this profession due to the fact that this is a new Board and Administrative staff didn't know what the Board's minimum licensure requirements will be. We will be working to launch the online application process as the minimum requirements are determined, hopefully contemporaneously with the effective date of the rules.

Ms. Martin gave a brief explanation of the application process. Currently, a paper application is submitted and the administrator will begin review of the application, identify deficiencies, work with the applicant to finalize their application packet, and ensure that the applicant is qualified to the letter of the law. Once this process is completed, it goes to our medical consultant who either approves the application or requests additional information. Once the application is approved, an initial approval letter is issued. This letter allows the applicant to commence practice pending the ratification of the license by the Board at its next meeting. The Board of Medical Examiners is unique because it has a dedicated staff person (an emergency room physician) serving in the role of medical consultant. For purposes of perspective, last year, there were 2000 MD applications for licensure. In contrast, the Board of Osteopathic Examiners has only approximately 1400 licensees. The BOE has a Board member review the application prior to it being sent to the consultant. We are not sure how many applications will be submitted. There are currently 2621 individuals with full ARRT certification that are licensed in Tennessee and 1250 limited x-ray operators. According to ARRT data, there are currently about 8000 individuals who hold ARRT certification in Tennessee. Potentially, we could be looking at a pool of applicants of 4000-5000 people. A decision on the consultant and their role with this Board will be made at a later date, possibly at the summer meeting.

The administrative office spends its time supporting you in an administrative fashion. We will pay you for your travel expenses. We serve as the contact point for any questions about things going on in the division, provide licensure statistics, etc. You are required to have at least 2 meetings per year. We will do all the preparation for those meetings…scheduling, assisting in scheduling of contested cases, public notices, agenda preparation, etc. The Board cannot take action on anything unless it is on the public notice. The Board can engage in discussion but cannot take action (motion) unless it is publically noticed. If you have something that you may want the Board to formally adopt a position on, be sure that you notify the administrative office so that it can be added to the public notice. You are required to elect officers (a chair and a vice-chair). We will put that on the public notice for the next meeting. After the initial election, elections will be held on an annual basis. You will need to elect a chairperson for the purpose of this meeting alone, it can be done informally. There are four (4) meetings scheduled for this

year due to the fact that there is rulemaking to accomplish. If it is decided that all business can be done in 2 meetings, we can meet twice per year. If you feel that it cannot, we can decide how many times yearly the meetings will be held.

Peyton Smith, Board Attorney – Mr. Smith reminded the Board of its duty: to protect the health, safety and welfare of the public – the healthcare consumer. The Board's duty is not to protect the interests of licensees or the profession. He also thanked the Board members for their willingness to serve. Mr. Smith also asked that the Board members familiarize themselves with "Robert's Rules of Orders" for future meetings.

Mr. Smith called the meeting to order at 10:31am. He asked if the Board would like to elect a temporary chairperson or if there were any volunteers. Karen Munyon volunteered. Dr. Ramsey made a motion to elect Ms. Munyon. Ms. Fleming seconded the motion. There was no discussion. The motion carried.

Ms. Munyon started the meeting with a roll call. Those in attendance were Kae Fleming, Karen Munyon, Pamela Ward, Matthew Fakes, Chester Ramsey, and Gary Podgorski. Members excused were Kathy Hunt and Spencer Maddell.

Review of rules

0880-X-.04 – Qualifications for Full and Limited License

Ms. Munyon asked why some sections of the rules on the electronic copy are highlighted. Mr. Smith responded that those are basically his notes and instructed the Board to disregard the highlights. Ms. Fleming asked why paragraph 2 under rule no 4 was highlighted. Mr. Smith stated again that these are his notes and that there was nothing new or changed about them. He wants to make sure that the final rules are correct. Ms. Fleming asked the purpose of two letters of recommendation. Mr. Smith responded that the requirement for two letters of recommendation was in the "old" rules and that the Board can certainly change that requirement. The statute states acceptance of national certification is sufficient.

Francine Baca-Chavez told the Board that the Board is bound by the Statutes. She stated that the statutory authority allows the Board to promulgate rules as long as you operate within the bounds of the statute. She asked that they look at 63-6-902a1b:

"Establish and issue full radiologic imaging or radiation therapy licenses to individuals who hold current and unrestricted national certification from the American Registry of Radiologic Technologists, the Nuclear Medicine Technology Certification Board, or any equivalent nationally recognized radiologic imaging or radiation therapy certification organization recognized by the board;"

And also 63-6-902a1d:

"Accept the standards of nationally recognized educational organizations relative to the educational courses, curricula, hours, and standards that are prerequisite to the issuance of radiography, radiation therapy, magnetic resonance, and nuclear medicine full-scope licenses;"

Ms. Baca-Chavez stated that the statute essentially says that you are going to accept these requirements from the national organizations and you can also, as a Board, decide to recognize another organization outside the ones listed in the Statute. The Board has more authority in

terms of establishing qualifications (CE requirements, etc) for issuance of the Limited x-ray license. She reminded the Board that Mr. Smith put together these draft rules based on what is in place. The OGC will be happy to make any changes that the Board desires.

Dr. Fleming stated that it may be easier to separate the full and limited licenses. Dr. Podgorski expressed his agreement. The rest of the Board agreed. The Board agreed that there is less use of limited licensees and it will be easier for processing purposes.

Dr. Fleming requested that the Administrative office provide the number of limited licenses issued per year over a few years. Ms. Waszmer (Administrative Director) confirmed that the Administrative office will have that data available at the next meeting.

Mr. Smith requested clarification of what the Board is asking. They confirmed that they want one rule for full license qualification and another rule for limited license qualification. Mr. Smith asked that the Board proceed with discussion of the qualifications for a full license and the qualifications for a limited license.

Full License Requirements:

Dr. Fleming stated that looking at the qualifications in paragraph 2 of the draft rules, she recommended removing the requirement listed in 2c:

(c)Be of good moral character as evidenced by two letters of recommendation written within the past six (6) months by a health care professional; and

Dr. Fleming also discussed requirements listed in 2e:

(e) Cause to have submitted verification of attendance and successful completion of a Board approved radiological license training course for the type of license sought pursuant to Rule 0880-X-.05(2) or cause to be submitted verification of a National Certification Organization certificate; and

She recommended that a course approved by a program previously approved by the US Department of Education or someone underneath them need not be reapproved by the Board.

Dr. Podgorski requested that the grammar in rules 2e and 2f be changed to read “have submitted” versus “cause to have submitted”. He feels that “cause to be” on 2e doesn’t read the way it should.

It was decided that at the end of the process the grammatical composition would be reviewed.

Ms. Munyon commented on Section 3. It references subparagraph (2)(g) and (h). She wants to ensure that, as Rule 0880-X-.07 is referenced, it is reviewed before finalization of section 2.

(3) Any person who resides in this state and has been licensed, certified, or registered to perform radiologic imaging or administer radiation therapy procedures in another jurisdiction, if that jurisdiction's standards of competency are substantially equivalent to those provided by this section in accordance with rules promulgated by the board, may receive a license at an appropriate level at the Board’s discretion upon compliance with subparagraph (2) (g) and subparagraph (h) of this rule.

Ms. Munyon initiated discussion regarding whether the Board wants to add language regarding "clean" licensure to subparagraph 4. Dr. Fleming stated that the Statute requires an "unencumbered" national certification. The Board decided that for clarity, the rule should also state "unencumbered" national certification.

Dr. Fleming asked how the requirement in Paragraph (2)(d) is ensured:

*(d) Be **free from physical or mental impairment** which would interfere with the performance of duties or otherwise constitute a hazard to the health and safety of patients; and*

Ms. Waszmer referred the Board to the "Competency" section of the licensure application. If an applicant answers affirmatively to any of the competency questions, they are required to submit a written explanation and supporting documentation prior to being considered for licensure. Ms. Munyon asked that, during the application construction, verbiage is added to the competency section similar to the current medical x-ray operator application requiring a written explanation and supporting documents.

There was discussion of defining the scope of practice for full licensure. Ms. Baca-Chavez reiterated that the Board has decided to have separate rules for full and limited licensure. The goal is to make the requirements clear and understandable to the applicant(s) to alleviate any confusion about the requirements. If the Board desires to define what encompasses a full license that can certainly be accomplished with the help of the Board as they are the experts in this area.

Mr. Smith posed the question of whether or not 0880-X-.04 is necessary as it is repetitive of what is already in the "Definition" section of the rules:

(1) Limited license areas:

(a) Chest

(b) Extremities

(c) Skull and Sinus

(d) Lumbar Spine

(e) Bone Densitometry

It was discussed and decided that that section be stricken because it is repetitive of what is previously stated in the Definition section.

Ms. Baca-Chavez instructed the Board that, as the process moves along, if there are terms that they would like defined in the rules, to let us know and those definitions will be added. Dr. Fleming said that the term "credential" is a commonly misconceived word. Often the terms credential, license, and registrant are not clearly defined and are used interchangeably. Ms. Baca-Chavez checked the definitions section and found that "credential" is not defined. Dr. Fleming stated that it should be added to ensure that there is clear differentiation to anyone reading the rules between "licensed" and "credentialed". She gave an example that she may hold multiple credentials by multiple organizations but only one Tennessee license as permission to work according to the State of Tennessee.

Ms. Ward asked about the requirement in 0880-X-.04 , Section 2:

(2) Unless otherwise qualified pursuant to paragraph (3) of this rule, to be eligible for a limited or full license a person must meet the following minimum qualifications:

(f) Be at least eighteen (18) years of age; and

(g) ***Possess a high school diploma or a GED certificate; and***

She was under the impression that a high school transcript is currently required. Ms. Davis clarified that the current requirement is either a notarized copy of the high school diploma OR an official high school transcript.

Dr. Fleming questioned whether it would be pertinent to include "or equivalent". For example, the equivalency credential may change over time. The State of Tennessee is switching to "HiSet" as the high school equivalency credential. Mr. Smith stated that "high school diploma, GED or other equivalent" is the best option. Ms. Baca-Chavez voiced her agreement with that option because it is not an easy process to change rules and can take up to a year or more. It is necessary to maintain some flexibility in the rules and we are not tied to certain terms if something becomes obsolete. Usually terms used in the statute(s) are defined only if they are used in the rules.

Ms. Baca-Chavez explained the internal review process. After the Board votes on a draft of rules that with which the Board is comfortable, it will begin the internal review process. After review by several different individuals, it will go to the Attorney General's office for review for legality. At that point, there will be an opportunity for public comment. There may be changes based on public comment. It is still possible to change the rules at this point.

Dr. Podgorski asked if requiring a high school diploma for full licensure is redundant due to the fact that in order to receive a state license, successful completion of a Board approved course is required. Dr. Fleming stated that if full and limited licensure are separated as previously mentioned, several of the requirements for full licensure can most likely be eliminated.

Ms. Ward asked if it would be beneficial to remove the age requirement (18 years). After discussion, it was decided that the age requirement will not be removed.

Before proceeding to discuss limited licensure, Mr. Smith reviewed/confirmed the initial instructions of the Board regarding full licensure:

1. Keep minimum age requirement of 18
2. Remove requirement for high school diploma/GED certificate
3. Remove requirement for 2 letters of recommendation
4. Keep current item (d): Be free from physical or mental impairment which would interfere with the performance of duties or otherwise constitute a hazard to the health and safety of patients; and
5. Eliminate (e): Cause to have submitted verification of attendance and successful completion of a Board approved radiological license training course for the type of license sought (the Board is not going to require this because it is prerequisite to exam eligibility for national certification).

6. Keep “or cause to be submitted verification of a National Certification Organization certificate” in (e)
7. Remove (f): Have successfully completed the Board approved examination pursuant to Rule 0880-X-.06 or possess a National Certification Organization certificate. It is redundant to (e).

Criminal Background Check Requirement: (0880-X-.04 QUALIFICATIONS FOR FULL AND LIMITED LICENSE 2(g))

“Cause to be submitted to the Board’s administrative office directly from the vendor identified in the Board’s licensure application materials, the result of a criminal background check”

There was discussion regarding the requirement for a criminal background check. It is not statutorily required and is done upon initial application only, not at renewal or reinstatement. Counsel stated that the Board is charged to protect the health, safety, and welfare of the public. Mr. Smith asked if national certification requires a criminal background check. No background check is required for national certification. Upon renewal of national certification, any charges are self-reported. There is only a 10% audit.

Dr. Fleming asked about the process if charges are discovered on a criminal background check. Ms. Baca-Chavez explained that the Board consultant, upon detection of a felony, will require the applicant to appear before the Board to explain themselves and their action(s). The Board will then decide if they should be licensed, and if so, whether or not conditions/contingencies will be required. She reminded the Board that the first priority is rules. Once the rules are promulgated, policies can then be added as the Board feels necessary.

Dr. Podgorski asked why criminal background checks are not done at renewal and reinstatement. Ms. Waszmer responded that she cannot speak to the intent as this requirement was put in place prior to her employment with the state. However, there are competency questions on both the renewal application and the reinstatement application. There is also a “Right To Know” unit and licensees are required to report any occurrences within 30 days as a condition of their licensure. Failure to report any occurrence to us will result in disciplinary action. Ms. Munyon asked if we can require a criminal background check for reinstatement applicants, and continue allowing self-reporting for renewals. This would lessen the probability that someone could commit a felony, go to jail for a period of time, and then reinstate their license. Mr. Fakes asked if a question could be added to the renewal application to ask if the licensee has been charged, rather than just convicted. Ms. Smith stated that renewal/reinstatement/retirement will be discussed later when the Board gets to that section of the rules.

Reciprocity:

0880-X-.04 QUALIFICATIONS FOR FULL AND LIMITED LICENSE (3): Any person who resides in this state and has been licensed, certified, or registered to perform radiologic imaging or administer radiation therapy procedures in another jurisdiction, if that jurisdiction's standards of competency are substantially equivalent to those provided by this section in accordance with rules promulgated by the board, may receive a license at an appropriate level at the Board’s discretion upon compliance with subparagraph (2) (g) and subparagraph (h) of this rule.
Ms. Munyon asked if there were any comments regarding this section. Dr. Fleming and Mr. Ramsey voiced their agreement with the section. There was no other discussion.

National Certification:

0880-X-.04 QUALIFICATIONS FOR FULL AND LIMITED LICENSE (4): Any person who holds a certification issued by a National Certification Organization, who meets the qualifications of paragraph (2) of this rule may receive a full license from the Board.

Ms. Munyon reminded the Board that, in previous discussion, it was decided to add "unrestricted" to this section so that it reads: "Any person who holds a **current and unrestricted** certification issued by a National Certification Organization". Dr. Fleming reminded Mr. Smith to remove the remainder of the sentence and list the remaining qualifications as discussed previously. It was decided that the Board will wait on taking a vote until they can receive a revised copy of the rules and review them.

Limited License Requirements:

Mr. Smith reviewed the limited license requirements and reviewed any changes made thus far:

1. Be at least 18 years of age
2. Possess a high school diploma, GED certificate, or other equivalent document approved by the Board

Letters of Recommendation (Limited License)

There was discussion regarding whether or not to keep the requirement for two letters of recommendation. Dr. Fleming stated that she doesn't feel like it is necessary because most of them are form letters on which the name is changed. Ms. Baca-Chavez stated that the letters of recommendation are requirements for licensure for most of the Health Related Boards. She stated that, in some instances, a signature from a program official is required. This signature is from the Director of the training program attesting to the character of the applicant. Mr. Fakes stated that we have no way of ensuring who the letters of recommendation come from and agreed that a signature from their training program official seems to make more sense. Dr. Fleming brought up the option of having a program official "sign-off" on the application for an initial applicant.

Examinations (Limited License)

Mr. Fakes asked for clarification regarding the examination process for limited licensure. Ms. Davis responded that applicants must pass the ARRT Limited Scope Examination for each modality for which licensure is requested. An applicant can apply for as many modalities as they want on an application, but once the application is processed and closed, an upgrade application/fees are required to add additional modalities.

Government Operations Committee

Ms. Baca-Chavez stated that after the rules are promulgated and reviewed, they will go to the Government Operations Committee. This committee reviews the rules that are presented to them in the eyes of the constituents. Our attorney, along with a Board Member, will be at this meeting to explain the reason for each rule. If the Committee finds a rule too burdensome for the constituent, they will disallow it and the rule will have to be changed. Keep that mind when making rules. This information was shared in response to the suggestion for a program official sign off on the application or write a letter.

Letters of Recommendation (Limited License (continued)

Mr. Fakes said that it's his opinion that the requirement for letters of recommendation be deleted altogether. Dr. Podgorski agreed that the letter requirement should be removed. Ms. Munyon inquired about the examination process and said that, if the applicant is 'vetted", the requirement for recommendation letters should be eliminated. Dr. Fleming stated that she has never reviewed the Limited License examination process. Mr. Fakes said that it is similar to the testing for full licensure.

Donna Smith from the Examination Processing Center was in attendance at the meeting and was asked to approach the podium. Ms. Munyon asked Ms. Smith what the limited license examination process consists of. Currently, the applicant has to submit an application containing the following information: name, address, school attended, the number of previous attempts and examination they are requesting. No further information is currently required. Ms. Munyon asked if the schools are accredited institutions. Ms. Smith stated there is no requirement that an applicant has attended any school in order to sit for an exam. The course completion becomes significant upon application for state licensure. Dr. Fleming stated that verification of compliance needs to be discussed/considered when the Board gets to that section of the rules. Ms. Smith outlined the examination process for the Board:

1. Examination Processing Center receives the application.
2. Application is uploaded to ARRT.
3. ARRT gets applications on Wednesday evening.
4. ARRT sends out registration packets on Friday.
5. Applicant makes an appointment with Pearson Vue Testing Center. (Limited license applicants have a 90 day window to make their appointment).
6. Once exam is taken, ARRT forwards the scores to Examination Processing Center.
7. Examination Processing Center sends the applicant a letter notifying them of their score and pass/fail status.

Dr. Fleming inquired as to how the decision is made whether an applicant passes or fails the examination. Ms. Smith responded that this Board determines what the pass rate is. Over 45 states, the passing scores range from 65% to 75% with 70% being most common.

Ms. Martin directed the Board to the current X-Ray rules:

0880-X-.05 EDUCATIONAL COURSE, APPROVAL AND CURRICULUM FOR LIMITED LICENSE.

(1) Course approval

(a) To be approved to provide limited radiological license training the educational course director must obtain Board approval by submitting the following information to the Board Administrative Office:

1. Location of the course; and

2. Names of physicians, A.R.R.T. technologists, physicists, or other work qualified personnel who are acting as instructors. Individuals with just a limited x-ray license, without further credentials that this rule allows or the

Board feels uniquely qualifies them to instruct students in a particular subject, may not under any circumstances teach or otherwise provide limited radiological license training; and

3. *Course description and curriculum.*

Once a course is approved, a course must be reapproved every two years. This same information is required for reapproval. We receive a report every six months with an average of the test takers pass rate. It must be 65%. At that point, if that passage rate is not 65%, the Board of Medical Examiners has had the ability to revoke their approval. We recently had a situation where two programs came before the Board of Medical Examiners in the fall for falling below the passage benchmark. At the fall meeting, the Board decided to table the discussion until a later date to allow this Board to meet. There was only one test taker who failed the examination and the Board didn't want to penalize 150 or so students by revoking their approval based on one test takers results. Ms. Martin stated that the criteria for approval is extremely limited and that it is not criteria that should likely be replicated.

Ms. Munyon continued the discussion of whether or not letters of recommendation should be a requirement. Mr. Fakes inquired as to whether or not limited license applicants are required to complete a criminal background check. Ms. Davis stated that limited license applicants undergo the same criminal background check as full scope applicants.

Ms. Munyon referred to ***0880-X-.04 QUALIFICATIONS FOR FULL AND LIMITED LICENSE Section 2(e):***

Cause to have submitted ***verification of attendance and successful completion of a Board approved radiological license training course for the type of license sought*** *pursuant to Rule 0880-X-.05(2) or cause to be submitted verification of a National Certification Organization certificate;*

She stated that the Board previously moved to strike that section for full licensure but it recommend that it be kept for limited licensure. Mr. Ramsey agreed. Dr. Fleming stated that the end of that section: *or cause to be submitted verification of a National Certification Organization certificate;* would be stricken. She stated that the end of subparagraph (f) would be stricken for limited*:*

(f) Have successfully completed the Board approved examination pursuant to Rule 0880-X-.06 ***or possess an National Certification Organization certificate;***

Mr. Smith asked if the first part of (f) would be kept. Dr. Fleming answered affirmatively.

0880-X-.04 QUALIFICATIONS FOR FULL AND LIMITED LICENSE Section 3:

(*3) Any person who resides in this state and has been licensed, certified, or registered to perform radiologic imaging or administer radiation therapy procedures in another jurisdiction, if that jurisdiction's standards of competency are substantially equivalent to those provided by this section in accordance with rules promulgated by the board, may receive a license at an appropriate level at the Board's discretion upon compliance with subparagraph (2) (g) and subparagraph (h) of this rule.*

Ms. Munyon asked whether the reference to “radiation therapy” should be removed for limited licensure. Dr. Podgorski agreed as limited licensees cannot perform radiation therapy:

“administer radiation therapy procedures”

Dr. Podgorski also said that the first sentence needs to be rewritten:

“*Any person who resides in this state and has been licensed, certified, or registered”*

Dr. Fleming asked if there is currently a state to state reciprocity for limited licensure. Ms. Martin responded that there has only been one time in the past two years that a reciprocity issue has arisen. It was an issue regarding whether or not a self guided study was equivalent. The Board recognized that it most likely was not but the applicant had been in practice for 30 years with no disciplinary issues and had demonstrated competency through practice. The exams were very similar. She cautioned that language allowing some flexibility (reciprocity) in licensing should remain in the rules. Dr. Podgorski added that he doesn’t want to prohibit the limited license operators who work in multiple states in order to support their families. He added there is no harm in leaving the language allowing flexibility in the rule. Dr. Fleming suggested changing the rule to read “*Any person who resides in this state and possesses a limited license to perform radiologic imaging in another jurisdiction…”.* The Board agreed on that language.

Mr. Fakes clarified that the Board requires that these personnel apply for and receive a license in Tennessee as well as any other state in which they practice.

Ms. Ward asked whether or not licensure by reciprocity simply requires proof of a license in another state. Ms. Martin replied that, if the current language remains, the applicant will have to prove that the requirements in that state are substantially the same. This will most likely be accomplished by bringing the applicant before the Board in an interview situation and the Board will make a licensure decision on the record. Ms. Martin stated that the Board may want to, in the future, consider language about the educational requirements for reciprocity. There was a discussion about the language “unrestricted license”. Dr Fleming said that “unrestricted” to her means full scope licensure. The Board wants to make sure that there is no confusion about the intent. Unencumbered and unsanctioned were discussed as alternative language. Ms. Martin stated that historically, unencumbered is the term used. Mr. Smith stated that “unencumbered” encompasses the Board’s intent. It was agreed that that it would read “any person who holds a current and unencumbered limited license to perform radiological imaging in another jurisdiction”.

0880-X-.05 EDUCATIONAL COURSE, APPROVAL AND CURRICULUM FOR LIMITED LICENSE.

(1) Course approval

(a) ***To be approved to provide limited radiological license training*** *the educational course director must obtain Board approval by submitting the following information to the Board Administrative Office:*

After discussion, the Board decided to eliminate the word "radiological" from Section 1(a). It will now read "To be approved to provide limited license training…"

Dr. Fleming asked if there is verification of the names and qualifications of the names provided in Section 1(a)(2):

2. ***Names of physicians, A.R.R.T. technologists, physicists, or other work qualified personnel who are acting as instructors.*** *Individuals with just a limited x-ray license, without further credentials that this rule allows or the Board feels uniquely qualifies them to instruct students in a particular subject, may not under any circumstances teach or otherwise provide limited radiological license training; and*

Ms. Martin responded that the reported credentials are verified through the certifying body.

Dr. Podgorski stated that limited license personnel teach every day in clinical settings. Dr. Fleming explained that the norm, in post secondary education, is that the instructor has a credential at least one step higher than the level they are instructing. Dr. Fleming said that, in her opinion, a limited license person should not be **formally** teaching a limited license course. Dr. Fleming asked that the word "just" be removed from number 2. It was decided that the language will be changed to read "*Individuals with **only** a limited x-ray license,".*

Dr. Fleming clarified that, currently, in order to become an approved course, one must submit the location, a list of instructors, and a course description/curriculum. Ms. Martin responded affirmatively. She stated that this is an area where there is room for improvement. The rule goes on to specify what must be in the curriculum. There is currently an evaluation of whether the information provided meets the qualifications stated later in the compilation. If we want the course description and curriculum so that we can verify it meets the later qualifications, they should be listed or a reference to those qualifications in this section of the rule. Ms. Martin also suggested that if the Board is going to require a minimum pass rate, this should also be included in the rules compilation. Dr. Fleming asked if the language "meets or exceeds the pass rate benchmark established by the Board" is acceptable. Ms. Martin responded that counsel needs to weigh in. Ms. Baca-Chavez responded that the Board may want to establish identifiable criteria so that they are given notice as to the reapproval requirements. She said that she would like an opportunity to discuss this issue with the medical consultant and Ms. Martin. The 65% rate has become an issue recently but it was based on only one student. Dr. Fleming stated that AVMA, Nursing, and EMS use a three-year rolling average on a minimum sample size of ten to avoid a "bad span". Ms. Baca-Chavez stated that the three-year rolling average with a minimum sample size is a good alternative to what it currently in place. Mr.

Fakes asked if anyone knows why the limited license passage rate is much lower than the full scope. Dr. Fleming clarified that Mr. Fakes is referring to the "cut" score. Ms. Munyon added that she wouldn't want to differentiate in the full and limited licensure cut scores. The full scope pass criteria is 75 +/- 5 because some of the questions are test questions. There was discussion regarding changing the limited license pass criteria to 75 to be equal with the pass criteria for full licensure. Ms. Munyon voiced her agreement due to the fact that the Board wants to maintain professionalism in the profession. Dr. Fleming added that she is unaware of the practice questions on the limited license exam. The difference is that the ARRT determines who passes the full scope exam and has the ability to scale the score based on the questions being vetted on any given administration. Mr. Fakes asked if the Board is in agreement with the pass criteria being 75 for both full and limited licensure. Dr. Fleming asked if it is possible to find out over a recent historical period what number of applicants would be affected by raising the pass rate for limited. Donna Smith approached the podium. She stated that in anticipation of this question at today's meeting, she pulled the data starting from 1996 to present. 135 out of 483 examinees would have failed the exam on their first attempt. Dr. Fleming stated that number is approximately 25%. Ms. Martin asked if Ms. Smith knows how many of the six month reports had fewer than 10 initial examinees. Ms. Smith responded that Vatterot and Owen-London have historically had a low examinee pass rate. Ms. Martin added that these are not issues that necessarily need to be decided on today, but that it is something to think about before the next meeting and continue discussion at that time. Ms. Martin directed a question to counsel. She stated that she was unable to locate a public chapter that authorizes the Board to authorize provisional approval or probation if the standard is raised and affects a program. She is concerned for the students currently matriculating through the program at that time. Does the Board have the authority to place a program on probation? If approval is withdrawn, the students will be most affected. Ms. Baca-Chavez suggested maybe a corrective action plan for the program and said that this is just one option to consider. Dr. Fleming stated that there are two conversations being held at the same time. One is the cut score for passing for an individual vs. the program effectiveness information and what first attempt program average should be. Dr. Podgorski added that limited licensure is more complicated because there are multiple exams and we are not distinguishing between the tests. The Board has an opportunity to help the programs because it can help them with whichever program (modality) is an issue.

Dr. Fleming posed a question to be considered later. The programs are approved by the Board. There's a list of approved programs on the Board website. Is there any effectiveness data available on our website? Does the public know the success rate of the approved programs? Ms. Davis directed the Board to the Ipad material where both osteopathic and medical x-ray operator approved programs taken directly from the website was available. Ms. Munyon asked for clarification of the "continuing education" column represented. Ms. Davis stated that those programs were approved continuing education providers. Dr. Fleming noted that only one of the approved programs was also approved to provide continuing education. Ms Martin cautioned the Board that, even though the Public Chapter grants the authority to engage in analysis of the quality of a program, they refrain from acting as an accrediting body. The Board is not well-equipped to act in this capacity and the administrative office is not equipped to assist in this endeavor. Ms. Martin asked if there is a regional accrediting body the Board could defer to.

There is not. The Public Chapter (1029) charges the Board with the responsibility of approving a program.

The Board adjourned for lunch at approximately 12:15pm and will return at 1:15pm.

At approximately 1:20pm, Ms. Munyon called the meeting to order after adjourning for lunch.

When the meeting was adjourned, the Board was reviewing **0880-X-.05 EDUCATIONAL COURSE, APPROVAL AND CURRICULUM FOR LIMITED LICENSE.**

The discussion began with a continuation of discussion of Item 1B:

> *(b) If the substance of the requirements in subparagraph (1) (a) changes the course provider must submit, within fifteen (15) days of the change, a new request for course approval. Course approval may be withdrawn for failure to timely submit the new request and/or for changes that result in the course no longer meeting the requirements of subparagraph (1) (a).*

Mr. Ramsey asked if the Board members were in agreement with the fifteen day timeframe for submission of changes. He added that this section includes any changes in staff. Dr. Fleming added that it really depends on what a change in substance means. Ms. Tarr stated that any change from what has been previously submitted, even it was a provider, would constitute a change and would need to be submitted. Dr. Fleming stated that fifteen days is not long enough. Ms. Tarr stated that the typical timeframe in Health Related Boards is thirty days. It was decided that this section would be changed to reflect submission within thirty days.

Dr. Fleming asked if the Board would like to contemplate adding/changing Item 1C:

> *(c) To remain approved to provide limited radiological license training the educational course director must obtain Board approval every two (2) years by submitting the information required in subparagraph (1) (a).*

Prior to breaking for lunch, it sounded like the Board may want to change the requirements for reapproval. Mr. Ramsey stated that prior to lunch, the discussion was regarding individuals. Mr. Fakes referred the Board to section 2(a):

> *(a)* Basic Course - Defined as the core, theory or foundation education basic to *radiography. The basic course is prerequisite to any specialty area license but need be successfully completed only once. The basic radiological course shall include, but not be limited to, imaging equipment, principles of radiographic exposure, radiation protection, radiographic quality and radiographic film processing. This course shall consist of fifty (50) clock hours. Successful completion of this basic course can be substituted for the course required for limited license in bone densitometry.*

This section defines what the course covers. Mr. Fakes asked if the Board wants to add “alara”. This term is commonly used in radiology and means “as low as reasonably achievable”. Ms. Munyon stated that she doesn’t see anything regarding radiation safety. She added that she

thinks the alara principal would fall under radiation safety or exposure. She asked if Mr. Fakes was referring to exposure to the individual or exposure of the image. Mr. Fakes said he was referring to exposure to the individual. Dr. Podgorski said that instead of "radiation protection", the terminology could be changed to "radiation safety". The term "radiation safety" encompasses protection, safety for everyone, personnel, environment, etc. Dr. Fleming added that on the next line, you might want to change it to "radiographic image processing" and delete the word 'film". The Board agreed.

Dr. Fleming inquired what is meant by *"This course shall consist of fifty (50) clock hours."* Is that typically contact hours? Are they online, self-paced, or mixed? Mr. Fakes asked how many of those hours are clinical vs. classroom. Ms. Ward pointed out that this is outlined in Section B:

> *(b) Specialty Areas - Defined as the study of radiography of a particular anatomical part including human structure and function, radiographic positioning and procedures, and evaluation of radiographs. Each separate specialty area course shall minimally consist of the following amount of classroom clock hours:*
>
> *1. Chest — ten (10) classroom clock hours;*
>
> *2. Extremities — prior to June 1, 2008, ten (10) classroom clock hours and thereafter forty (40) classroom clock hours;*
>
> *3. Skull and Sinuses — ten (10) classroom clock hours; and*
>
> *4. Spine — prior to June 1, 2008, ten (10) classroom clock hours and thereafter thirty (30) classroom clock hours.*

The Board decided to add the word "classroom" to section (a) for clarity so that it reads:

> *(a) Basic Course - Defined as the core, theory or foundation education basic to radiography. The basic course is prerequisite to any specialty area license but need be successfully completed only once. The basic radiological course shall include, but not be limited to, imaging equipment, principles of radiographic exposure, radiation* ***safety****, radiographic quality and radiographic film processing. This course shall consist of fifty (50)* ***classroom*** *clock hours. Successful completion of this basic course can be substituted for the course required for limited license in bone densitometry.*

Mr. Smith asked for clarification of adding "radiation safety" to section (a). The Board confirmed that the above paragraph reads as intended.

Dr. Fleming asked that, since it is now 2018, whether "*prior to June 1, 2008"* needs to remain in section (b). Ms. Baca-Chavez responded that the date can most likely be modified. Legal counsel will make a note to investigate intent of inclusion of this particular date.

Mr. Fakes asked if the amount of clinical hours listed under section (c) came from the ARRT. His question is why the clinical requirement for extremities is eighty clinical hours but for chest, the clinical hour requirement is thirty. Extremities are far less susceptible to radiation than the chest or core of your body. Ms. Ward stated there are more extremities that must be learned. The Board agreed. Mr. Ramsey stated that when combining both classroom and clinical hours, skull and sinus is much less than the other modalities. Mr. Ramsey said that in preliminary research on the ARRT website, he was unable to find any specific hours listed.

> *(c) Clinical Training - Defined as "hands-on" observation and participation in the production of diagnostic radiographs. Clinical training must be supervised by either a residency-trained radiologist, or by a licensed physician in conjunction and consultation with a fully-licensed and registered operator (A.R.R.T. technologist) with at least three*

(3) years' experience when appropriate. This training shall minimally consist of the following amount of clinical clock hours for each specialty area in which licensure is sought:

1. *Chest — thirty (30) clinical clock hours;*
2. *Extremities — eighty (80) clinical clock hours;*
3. *Skull and Sinuses — thirty (30) clinical clock hours; and*
4. *Spine — eighty (80) clinical clock hours.*

Ms. Baca-Chavez again reminded the Board that these rules come from rules that have been in place for some time and are in need of updating/revision. Typically, the OGC looks to bordering states, other states and other pertinent organizations for requirements. This is something that can be further researched to determine what other states are doing and what is the standard. She stated that they can do further research prior to the next meeting and give the Board more guidance based on bordering states, etc. Ms. Munyon and the Board agreed that that would be useful information.

Ms. Munyon referred to section (c):

(c) Clinical Training - Defined as "hands-on" observation and participation in the production of diagnostic radiographs. Clinical training must be supervised by either a residency-trained radiologist, or by a licensed physician in conjunction and consultation with a fully-licensed and registered operator (A.R.R.T. technologist) with at least three (3) years' experience when appropriate. This training shall minimally consist of the following amount of clinical clock hours for each specialty area in which licensure is sought:

1. *Chest — thirty (30) clinical clock hours;*
2. *Extremities — eighty (80) clinical clock hours;*
3. *Skull and Sinuses — thirty (30) clinical clock hours; and*
4. *Spine — eighty (80) clinical clock hours.*

She stated that she is concerned with the following section "*Clinical training must be supervised by either a residency-trained radiologist or by a licensed physician".* What exactly is meant by "residency –trained radiologist"? Have they completed residency? Have they completed the first year of residency? Are they boarded? She feels that it is not clearly defined as to where they are in the residency. Mr. Fakes stated that realistically, an MD will not stand over a trainee while they do eighty hours of training. They will most likely be supervised by another radiologic technologist. Mr. Ramsey stated that, as currently written, training can be conducted by a board certified radiologist and the student alone OR a licensed physician in conjunction/consultation with an ARRT certified technologist. Dr. Fleming pointed out that *fully-licensed and registered operator (A.R.R.T. technologist) with at* ***least three (3) years' experience*** is excessive *.*

These issues were discussed and the Board agreed to change this section to read as follows:

(c) Clinical Training - Defined as "hands-on" observation and participation in the production of diagnostic radiographs. Clinical training must be supervised ***either by*** *a* ***board-eligible*** *radiologist or by a licensed physician with* ***direct supervision*** *of a fully-licensed and registered operator (A.R.R.T. technologist* ***or equivalent****) with at least* ***one (1)*** *year experience when appropriate. This training shall minimally consist of the following amount of clinical clock hours for each specialty area in which licensure is sought:*

Dr. Fleming asked for whether clarification that hours for each modality cannot run concurrently is necessary. Mr. Ramsey stated that he feels that the last sentence "*This training shall minimally consist of the following amount of clinical clock hours for each specialty area in which licensure is sought"* is sufficient.

Dr. Fleming proceeded to discussion of section (d):

(*d) Specialty areas defined*

1. Chest - includes visceral thorax only; routine projections are PA, AP, Lateral, Oblique, Decubitus, and Apical Lordotic, but does not include ribs or sternum.

2. Extremities

(i) Upper Extremity — includes all routine views of the fingers up through the pectoral girdle.

(ii) Lower Extremity includes the toes up through the femur including routine unilateral hip joint views, but not the pelvis.

3. Skull and Sinuses

(i) Skull — includes AP/PA, Townes and Lateral.

(ii) Sinuses — includes upright PA/Caldwell, Lateral, and Waters.

4. Spine

(i) Cervical — includes AP/PA, lateral, obliques, and open mouth odontoid.

(ii) Thoracic — includes AP/PA, lateral, and Swimmers.

(iii) Lumbar — includes AP/PA, lateral, spot lateral of L5-S1, and obliques.

Dr. Fleming asked if the language of section (d)1 (chest) should be changed from *does not include ribs or sternum* to "does not include the bony thorax" to be more comprehensive. Dr. Podgorski felt that it should not, as the intention most likely was to prevent limited licensees from performing sternum and ribs. Ms. Ward stated that it is her feeling that it should be left as is. The Board ultimately decided to leave this section as it currently reads.

Ms. Ward pointed out that in the "extremity" section, it reads: "*Lower Extremity includes the toes up through the femur including routine unilateral hip joint views, **but not the pelvis**."*

Mr. Fakes moved on to Skull and Sinuses. He noted that Skull does not include Caldwell and Waters but those views are routinely performed in conjunction with skull studies. He noted that they are included under Sinuses. He asked if limited scope operators are unable to perform these studies under skull but are allowed in the scope of sinus. The Board agreed that this is inconsistent. Dr. Podgorski suggested editing it to read:

Skull and Sinus – All routine views

Mr. Fakes asked what "routine views" included. He referred to the ARRT website for clarification. The ARRT lists the following views under skull: AP axial (Towne), Lateral, PA axial (Caldwell), PA, and submentovertex (full basal). The ARRT has a section "Facial Bones". It is not listed as a specialty area for limited scope in the rules. Mr. Fakes assumed that limited techs cannot perform facial bone x-rays. Sinuses is another section. It lists the following views: Lateral,m horizontal beam; PA axial (Caldwell); parietoacanthial (Waters); horizontal beam; and submentovertex (full basal), horizontal beam. He asked if the Board wants to combine skull and sinus together. Dr. Podgorski voiced his agreement with combining them. Ms. Munyon asked if any views were being excluded for the limited license. She is clarifying whether the language needs to read: skull and sinus – does not include a certain view.

Dr Fleming asked if we are legally allowed to reference the ARRT content specifications for the exam. Ms. Baca-Chavez suggested adding "as amended". If "as amended" is added, if something is added then the rules will cover the amendments as well. Mr. Smith asked for clarity regarding what the Board wants the rules to reflect. He asked if the entire existing language of section (d) should be eliminated and replaced with
ARRT Limited Scope of Practice Examination Content Specifications– as amended
The Board agreed.

(3) Course approval may be withdrawn if the Board finds the course is in violation of any of its statutes or regulations or if the Board finds the course inadequate for licensure purposes based upon random auditing of the course and/or its effectiveness in producing qualified graduates. The minimum standard for continued course approval shall be based upon at least a sixty-five percent (65%) graduate pass rate for first time takers on the examinations over at least a six (6) month period.
There was discussion regarding the above rule (3). The pass rate and time period to retain course approval was discussed. Dr. Fleming is in favor of increasing the pass rate "lookback" to a period of two years. Imposition of a probationary period if a course falls below the agreed upon pass rate was discussed. Legal counsel will research various options and report available options to the Board at a later date. No changes were currently made and this discussion will be resumed at a later date.
Ms. Baca-Chavez noted that number (4) simply needs to be changed from the Board of Medical Examiners to Tennessee Board of Radiologic Imaging and Radiation Therapy:

(4) The Board of Medical Examiner's designee may issue course approval subject to subsequent Board ratification.

She clarified that the rule will read:
(4) The Board's designee may issue course approval subject to subsequent Board ratification.

0880-X-.06 EXAMINATIONS FOR CERTIFICATION.

(1) The Board adopts as its licensure examination all limited scope examinations and the general examination provided by a National Certification Organization.

(2) Applicants for the various areas of licensure must successfully complete the following examinations or their identified successor examinations:

(a) Specialty Limited Licenses –

1. The A.R.R.T. core examination; and

2. The limited scope examination(s) for the area(s) in which licensure is sought.

(b) *Full License – A certification from a National Certification Organization will substitute for all examinations required by the Board and will be the basis for full licensure.*

(3) *It is the applicant's responsibility to apply directly to the examination agency for admission to the examinations. The Board does not process applications for examination.*

(4) *An applicant will be deemed to have successfully completed any of the examinations required for limited licensure upon correctly answering sixty-five percent (65%) of all questions contained on the examinations which the Board or it designee deem to be appropriate and applicable to the type(s) of license(s) sought. For full licensure, an applicant will be deemed to have successfully completed the examination requirements upon obtaining a passing score as determined by the examining body.*

(5) *After the fourth (4th) unsuccessful attempt at passing any section of an examination, the applicant may no longer participate in supervised limited radiography. No license will be issued until the exam is successfully completed and the applicant shows documentation of repeating a Board-approved course or completing an acceptable remedial program provided by a Board-approved Course Provider.*

(6) *Nothing in this Rule shall prohibit license course instructors from examining students as they deem necessary; or from defining terms for successful completion of courses for their own purposes.*

After much discussion on this section, the Board deferred discussion on this section to a future date so that various options can be researched and available options reported to the Board at a later date. The only change noted to this section at this time is to delete: *Nothing in this Rule shall prohibit license course instructors from examining students as they deem necessary; or from defining terms for successful completion of courses for their own purposes.*

The Board moved on to Section 9, Continuing Education:

0880-5-.09 CONTINUING EDUCATION.

(1) *Continuing Education - Hours Required*

(a) *Full Licenses*

1. *The Board accepts the standards of nationally recognized credentialing agencies relative to the number of hours, types of courses, and methods of proving compliance for continuing education for radiography license holders.*

The Board agreed that #1 should read: "*The Board accepts the standards of nationally recognized credentialing agencies relative to the number of hours, types of courses, and methods of proving compliance for continuing education for* ***full license holders****."*

2. *A licensee will not be required to duplicate the continuing education hours submitted to a National Certification Organization.*

3. *Submission of continued certification in good standing with any of the approved agencies with the renewal application shall be acceptable.*

(b) Limited licenses

1. *Each person with a limited license must biennially attend and complete twenty (20) hours of radiological-related continuing education in courses approved by the Board.*

After discussion of (b)(1), the Board agreed that this rule should be changed to read "*Each person with a limited license must biennially* ***complete twenty*** *(20) hours of radiological-related continuing education in courses approved by the Board or by any of the organizations listed in Rule 3(d).*

2. *Two (2) of the required twenty (20) biennial continuing education hours must be pertaining to appropriate statutes, rules and regulations, and other subjects that would be directly related to compliance with, and/or penalties for non-compliance with the statutes, rules and regulations.*

After discussion, the Board agreed that #2 should be removed from the rules.

3. *The Board approves courses for only the number of hours contained in the course. The approved hours of any individual course will not be counted more than once in a two (2) year period toward the required hourly total regardless of the number of times the course is attended or completed by any individual license holder.*

(2) Continuing Education - Proof of Compliance

(a) The due date for proof of attendance and completion of the required continuing education hours is each license holder's biennial renewal due date.

The Board agreed that (2)(a) should be changed to read "*The due date for proof of* ***compliance with the required*** *continuing education hours is each license holder's biennial renewal due date.*

The Board stopped at Section 0880-5-.09 CONTINUING EDUCATION (2)(a) and will resume rules discussion at the next meeting.

The Board discussed rescheduling the next meeting, currently scheduled for April 12. Ms. Martin stated that Administrative Staff will begin working on a new date as soon as possible and disseminate that information to the Board.

Mr. Smith reminded the Board about the Sunshine Law. No discussion among the Board can take place outside of the Board meetings.

The meeting adjourned at 3:40 p.m.