Technologist News

SNM 29th Annual Meeting

For the 29th Annual SNM Meeting—Miami Beach, June 15–18, 1982—the Technologist Section's scientific program will once again offer educational workshops and teaching sessions, scientific papers, political and educational forums, and a number of social events. The scientific program, at a glance, will include sessions on such topics as nuclear magnetic resonance, positron emission tomography, cardiology, instrumentation, computers, and radionuclide therapy.

A Look at the Future

Many believe that nuclear magnetic resonance and positron emission tomography will dramatically alter the field of nuclear medicine. On Tuesday, June 15, faculty from the University of California at both San Francisco and Los Angeles will teach an introductory session on the basic physics and instrumentation of nuclear magnetic resonance and positron emission tomography. Later that same day, Fonar Corp. will present a "hands on" nuclear magnetic resonance demonstration in the commercial exhibits hall beginning at 5:00 p.m.

For those interested in cardiac education, a workshop will be offered on such current techniques as quantification in myocardial imaging, technetium red cell labeling, radionuclide first-pass angiography, and gated imaging.

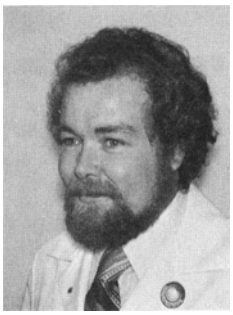
The instrumentation workshop will offer a correlative imaging session designed to assist nuclear medicine technologists in relating nuclear medicine studies to other imaging modalities — including ultrasound, computed axial tomography, and single photon emission computed tomography.

The radionuclide therapy session will review available therapeutic procedures, techniques of patient administration, radiation safety during therapies, and long-term effects of therapeutic procedures.

With passage of the Consumer-Patient Radiation Health and Safety Act of 1981, more commonly known as the "Randolph bill," the potential for licensure of nuclear medicine technologists looms. On June 17, a full-day workshop on this topic will include a review of the Act, the pros and cons of licensure, national standards for nuclear medicine technology, and how to work effectively on the state level whether you are for or against licensure.

We look forward to seeing you in Miami Beach. For complete information, consult your Annual Meeting *Program*, which will mail in April. Early registration is encouraged.

Site of the 1982 SNM Annual Meeting: Miami Beach.



JOHN J. REILLEY, CNMT
President
Technologist Section
(215)221-3475

Message from the President

At their January 1982 meeting, the SNM Board of Trustees passed a resolution that will change the cycle for dues payment. In the past membership dues were mailed on January first of each year; this meant that delinquent members were not dropped until the following June. A sizeable number of members, therefore, did not pay their dues yet continued to receive membership benefits at a cost to the dues paying membership. In order to rectify this situation the Board decided to change the mailing cycle for dues statements; statements will now be mailed in October, payable by January first. This change will enable delinquent accounts to be suspended at an earlier period, thus reducing expenses. The major disadvantage will be that membership dues will actually be paid twice within the 1982 calendar year.

The Practice Standards for Nuclear Medicine Technologists were also presented at this meeting and the Board referred the practice standards to the SNM Committee on Competence and Certification for review and approval. This committee should complete its review by the June 1982 Annual Meeting and the standards will be published in the *Journal of Nuclear Medicine Technology*.

Facts on Membership

Over the years we have all heard members and non-members question the benefits of belonging to the Society of Nuclear Medicine and the Technologist Section. I encourage everyone to read the membership report written by Duffy Price in this issue; it will serve to enlighten all of us on the financial relationship between the Society and the Technologist Section. This article should enable us to better understand the value of belonging and should give a proper perspective on some of the tangible benefits of membership.

Within this issue you will find the first of four articles on management; at the conclusion of the series, continuing education credit may be obtained as outlined in the introduction to the article. This is the first of what I hope will be an ongoing process. The Editor and the Continuing Education Committee are already looking ahead to next year and planning a series of articles on pediatric nuclear medicine for which CEU credit may be obtained.

Another first for the Section will be publication of two books; they are: *The Clinical Evaluation Methods Guide*, and *The Curriculum Guide*. These books have been in developmental stages for several years; I am happy to announce that both books will be available for sale by the June 1982 meeting.

In my previous messages I have elaborated on the project underway by the Task Force on Continued Competency. If the Task Force contacts you and asks you to take the September 1982 Nuclear Medicine Technology Certification Board examination, please agree to assist them in their endeavors. The project should add an enormous amount of insight into areas of continuing education that need to be addressed.

I have made an effort to cover the major issues as they now exist; if there is any area or topic you would like to discuss please call me at the number above.

The election bulletin and ballots for the 1982–1983 Technologist Section election will mail no later than April 16, 1982. Ballots will be mailed to all members of the Technologist Section in good standing, i.e., to those who have paid their 1982 membership dues. The deadline for receipt of ballots for this year's election will be May 16, 1982.

If you are a member of the Section in good standing and you do not receive your copy of the election bulletin and ballot by the end of April, contact Lori Carlin at the National Office—(212)889-0717—immediately.

Monitor on Government Relations

Susan Weiss, CNMT, Chairman
Government Relations Committee
Chicago Children's Memorial Hospital
(312)880-4416

Secretary Richard Schweiker of the Department of Health and Human Services has reached a decision regarding which agencies will deal with the Consumer-Patient Radiation Health and Safety Act of 1981. He has directed the Bureau of Health Professions (within the Health Resources Administration) to be the agency to promulgate minimum standards for accreditation and certification.

As you may recall, some of the specifications of the Act are that:

—The Secretary of the Dept. of Health and Human Services shall promulgate minimum standards for accreditation programs to train individuals to perform radiologic procedures.

and that

—The Secretary of the Dept. of Health and Human Services shall promulgate minimum standards for certification of persons who administer radiologic procedures.

The law further provides that the Secretary shall promulgate guidelines to reduce required radiation exposure and eliminate the need for retakes of diagnostic radiologic procedures and unproductive screening programs. The responsibility for this portion of the Act has been given to the Bureau of Radiologic Health. Since the law specifies that these activities must be carried out within one year of the law's enactment (which was Aug. 14, 1981) both agencies have begun to contact accrediting, certifying, and professional organizations to gather data.

The Society, the NMTCB, and the JRCNMT have already been contacted by the Bureau of Health Professions. In September 1981, the Society sent a letter to Secretary Schweiker informing him of our desire to participate in his Department's activities regarding the Act. The Society has been assured on many occasions that the Secretary wants to include all private-sector organizations in deliberations. Representatives of both bureaus have contacted the Society to request data and recommendations concerning national standards for the development of a model bill to be transmitted to the states.

In the course of the Randolph bill's passage, the Society testified and submitted written statements regarding its position on licensure. In 1975 the Technologist Section prepared a position paper on licensure that was adopted by the SNM Board of Trustees. The postion paper stipulates that "if licensure is deemed necessary, the Section supports state licensure with acceptance and adoption of national standards, since this alternative would allow uniformity and consistency throughout the country." It is the Society's feeling that development of national standards is essential to facilitate reciprocity and mobility for all technologists. Since its inception, the Section has been concerned with national standards for technology, beginning with its participation in the JRCNMT. Both physician and technologist representatives of the Society have participated in reviewing and upgrading the essentials of training for nuclear medicine technologists. Since the early 1970's the Section and Society have worked toward the goal of a single certification process to assess entry-level competence in nuclear medicine technology. That concern led to the formation of the NMTCB, whose examination process assesses examinees' competence in technology.

During the same period of time the Section also undertook development of model job descriptions to be used as yet another national standard in technology. Job descriptions and the NMTCB task analysis provide a definition of the entire range of activities that nuclear medicine technologists should be competent to perform. In addition, we are developing practice standards for nuclear medicine technologists.

These activities and documents will form the basis of the Society's recommendations to the Dept. of Health and Human Services. The Society has also participated in development of national standards for certifying agencies. Through the Society's participation and membership in the National Commission for Health Certifying Agencies (NCHCA), we have helped to set stringent criteria for certification agencies in order to assure competent certification processes for allied-health professions. The NMTCB, having met NCHCA criteria, is also a member of NCHCA. The NCHCA has been supported in part by a grant from the Dept. of Health and Human Services. It is hoped that because of the Department's recognition of NCHCA, agencies that meet the criteria will be recognized as meeting certification standards yet to be developed. The NMTCB is the only nuclear medicine technology certifying organiation that is a member of the NCHCA. This provides a strong argument for the NMTCB to be recognized as the appropriate certifying agency in nuclear medicine technology.

SNM and Section involvement increases as Consumer-Patient Radiation Health and Safety Act is effected.

continued on page 12

NMTCB Report

John J. Kozar, III, CNMT
Chairman, NMTCB

The certification examination sponsored by the Nuclear Medicine Technology Certification Board (NMTCB) was administered on Saturday, Sept. 12, 1981, to 848 candidates at 42 sites in the continental United States, Hawaii, and Puerto Rico.

The examination consisted of 225 multiple-choice questions and was structured to allow examinees 4 hours of testing time. The scorable content of the examination was broken down as follows:

	No. of Items	Low Score	High Score	Mean
Nuclear instrumentation	47	7	46	29
Radiation protection	20	1	20	14
Imaging procedures	49	11	46	32
Nonimaging procedures	45	6	43	28
Dose calibration	19	3	19	14
Radiopharmacy	20	3	20	12

In addition, 25 items were field tested but they were not counted as part of an examinee's score. The minimum total score obtained on the test was 48, and the maximum score obtained was 184.

Of crucial importance to any examination is its reliability—the dependability with which it measures the construct it purportedly is measuring. The index of reliability used for the NMTCB examination is the Kuder-Richardson 20 (KR_{20}). This is an index of the internal consistency of the examination—the degree to which the elements of the total examination act to measure the same construct. The higher the reported KR_{20} value, the better; statistics above 0.90 are regarded as extremely desirable by measurement experts. The KR_{20} value for the September 1981 examination was 0.94. This compared very well to previous years; 1978: 0.94, 1979: 0.93, and 1980: 0.94.

The formal NMTCB examination summary report is now sent to all medical and program directors; it is also available from the NMTCB office as part of our continuing efforts to serve the nuclear medicine community.

We have now entered our fifth examination cycle and development of the Sept. 18, 1982, examination is almost complete. To date we have certified 6,400 nuclear medicine technologists. I would like to thank everyone for the open support given to the NMTCB to make it the foremost certifying organization for nuclear medicine technologists.

The National Council of the Technologist Section, Society of Nuclear Medicine, has elected four new members to the board: Marcia R. Boyd, CNMT; Vincent V. Cherico, CNMT; Louis Izzo, CNMT; and Shiela Rosenfeld, CNMT. The new board members began serving a three-year term starting January 1982.

The NMTCB Directors for 1982 are: John J. Kozar, III, CNMT—Chairman; George W. Alexander, CNMT—Secretary; Susan Weiss, CNMT—Treasurer; Doug Anderson, CNMT; Donald Bernier, CNMT; Marcia R. Boyd, CNMT; Vincent V. Cherico, CNMT; James Conway, MD; Melvin H. Freundlich, MD; Louis Izzo, CNMT; Fran Kontzen, CNMT; Mark Mulenburg, CNMT; and Shiela Rosenfeld, CNMT.

The deadline for the 1982 examination applications is June 2, 1982. New application forms and information are available from NMTCB, PO Box 1034, Stone Mountain, GA 30086; (404)923-2250. If applications are received with multiple postmarks, the latest postmark will be used to determine the eligibility for acceptance of the application.

Our next meeting will take place on March 25–27 in Chicago. May I remind all technologists to renew NMTCB certification on time. As the NMTCB progresses, we need input from all interested technologists and continued support for a successful 1982.

Plans for the technologist scientific program of the Third World Congress on Nuclear Medicine and Biology are moving ahead. The Congress, which will take place in Paris from Aug. 31 to Sept. 2, 1982, will feature practical demonstrations, workshops, and lectures for technologists on each day.

The Congress has arranged lodging in Paris for technologists at the City University. This will be dormitory housing at a moderate cost of 70 francs or $14 per night. Direct payment must be made via bank check or international money order—by March 31, 1982—to: Treasurer, WFNMB, Prof. Jacques Ingrand, BP 28, 91403 Orsay, France.

For more information contact Michael L. Cianci,CNMT, Div. of Nuclear Medicine, George Washington University Hospital, 901 23 St., NW, Washington, DC 20037.

Membership Report

Dorothy Duffy Price, CNMT
President-Elect and
Chairman, Membership Committee

Dollars and Sense

Our dues structure is an issue that lies close to the heart of every technologist member. At virtually every National Council meeting, extensive (and often heated) discussion is devoted to the dues structure and what members receive for their dues.

Because of this concern, the Executive Committee of the Technologist Section asked the Membership Committee to evaluate the current dues structure—and even to seek ways in which dues might be reduced. We worked with the Society's Committee on Credentials and Membership in this endeavor and in addition to looking at our current dues structure, we also looked at the following:

If current dues are justified, would alternative organizational/membership structures reduce dues?

What do members get for their dues?

Why do Technologist Section members have to pay dues to the Society?

and

What percent of the Section's budget pays the operating costs of the National Office?

We organized these and other concerns into six main areas: organizational alternatives, costs of servicing membership, Society subsidy, inflation effects, dues comparisons, and benefits derived from current funding levels.

After much study and analysis, I can report the following.

Organizational Alternatives: We found that no discernible benefit would be gained by restructuring our current organization. In fact, the Section would be severely *weakened* and dues would have to be increased up to $70 in order to continue to give you the same level of programs and services.

A related issue is the variability of dues assessed to different members. Much confusion swirls around this and I think that much of the confusion stems from the fact that different chapters in the Society levy different dues to their members. The dues that a technologist pays to the Section are always the same: $28; the dues that a technologist pays to the National Office for it to provide services to the chapters are always the same: $2; chapter dues greater than $2 are determined by the individual chapters themselves.

For example, a technologist member of the Southeastern Chapter pays a total of $70 for SNM, Section, and chapters dues; on the other hand, a technologist member of the Pittsburgh Chapter pays $60. This variability is due to the amount charged by the Chapters—not the Society or the Section. One other variability is whether you are an associate member of the Society, which costs $45, or a technologist member of SNM, which costs $30.

Cost of Membership Service: We analyzed the costs required to service one member for one year based on actual expenditures during fiscal year 1980–1981. The cost to service an average member totaled $106; the effective dues payment for the average Section member, on the other hand, is $21. It is lower than the $28 because 6% of the members are students who pay 50% of the regular dues.

It is important that you know that all dues paid to the Society by technologists are returned to the Section. Even though Section members are paying anywhere from $60 to $75 in dues, we are receiving $106 in benefits and services.

Further, of the $28 that you pay in dues to the Section, $24 are returned to you directly in tangible benefits: the *Journal of Nuclear Medicine Technology* and membership in VOICE. The Society provides the *Journal of Nuclear Medicine* and SNM *Newsline*, additionally. An option that technologist members may exercise is to discontinue receiving the *Journal of Nuclear Medicine* and thus have their Society dues reduced to $25. You can do this simply by checking off the appropriate line on your dues statement.

The operating costs of the National Office account for 35% of the dues revenues of the Section and 42% of the total. This compares favorably with similar allied-health organizations with like budgets and objectives.

Society Subsidy: The Society subsidizes the Section at a cost of $147,000 per year—or about 36% of the Section's revenue. This subsidy aids the Section in providing programs and other services that otherwise would not be possible. This subsidy also represents a return of all the dues paid by Technologist Section members to the Society—plus an additional $5.50 per member.

This important fact has never been clearly communicated to the membership and perhaps this is why complaints about having to pay dues to the Society when one is a technologist have persisted so long.

Inflation Effects: It should come

continued on page 12

NMTCB Certification Examination Report

Barbara Horton, CNMT, Administrative Director of the Nuclear Medicine Technology Certification Board (NMTCB), has provided the following information concerning the 1981 NMTCB exam.

Examination results are typically reported in terms of the raw scores examinees earn and the relative proportion of the examinee population to be found at or below any particular performance level. In addition, such reports usually include two measures of "typical" performance: (1) the mean and the median and (2) these measures of the variability of the score distribution: the range and the standard deviation of the obtained scores. The mean and median values for the 1981 NMTCB examination were 129.752 and 131.125, respectively. The examination had a standard deviation of 25.298. In addition to total test performance, the performance of examinees on the six subtests is presented in Table 1.

TABLE 1. Examinee Performance on Overall Examination and Subtests

Overall Examination	Number of items	= 200
	Minimum score	= 48
	Maximum score	= 184
	Mean	= 129.752
	Median	= 131.125
	Standard deviation	= 25.298
Subtest 1		
Nuclear instrumentation	Number of items	= 47
	Minimum score	= 7
	Maximum score	= 46
	Mean	= 29.341
	Median	= 29.393
	Standard deviation	= 6.853
Subtest 2		
Radiation protection	Number of items	= 20
	Minimum score	= 1
	Maximum score	= 20
	Mean	= 13.882
	Median	= 14.462
	Standard deviation	= 3.206
Subtest 3		
Imaging procedures	Number of items	= 49
	Minimum score	= 11
	Maximum score	= 46
	Mean	= 32.377
	Median	= 32.856
	Standard deviation	= 6.332
Subtest 4		
Nonimaging procedures	Number of items	= 45
	Minimum score	= 6
	Maximum score	= 43
	Mean	= 27.636
	Median	= 28.069
	Standard deviation	= 6.944
Subtest 5		
Dose calibration	Number of items	= 19
	Minimum score	= 3
	Maximum score	= 19
	Mean	= 14.262
	Median	= 14.816
	Standard deviation	= 3.050
Subtest 6		
Radiopharmacy	Number of items	= 20
	Minimum score	= 3
	Maximum score	= 20
	Mean	= 12.255
	Median	= 12.416
	Standard deviation	= 3.349

Pass/Fail Determination

The Nedelsky procedure was followed in determining the pass/fail mark for the September 1981 NMTCB exam. The cut-off score was 127, which represents the minimal performance level at which the NMTCB assumed competence. Approximately 57% of the 848 examinees tested met or exceeded this score.

Secondary Analyses Based on Selected Demographic Characteristics

Comparisons about the performance of examinees according to selected demographic variables have long been recognized as important to the examination process. For the 1981 exam, comparisons using various data components from the self-report answer sheet (including educational experience, career experience, prior experience with the NMTCB exam, etc.) were made. They are reported in Table 2. While the size of the resultant subgroups makes direct statistical comparisons and analyses inappropriate, a review of general trends and patterns may prove instructive.

continued on next page

continued from preceding page

Examinee Score Reports

Approximately seven weeks after the examination, the NMTCB mails the score reports to all examinees. Each examinee is informed of his overall performance on the examination and in each content area. While subgroup scores are reported, the pass/fail determination is based on the total overall score. Subgroup scores are provided for information only.

Reports to Nuclear Medicine Technology Schools

The school summary reports are sent to program directors in November, following the examination. The annual NMTCB examination summary is sent to program directors in January of each year. Each school summary report lists the names of all the students from the particular program who took the NMTCB examination. However, scores are reported only for the students who signed the release-of-score statement. At the bottom of each report is listed the average overall total score and the average of each subgroup score. The average scores—total and subgroup—are based on the obtained scores of all students listed on the report.

In certain situations when a program director might be able to determine the score of a student who did not sign the release-of-score statement—only one or two examinees from the program—a school summary report is not provided.

Since comparative data has been requested and is of interest to many program directors, the NMTCB provides the national percentile rank of the program on the school reports. The percentile rank is calculated using the *average* overall total score obtained by the students from the program.

The number of students differ from program to program; therefore, the school average may be based on the score of one student or up to 30. Because the average scores are based on the number of students tested from a program, the percentile ranks associated with these numbers must be interpreted with discretion.

TABLE 2. Demographic Characteristics of 1981 NMTCB Examinees

Relative Performance of Graduates of CAHEA-Accredited Programs vs. On-the-Job Training (OJT) Examinees

Group	Mean	Standard deviation	N
CAHEA	134.957	23.304	646
OJT	112.960	24.233	201

Relationship Between Experience and Performance for All (OJT and CAHEA) Examinees

Group	Mean	Standard deviation	N
0–2 years	136.410	22.646	612
3–4 years	117.590	21.948	105
5–6 years	110.170	24.033	53
7+ years	107.192	24.427	78

Performance of Selected CAHEA Examinees

Group	Mean	Standard deviation	N
AS degree	132.679	20.708	162
BA/BS degree	143.071	17.693	127
Certificate	133.104	25.494	357

Performance of Selected OJT Examinees

Group	Mean	Standard deviation	N
AS/BS degree	122.636	25.722	33
RT/MT/RN	112.586	21.309	125
Certificate	105.837	28.741	43

Performance of Persons Repeating the Examination

Group	Mean	Standard deviation	N
Repeaters	105.162	18.629	99
First-time examinees	131.885	24.612	723

MEMBERSHIP

The Technologist Section's membership drive has been underway since June 1981. As you know, any Section member who recruits ten or more new members will have his Section dues waived for one year.

The following members have recruited at least three new members during the membership campaign:

Central Chapter: William P. Barnes, (4); Frank G. Steffel, CNMT (7); Michael Joh, MD (4).

Eastern Great Lakes Chapter: Jerome Wagner, PhD (10); Ann M. Steves, CNMT, (5).

Greater New York Chapter: Herbert Strauss, MD (3).

Missouri Valley Chapter: Maria V. Nagel, CNMT (7).

New England Chapter: Louis Izzo, CNMT (3).

Rocky Mountain Chapter: Jane H. Christie, CNMT (3).

Southeastern Chapter: Nancy A. Clifton, CNMT (4); Marcia Boyd, CNMT (4); Wanda Hibbard, CNMT (13).

Southern California Chapter: Kathleen Thomas, CNMT (8); Justine Parker (3).

Southwestern Chapter: F.C. Petty, MD (3).

Mideastern Chapter: James K. Langan, CNMT (3); Rosser Mitchell (3); Michael L. Cianci, CNMT (4).

Government Relations Report

continued from page 3

We surveyed the legislative network in January 1982 and found that at this time, no additional states have adopted licensure. California and New Jersey have begun to license nuclear medicine technologists. Several states are in the process of considering licensing, but most are waiting for the Dept. of Health and Human Services to continue its activities before any licensure decisions are made. Since the Consumer-Patient Radiation Health and Safety Act of 1981 does not mandate state licensure, it is felt that state licensure will depend upon the vigor with which the Dept. of Health and Human Services pursues the accomplishment of such. Much of the activity now being carried out in particular states in the private sector is primarily because of special interests on the part of other technologists' groups. Nuclear medicine technologists in each state should work toward developing good communications with the other organizations that will be affected by licensure.

We must communicate with other allied health organizations.

The legislative network is working effectively in many parts of the country, but in some areas, dissemination of information and effective communications have not been accomplished. We have requested that each National Council delegate provide us with a current list of the legislative network representatives so that information may be sent to appropriate individuals. The current legislative network list will be published in the June issue of the *Journal.*

In October the Section's Government Relations Committee established liaison with the American College of Nuclear Physicians' (ACNP) network. The purpose of the liaison is to share information and cooperate in monitoring activities on the state level. Each state legislative network representative has been requested to work closely with the ACNP state representative to accomplish effective representation of the nuclear medicine community within that state. The list of ACNP representatives has been provided to each Section legislative network individual. The list is also available through the SNM national office from Virginia Pappas or from any member of the Government Relations Committee. We are also preparing an issue paper and informational packet to be sent to each network representative to provide assistance and resource materials that may be helpful in state legislative activities. Throughout the spring we will be preparing documentation and recommendations to be forwarded to the Dept. of Health and Human Services and this information as well will be shared with all network representatives.

Membership Report

continued from page 5

as no surprise that inflation has raised the costs for the Section to do business. We are hit hardest in the areas that we have little control over—rents, air fares, hotel rates, postage, telephone, etc. The Section's direct expenses increased 12% for fiscal year 1980–1981 compared to the previous year; total expenses increased 19% over the prior year (this includes a full-time educational coordinator in the National Office).

Dues Comparison: Comparable organization dues are as follows: membership in the American Society of Radiologic Technologists is $65; membership in the American Society for Medical Technology is $72; and membership in the respiratory therapists' organization is $65. As you can see, SNM/Technologist Section membership is on par with these organizations.

Benefits Derived from Current Funding Levels: By maintaining dues at the current level, we can expand and strengthen the Section. Current funding levels allows us to take on new endeavors, as well. One example of this is the two new books we will be publishing in 1982. Manpower and demographic surveys are two projects that still need funding.

I hope that this information is helpful; my membership article for the June issue will also focus on our dues structure because it is my understanding that this subject is one of great concern to our members. If you want the data from which the preceding statements are derived, contact Virginia Pappas at the National Office. If you have other concerns about your dues and benefits, please contact me.

In the ten years since its inception, the Technologist Section has gained a measure of prestige and respect usually only accorded to more mature organizations. Our dues are in large part responsible for contributing to our stature.

SNM Referral Service

The SNM Referral Service is now accepting applications from employers and job applicants in nuclear medicine. The Service lists positions available and positions wanted for nuclear medicine physicians, technologists, and scientists. Fees for using the Service are $5.00 for SNM members and $50.00 for each position listed.

For more information and application forms, use the reader service card contained in this issue of the *JNMT*. Fill out the information requested, circle number 151—and mail it today!