

The American Board of Nuclear Medicine (15)

A Member Board of the American Board
of Medical Specialties

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Secretary, U.S. Nuclear Regulatory Commission
ATTN: Rulemakings and Adjudications Staff
Washington, DC 20555-0001

Re: RIN 3150-AH19

The American Board of Nuclear Medicine (ABNM) is submitting comments on the U.S. Nuclear Regulatory Commission's (NRC) proposed rule on *Medical Use of Byproduct Material - Recognition of Specialty* Boards issued December 9, 2003 (68 FR 68549).

The American Board of Nuclear Medicine has certified 4781 physicians in the field of Nuclear Medicine since the first examination was given in 1972. We continue to certify nuclear medicine physicians at the rate of 73 per year (average for past 10 years). These physicians have the most complete training of any specialty in the diagnostic and therapeutic use of unsealed sources.

Revisions to Part 35 are supposed to be risk informed and performance based. As a medical discipline, the safety record of our specialty is unsurpassed. Despite this exemplary record, the NRC is imposing new regulations that ironically affect board certified physicians whose training far exceeds the training required by the NRC to a greater extent than they affect physicians who become authorized users through alternative pathways.

For example, § 35.392 [Training for the oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 Gigabecquerels (33 millicuries)] only requires 80 hours of training for a physician to be able to treat a patient with less than 1.2 GBq of I-131. Because of the biological significance of the activity administered, we would expect these physicians to be fully trained in radiation protection. We do not oppose the 80 hours of training and the additional work experience required by the NRC in § 35.392, but want to point out that no examination is required for § 35.392 whereas the NRC specifically requires an examination in radiation protection of our physicians who seek board certification. In addition, candidates for our certification are required to have 620 more hours of training and experience in radiation safety and in clinical experience than physicians who become authorized users under §35.390. Risk-based regulations could not be used to justify this requirement for an additional 620 hours of training given that only 80 hours training are required for the use of I-131 for treatment. Virtually all medical events related to the use of unsealed sources are due to the use of I-131.

The wording on page 68553 (top of column 3) of the U.S. Nuclear Regulatory Commission's (NRC) proposed rule on *Medical Use of Byproduct Material - Recognition of Specialty* Boards issued December 9, 2003 is particularly troubling:

The NRC staff does not intend to conduct inspections of the recognized specialty boards, but will monitor trends in medical events. If the NRC staff determines that a series of medical events is associated with a particular specialty and the trend can be attributed to inadequate radiation safety training, the staff will determine

whether the inadequate training is related to a board's requirements for radiation safety training. If this is the case, the NRC staff will review the specialty board's certification program. The assessment will include a determination of whether the board's examination adequately assesses the requisite knowledge and skills. If the staff determines that changes in the board's requirements for training in radiation safety are necessary and the board either cannot or will not make adequate changes to its training program to address these needs, then the NRC will withdraw recognition of that specialty board's certification and delist that board.

We are pleased to know that the NRC will not routinely conduct inspections of specialty boards, but do not understand how the NRC will monitor trends in medical events, associate the events with a particular medical specialty, attribute the trend to inadequate radiation safety training and determine whether the inadequate training is related to a board's requirements for radiation safety training. The number of medical events reported by our diplomates is very small. Monitoring trends of such sparse data will be difficult. What statistical methods will the NRC use? Over what period of time will the trends be measured? If a trend is observed, what statistical methods will the NRC use to determine that an adverse trend is due to inadequate training and that the inadequate training is related to a board's requirements for radiation safety training?

The statement that "the NRC staff will review the specialty board's certification program" is particularly troubling. Certainly, the NRC does not expect that the certification board would jeopardize the security of its examination by allowing the NRC to review the examination. The ABNM is also deeply concerned about the NRC influencing the content of its examination. An examinee's knowledge about radiation protection has important safety implications; however, an examinee's knowledge about the practice of nuclear medicine also has important safety implications. Because of its lack of expertise about the practice of medicine, the NRC is not in a position to determine the relative merits of adding or subtracting examination content related to radiation protection versus adding or subtracting questions about the practice of nuclear medicine. Only a medical board can make this judgement.

We are perplexed as to why the NRC has decided that the Certification Board of Nuclear Cardiology (CBNC) is the only Board that meets the new NRC requirements. We do not oppose the NRC's decision to give CBNC deemed status but question why the NRC has decided that Board certification alone is no longer sufficient to be granted authorized user status. Again revised Part 35 is supposed to be risk informed. Is there a reason that Boards that have always had deemed status no longer have deemed status? We believe that this additional requirement has come about due to the NRC's lack of understanding of medical education. The NRC has stated [on page 68549 (top of column 3) of the U.S. Nuclear Regulatory Commission's (NRC) proposed rule on *Medical Use of Byproduct Material – Recognition of Specialty Boards* issued December 9, 2003] that

... the NRC staff determined that, except for one board, the boards did not meet all the requirements specified in the final rule. Specifically, the boards' certification programs failed to meet the requirements in the final rule regarding preceptor certification and work experience. The only board that currently meets the revised requirements is the Certification Board of Nuclear Cardiology (CBNC) because it developed its certification program based on the final rule. The NRC staff held several discussions with the boards to determine whether the boards would modify their certification processes to meet all the requirements specified in the rule. With the exception of the CBNC, no board indicated that it would modify its certification process.

The reason that CBNC meets that NRC's requirements is that it is not an American Board of Medical Specialties (ABMS)-approved board so the CBNC had to create its own infrastructure to provide the needed oversight. Part of CNBC's oversight included a preceptor statement that overtly coincides with proposed NRC requirements. What the NRC has refused to recognize is that the oversight for ABMS boards is much more effective than a letter from a preceptor. For ABMS boards, Residency Review Committees exist for each specialty under the umbrella of the ACGME. ACGME staff physician reviewers visit each training program to make certain that the training program meets all of the requirements needed for an ACGME-approved training program. In order to be

eligible to take the ABNM certifying examination, the nuclear medicine program director (now required to be an authorized user) attests to the fact that the candidate has successfully completed an ACGME-approved nuclear medicine residency program. We believe that this outside review and program director attestation is a much more effective way to ensure that a physician's training meets the NRC training requirements.

In the section quoted above, the NRC also states "the boards' certification programs failed to meet the requirements in the final rule regarding ...work experience." It is difficult to understand how that applies to the ABNM. The work experience of our diplomates greatly exceeds the NRC requirements. The shortest training path to become board certified in nuclear medicine would be for physicians who are already board certified in radiology. Board certified radiologists are required to have an additional year of training in nuclear medicine in order to be eligible to take the ABNM certifying exam. By virtue of their board certification in radiology, such physicians have already met the NRC's requirement for 700 hours of training. During their additional year of training in nuclear medicine, they would have an additional 2,000 hours of training (50 weeks times 40 hours a week); thus it is hard to understand why ABNM diplomates would not meet the NRC work experience requirements. Physicians not certified in radiology must have at least 2 years of work experience (approximately 4,000 hours of training).

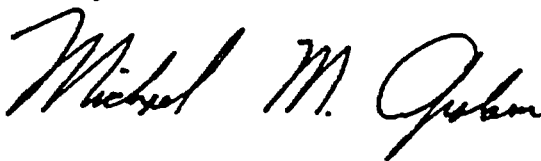
In an effort to comply more explicitly with the general training requirements in Part 35, both ABNM and ACGME are re-writing their requirements so that all three are consistent. The revised version of the ABNM brochure is enclosed. This language will be posted on our web site shortly to inform all candidates of our expectations in terms of training.

In summary, the ABNM is requesting the following action from the NRC.

ABNM certification should continue to be sufficient for our diplomats to satisfy the training requirements for the use of unsealed sources. The additional requirement for a preceptor statement should not be implemented. The oversight provided by the RRC, ACGME and ABMS is much more rigorous than the oversight provided by a preceptor letter. As detailed above, the work experience of our diplomats far exceeds the NRC training requirements. It is inconsistent to have far higher requirements for the board-qualified physicians than for the \$35,390 alternative pathway.

Thank you for considering these comments and our requests.

Sincerely,

A handwritten signature in black ink, reading "Michael M. Graham". The signature is fluid and cursive, with the first name "Michael" being larger and more prominent than the last name "Graham".

Michael M. Graham, PhD, MD
Chairman, American Board of Nuclear Medicine

Professor of Radiology, Director of Nuclear Medicine
Department of Radiology
University of Iowa
Iowa City, Iowa 52242

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THIS BOOKLET OF INFORMATION SUPERCEDES ALL
PREVIOUSLY PUBLISHED BOOKLETS OF
INFORMATION OF THE BOARD CONCERNING
REQUIREMENTS, POLICIES AND PROCEDURES AND
MAY BE MODIFIED AT ANY TIME.

HISTORY AND STRUCTURE

The American Board of Nuclear Medicine (ABNM) was the first conjoint board to be established under provisions of the "Essentials for Approval of Examining Boards in Medical Specialties" of the American Board of Medical Specialties. It was sponsored by the American Board of Internal Medicine, the American Board of Pathology, the American Board of Radiology, and the Society of Nuclear Medicine.

On the recommendation of the Liaison Committee for Specialty Boards, the American Board of Medical Specialties and the Council on Medical Education of the American Medical Association the application of the proponents of the ABNM was approved on June 19, 1971. The Board was formally incorporated on July 28, 1971, and its first organizational meeting was held on October 23, 1971. In 1985, with the continuing support of the original sponsors, it was designated a primary Board.

The Board was established to set educational standards and to evaluate the competence of physicians in nuclear medicine. It has responsibility for establishing requirements for certification, for conducting examinations leading to certification in nuclear medicine, and for issuing certificates to those who fulfill its requirements. The Board has certified 4,778 individuals on the basis of examinations given during the period 1972-2003.

The Board consists of twelve members who are elected by the Board. Each member of the Board, unless elected to fill an unexpired term, serves for a term of three years and may be reelected for a second term. The officers of the Board are a Chairman, a Vice-Chairman, an Executive Director, and a Secretary-Treasurer. The terms of office are one year, and officers may be re-elected.

DEFINITION OF SPECIALTY

Nuclear medicine is the medical specialty that employs the nuclear properties of radioactive nuclides in diagnosis, therapy and research. These properties are used to evaluate metabolic, physiologic and pathologic conditions of the body.

MISSION STATEMENT

The ABNM is the primary certifying organization for nuclear medicine in the United States. The Board serves the public health through assurance of high quality patient care by establishing standards of training, and certification of initial and continuing competence for physicians rendering nuclear medicine services.

PURPOSES OF THE BOARD

The primary purpose of the Board, and therefore its most essential function, is the advancement of the health of the public through the establishment and maintenance of standards of training and education, and the qualification of physicians rendering nuclear medicine services to the people of the United States. The Board contributes to the improvement of health care in the United States and carries out this purpose by (a) establishing requirements of graduate training related to examinations given by the Board; (b) assessing the credentials of candidates for examination by the Board; (c) conducting an examination process to determine the competence of candidates for certification by the Board; (d) granting and issuing certificates in nuclear medicine to voluntary applicants who have been found qualified by the Board; and (e) maintaining a registry of holders of such certificates, and serving the medical and lay public by publishing the names of practitioners who have been certified by the Board.

SIGNIFICANCE OF CERTIFICATION

A physician certified by the American Board of Nuclear Medicine has fulfilled the prerequisites for training, has been certified by the director of his or her residency training program as competent in clinical nuclear medicine, and has made application for and successfully completed a qualifying written

examination encompassing the medical uses of radioactive materials and related physical sciences, thereby demonstrating qualifications for excellence in the practice of nuclear medicine.

A Diplomate of this Board is capable of:

1. Assuming clinical responsibility for patients under his or her care.
2. Serving as consultant to other physicians and advising them of the clinical indications and limitations and assessment of benefits versus risks of diagnostic and therapeutic applications of radioactive materials.
3. Conducting or supervising the performance of clinical procedures involving the use of radioactive materials.
4. Rendering a valid written or verbal interpretation of the results of such procedures.
5. The medical management of persons exposed to ionizing radiation; the safe management and disposal of radioactive substances; and the direction of radiation safety programs.

The certificate does not confer on any person legal qualifications, privileges, or license to practice medicine or the specialty of nuclear medicine. The Board does not purport to interfere with or limit the professional activities of any licensed physician.

REQUIREMENTS FOR CERTIFICATION IN NUCLEAR MEDICINE

A. General requirements for each candidate

Assurance that the applicant represents himself or herself to be a specialist in nuclear medicine.

B. General professional education

Graduation from a medical school approved by the Liaison Committee on Medical Education or from an accredited school of osteopathy. If the applicant is a graduate of a medical school outside the United States or Canada, he or she must have a currently valid standard certificate from the

Educational Commission for Foreign Medical Graduates (ECFMG), 3624 Market Street, Philadelphia, PA 19104-2685 (Phone: 215-386-5900).

C. Preparatory post-doctoral training

Training required for admission to the certifying examination in nuclear medicine shall be comprised of one or more years of preparatory post-doctoral training in programs satisfactory to the American Board of Nuclear Medicine. Such programs shall provide broad experience in clinical medicine in which the primary emphasis is on the patient and his or her clinical problems. Preparatory training may be in any specialty in a residency program in the United States, which must be approved by the Accreditation Council for Graduate Medical Education (ACGME), or programs in Canada approved by the Royal College of Physicians and Surgeons of Canada (RCPSC), the Professional Corporation of Physicians of Quebec (PCPQ), or alternative training as approved by the ABNM. Preparatory post-doctoral training must precede the training in nuclear medicine.

Each nuclear medicine residency training program director must ensure that for each resident entering his or her program the preparatory post-doctoral training has been in (1) a U.S.A. program approved by the ACGME or (2) a Canadian program approved by the RCPSC or the PCPQ or (3) an alternative training program as approved by the ABNM.

D. Post-doctoral training in nuclear medicine

1. After completion of the preparatory post-doctoral training program, there shall be satisfactory completion of a *two-year formal residency training program in nuclear medicine* in a nuclear medicine residency training program recognized and

approved by the Residency Review Committee for Nuclear Medicine of the ACGME or a Canadian program approved by the RCPSC or PCPQ as competent to provide satisfactory training in nuclear medicine.

2. The two-year formal residency training program in nuclear medicine must include:

- a. Training in clinical nuclear medicine which must include, but not be limited to, performance and interpretation of *in vivo* imaging studies of body organs and systems using radiopharmaceuticals; training and experience in the application of non-imaging procedures, including instruction in principles of immunology; radiopharmaceutical absorption, dilution, excretion, and organ function studies; and therapeutic uses of unsealed radiopharmaceuticals, including patient selection, dosimetry and dose administration in the treatment of cancer, hematologic and metabolic disorders. *In vivo* studies will include use of external detectors and scintillation cameras including single-photon tomography and positron emission tomography; cardiovascular nuclear medicine procedures including exercise and pharmacologic stress testing, as well as management of cardiac emergencies related to such testing; and correlation of nuclear medicine procedures with other imaging modalities such as computed tomography, ultrasonography, nuclear magnetic resonance imaging, and angiography.
- b. Training in basic and allied sciences which must include medical nuclear physics; instrumentation; radiopharmaceutical chemistry including reactor, cyclotron and generator production of radionuclides; computer sciences; statistics; radiation biology; and training

and experience in basic radionuclide handling techniques applicable to the medical use of unsealed byproduct material for imaging and localization studies and therapy. The training and experience must include, at a minimum,

- 1) Classroom and laboratory training in the following areas:
 - a) Radiation physics and instrumentation;
 - b) Radiation protection;
 - c) Mathematics pertaining to the use and measurement of radioactivity;
 - d) Chemistry of byproduct material for medical use;
 - e) Radiation biology; and
- 2) Under the supervision of an authorized user in radiation safety, radionuclide handling and quality control, involving
 - a) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;
 - b) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;
 - c) Calculating, measuring and safely preparing patient or human research subject dosages;
 - d) Using administrative controls to prevent a medical event involving the use of unsealed byproduct material;
 - e) Using procedures to safely contain spilled radioactive material and using proper decontamination procedures;
 - f) Administering dosages of radioactive drugs to patients or human research subjects; and

- g) Eluting generator systems appropriate for preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs.

- 3) Training in allied sciences may include pathology, physiology, and other basic sciences associated with nuclear medicine. The time spent in training in allied science may be spaced throughout the period of training in nuclear medicine and in a manner that does not exceed six months of training.

Candidates must document experience with patients or human research subjects involving a minimum of three cases in each of the following categories:

- a) oral administration of less than or equal to 1.22 GBq (33 mCi) of sodium iodide I-131;
 - b) oral administration of greater than 1.22 GBq (33 mCi) of sodium iodide I-131;
 - c) parenteral administration of any beta emitter or a photon-emitting radionuclide with a photon energy less than 150keV; and
 - d) parenteral administration of any other radionuclide.
- c. Applicants who have completed residency training programs in clinical disciplines closely related to nuclear medicine in residency programs approved by the ACGME, the RCPSC or the PCPQ may apply to receive credit for some of that training.

Applicants desiring credit toward the nuclear medicine requirements should write to the Board requesting such credit (see below under Applications).

E. Combined Training Programs

1. Nuclear Medicine and Diagnostic Radiology/Nuclear Radiology

The American Board of Nuclear Medicine and the American Board of Radiology offer dual certification for candidates who have satisfactorily completed a combined total of 6 years of accredited training in programs approved by both boards and successfully passed the certifying examination of both boards.

To be eligible for dual certification, a resident must obtain residency training in diagnostic radiology and nuclear medicine that must include a) a preparatory clinical year and b) four years of education in diagnostic radiology program that includes six months of nuclear medicine training, followed by c) one year of education in a combined nuclear medicine and nuclear radiology program. Certifying examinations of each board cannot be taken until all required years of training in both specialties are satisfactorily completed. All training must be in ACGME, RCPSC or PCPQ accredited programs and approved by the director of each program.

2. Nuclear Medicine and Internal Medicine

The American Board of Nuclear Medicine and the American Board of Internal Medicine offer a training pathway for candidates who have completed 4 years of combined accredited training in internal medicine and nuclear medicine leading to admissibility to certification in both specialties. To meet eligibility for dual certification, the resident must

satisfactorily complete 48 months of combined training that is verified by the directors of both training programs. It is strongly recommended that combined training occur in the same institution. Residents will be eligible for admission to the written certifying examination in internal medicine after successfully completing the R-3 year of training and for the nuclear medicine examination after the R-4 year. All training must be in ACGME, RCPSP or PCPQ accredited programs and approved by the director of each program.

3. Nuclear Medicine and Cardiology

Applicants who have completed an accredited program in internal medicine/cardiology which includes three months in the clinical subspecialties of internal medicine, three months of invasive cardiology and six months of noninvasive cardiology (with an emphasis on nuclear cardiology) may apply to take the ABNM examination upon completion of an additional twelve months of nuclear medicine training (with an emphasis on non-cardiac aspects of nuclear medicine) in an accredited nuclear medicine program. All training must be in programs accredited by the ACGME, RCPSC or PCPQ and approved by the director of each program.

4. Nuclear Medicine and Neurology

The American Board of Nuclear Medicine and the American Board of Psychiatry and Neurology offer dual certification for candidates who have completed five years of combined accredited training in nuclear medicine and neurology. It is strongly recommended that the participating residencies be in the same institution.

To be eligible for dual certification, the resident must satisfactorily complete 60

months of training, which must be verified by the respective directors of both programs. The certifying examinations may not be taken until all required years of training in both specialties are satisfactorily completed. All training must be in ACGME, RCPSP or PCPQ accredited programs and approved by the directors of each program.

F. Evaluation of clinical training in nuclear medicine

1. The Board considers demonstration of clinical competence in the management of the nuclear medicine patient of paramount importance in its qualification of the applicant to take the certifying examination. The Board designates the directors of nuclear medicine residency programs and their supporting evaluation committees as the authorities who can most appropriately provide to the Board the necessary documentation of competence in clinical nuclear medicine, and requires that all program directors certify to the Board that each applicant from their program is competent in clinical nuclear medicine. These reports will be reviewed by the Board before accepting an applicant to take the certifying examination.
2. If a residency program director's evaluation indicates an applicant's competence in clinical nuclear medicine is unsatisfactory, the applicant will not be admitted to the examination unless the Board finds on the basis of an appeal that the applicant's overall performance meets its standards. An applicant not admitted to an examination on the basis of the above findings may appeal in writing to the Board for a special evaluation of competence in clinical nuclear medicine within 45 days of

receipt of notification. The appeal should state that a request is made for review of the decision not to admit to the examination and why the applicant considers the decision to be in error. Applicants whose clinical competence is judged satisfactory in this evaluation will be admitted to the next examination for which they apply. Applicants judged not satisfactory in this evaluation are advised to spend an additional year in training before applying again for special evaluation of competence.

Applicants submitting false credentials are subject to disqualification from examination or revocation of certification.

3. All preliminary and nuclear medicine residency training must be completed prior to September 1 of the year the candidate takes the certifying examination.

LICENSURE REQUIREMENT

A valid, unrestricted license to practice medicine in a state, territory, possession, or province of the United States or Canada will be required of all applicants for the certifying examination. If an applicant is licensed in more than one such jurisdiction, each license must be valid and unrestricted. A photocopy of every license held by the applicant must be submitted to the Board.

APPROVED RESIDENCY TRAINING PROGRAMS

Lists of approved residency training programs in nuclear medicine may be found in the *Graduate Medical Education Directory* published annually by the American Medical Association (website address: www.ama-assn.org/freida), or may be obtained by contacting: Secretary, Residency Review Committee for Nuclear Medicine, ACGME, 515 North State Street, Chicago, IL 60610 (website address: www.acgme.org).

ADMISSIBILITY TO EXAMINATION

An applicant is admissible to the examination only when all of the preliminary and graduate educational requirements of the Board *currently in force at the time of receipt of the formal application* have been satisfactorily fulfilled and deemed acceptable.

EXAMINATION

The certifying examination will be computer-based. It will be administered at NCS Pearson Professional Centers at approximately 200 locations throughout the United States. Applicants may register at the testing center of their choice on a "first-to-register" basis. Exact location of these centers can be found on the NCS Pearson website: www.pearsonvue.com. The examination will be administered in two sessions: a morning and an afternoon session.

The examination is an objective multiple-choice examination. It tests basic knowledge of the field of nuclear medicine including the basic sciences and emphasizes aspects of clinical experience. Some questions will assess the candidate's ability to analyze clinical data (including pictorial material such as imaging studies) and reach conclusions about them. Other questions will assess details of knowledge which the Board expects a consultant in nuclear medicine to possess. Computer-Based Testing Tutorial can be found on the Measurement Research Associates website: www.measurementresearch.com.

APPLICATIONS

Applicants who wish to be examined by the ABNM must complete, sign, and file with the Board office an application on the official form together with the supporting data required by the application. It is the responsibility of the applicant to make certain that the required evaluation forms have been completed by his or her program director and sent to and received by the Board.

The applicant will be notified by mail as soon as a determination is made concerning admission or non-

admission to the examination, and if admitted to the examination, a candidate number will be assigned. Applicants must then contact the NCS Pearson Professional Center to select a convenient testing center 30 days prior to examination date. Seating at testing centers will be awarded on a "first-to-register" basis.

Officers, members, and employees of the Board are not authorized to comment on the eligibility of applicants. Applicants are requested not to write for opinions regarding the status of their applications. The Board decides on the eligibility of an applicant to take the examination only by approving or disapproving individual applications. It has no "Board Eligible" category.

Credit toward the nuclear medicine requirement: If applicants do not have 24 months of nuclear medicine training in an approved nuclear medicine program and are seeking credit for training in accredited programs in other clinical disciplines closely related to nuclear medicine, the applicant must write to the Board to request any credit toward the 24 months of required nuclear medicine training. A copy of the Board's response must be included with the applicant's application to take the examination.

Applicants who apply to take the certifying examination more than 10 years after completion of nuclear medicine residency training will be required to submit evidence of further nuclear medicine training or continuing education for review by the Credentials Committee that shall determine whether the training is adequate for acceptance to the examination.

RELEASE OF INFORMATION

Candidates will receive the results of their examinations (pass/fail letter) within three months after the examination.

A list of ABNM diplomates is published in *The Official ABMS Directory of Board Certified Medical Specialists*, published by Marquis Who's Who.

Upon request and with the approval of the Chair of the Board, the Board will release information concerning diplomates to federal and state licensing bodies and to educational and professional organizations for specific, limited appropriate professional use. An authorization for release of this information is a part of the examination application form. A fee is charged for this service.

EXAMINATION FEES

A check for the examination fee must accompany the application. If the applicant is rejected by the Board or withdraws prior to August 1, an application processing fee of \$200 will be retained by the Board. If the applicant withdraws after August 1, the entire examination fee will be retained by the Board.

POLICY ON RE-EXAMINATION

Candidates who fail the certification examination are eligible for re-examination. An examination fee must accompany each completed application for re-examination. If a candidate is disqualified because of false statements on the application form or because of dishonesty in taking the examination resulting in invalidation of his/her examination by the Board, acceptance for re-examination shall be at the Board's discretion.

RECERTIFICATION

The ABNM offers its diplomates voluntary recertification based upon fulfillment of certain requirements including passing an objective-cognitive, computer-based examination. The recertification examination will be administered for 3 hours only. The Board will not rescind initial certification granted prior to 1992. Beginning in 1992 certification will be valid for a period of ten years and may be revalidated by recertification.

Applicants for recertification must have been issued and hold a certificate issued by the ABNM, must hold a valid and unrestricted license to practice medicine in the U.S. or Canada, and must be engaged currently in the practice of and/or teaching or research in nuclear medicine.

REVOCATION OF CERTIFICATE

Any certificate issued by the Board shall be subject to revocation at any time should the Board determine that a physician who has received a certificate was in some respect not properly qualified to receive or retain it. Any certificate revoked by the Board must be returned to the Board.

SUMMARY OF 2004 REGISTRATION DATA Certification and Recertification Examinations

Application Period: January 1, 2004 through July 1, 2004

Examination Date: October 29, 2004

Examination Sites: See www.pearsonvue.com for more information.

Fee: **Initial Certification:** \$1,950.00 (Entire fee must accompany the application for examination.)

Recertification: \$1,500.00 (Entire fee must accompany the application for examination.)

Late Fee (Non-Refundable): An additional \$250.00 on applications postmarked after July

Late Applications Must Be Received in Complete Form No Later Than July 20, With All Documentation.

Processing Fee (Non-Refundable):
\$200.00 will be retained for all rejected, incomplete, or withdrawn applications.

Deadline for cancellation and forfeiture of entire application fee: August 1, 2004

Future Examination Dates: October 28, 2005 and October 27, 2006

Letters of admission and a sample question will be mailed prior to the examination date. Address examination inquiries to:

American Board of Nuclear Medicine
900 Veteran Avenue, 13-152 Warren Hall
Los Angeles, California 90024-1786
Telephone: (310) 825-6787
Website: www.abnm.org

CHANGES IN POLICIES AND PROCEDURES

The Board reserves the right to make changes in its fees, policies, and procedures at any time and cannot assume responsibility for giving advance notice thereof. The provisions of this publication are not to be construed as a contract between any candidate and the American Board of Nuclear Medicine.

CANCELLATION OF EXAMINATION

Should the American Board of Nuclear Medicine in its sole discretion cancel or as a result of events beyond its control be unable to administer the written examination at the appointed date, time and location, or to conclude a candidate's examination, the Board is not responsible for any expense the candidate may have incurred in order to be present at the examination, nor for any such expense the candidate may incur for any substitute examination.

EXAMINATION CANDIDATES WITH DISABILITIES

The American Board of Nuclear Medicine supports the intent of the Americans with Disabilities Act (ADA). The Board will make a reasonable effort to provide qualified candidates who have documented and verified disabilities the necessary auxiliary aids and services that do not fundamentally alter the measurement of the skills or knowledge the certifying examination is intended to test or which result in an undue burden. Please notify the Board in writing with details concerning your disability at the time you submit your initial application to take the certifying examination. Documentation of the disability is required and must be submitted prior to consideration of request for accommodation for disability. Retroactive claims will not be considered. The Board reserves the right to verify your disability.

Applicants requiring such accommodation must contact the Board no later than March 1 of the year the applicant wishes to take the examination and request copies of the necessary procedures and forms.

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***Deceased**

From: "Graham, Michael" <michael-graham@uiowa.edu>
To: "SECY@nrc.gov" <SECY@nrc.gov>
Date: Mon, Feb 23, 2004 1:43 PM
Subject: RIN 3150-AH19

Re: RIN 3150-AH19

Enclosed is a pdf document with the comments from the American Board of Nuclear Medicine regarding the U.S. Nuclear Regulatory Commission's (NRC) proposed rule on Medical Use of Byproduct Material - Recognition of Specialty Boards issued December 9, 2003 (68 FR 68549).

In addition, I am enclosing, as appendix material, the pdf version of the 2004 ABNM brochure, which now requires (on page 4) explicit training that exactly matches the NRC requirements in Part 35.390.

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