

Technologist News

NMTs Forbidden to Inject Patients in New York State

In an interpretation issued in mid-August the New York State Department of Health has forbidden technologists to inject patients with radioactive materials. The statement interprets applicable sections of State Laws which have been in effect for several years, but because nuclear medicine technologists were never specifically mentioned in them, these sections were assumed by many not to apply to NMTs.

The Tech Section urges technologists who work in New York State to let the Section know what the effect of this restriction is on the patient load in hospitals. For your information, the complete notice from New York State is printed below:

The State Health Department has received a number of inquiries in recent months concerning the legality of permitting a radiologic technologist or nuclear medicine technologist to administer intravenous injections of contrast media or radioactive materials.

Applicable sections of State Laws and opinions of the Attorney General on the subject leave no doubt that a licensed radiologic technologist or a nuclear medicine technologist may not

intravenously inject patients with contrast media or radioactive materials. To do so constitutes the illegal practice of medicine by the radiologic technologist or the nuclear medicine technologist.

The opinion of the State Education Department, which has primary jurisdiction over the practice of medicine, can be summarized as follows:

- (1) Radiologic technologists and nuclear medicine technologists are not trained to give intravenous injections or to treat patients who may have adverse reactions to the injection. Since intravenous injections may be accompanied by almost instantaneous complications if hypersensitivity to the administered agent is present, there can be considerable risk to the patient if technologists were permitted to give intravenous injections.
- (2) Technologists have no legal authority to perform acts such as giving intravenous injections which come within the definition of the practice of medicine.
- (3) Physicians do not have the authority to delegate the practice of medicine (act of giving an intravenous injection)

tion) to radiologic technologists or nuclear medicine technologists. Consequently, the fact that the intravenous injections would be given at the request of physicians, and under their supervision, *cannot* make such a practice legal.

In addition, it is a violation of Part 16, of the State Sanitary Code and Article 175, of the New York City Code for a physician to give an order to apply radiation (including an injection of radioactive material) which is not in compliance with the provisions of his licensure under the Medical Practice Act of the State Education Law.

Also, Part 16 and Article 175 contain other provisions which license all users of radioactive materials. These provisions require the professional licensee to use only personnel qualified by training and experience, and to comply with all applicable provisions of all other State laws, rules and regulations.

Furthermore, under the licensure provisions for radiologic technologists found in Article 35 of the Public Health Law, it is a violation for a licensed radiologic technologist to engage in any practice which is beyond the scope of the practice of radiologic technology, or to act in a negligent or incompetent manner in his practice.

At several recent meetings, the Radiologic Technologist Board of Examiners considered this subject in detail. The Board was unanimous in its recommendation to the State Health Department *against* any liberalization to existing law which would permit technologists to give intravenous injections. The Board recommended, instead, that appropriate action should be taken by the State Health Department to disseminate information relating to the dangers of permitting

technologists to do intravenous injections, from both the standpoint of its illegality and the medical hazards involved.

HOLLIS S. INGRAHAM, M.D.
*Commissioner
New York State Dept. of Health
Albany, N.Y.*

A Technologist's Point of View on I. V. Injection

The notice from the New York State Department of Health (see above) states "the Radiologic Technologist Board of Examiners considered this subject in detail."

It should be noted that there are no *nuclear medicine technologists* on this Board. We, the nuclear medicine technologists, are once again "lumped together" with the radiologic technologists — with no voice representing our specialty, and, by inference, are said to be firmly opposed to "injection by nuclear medicine technologists". *This is not the case.* Most nuclear medicine technologists are not only willing and qualified to administer radiopharmaceuticals I.V., but further realize that it is absolutely necessary if most of our departments are to be able to function in the best interests of patient care.

Since we are responsible for the sterile preparation and calibration of the doses, the only issue in question is who shall administer the dose. Unlike the contrast media used in radiology which have a calculated risk of morbidity and mortality, *routine* radiopharmaceuticals administered I.V. are almost as reaction-free as an I.V. injection of saline. The number of "questionable reactions" is truly miniscule and probably not related to the injection.

We, the nuclear medicine technologists, wish to continue as professional adjuncts to the physicians; but you, the physicians, must take the lead. If you feel,

as we do, that "injections by nuclear medicine technologists" should be legalized and that it is in the best interest of patient care, then you must fight for the necessary legislation. Our organizations will work with you in this effort, but we need your full — and vocal — support.

Other states should note that we in New York were caught unprepared for this edict — ours is now a compound problem of having to change a law — while you, in other states, still have the opportunity to initiate positive legislation as the initial step.

MARJORIE DE GRAFF
*Technical Administrator
Division of Nuclear Medicine
Kings County Hospital Center
Brooklyn, New York*

Midwinter SNM Board Meeting Scheduled

The SNM Board of Trustees will hold its midwinter meeting in Salt Lake City on Saturday, January 18th, 1974. Committee meetings will be held all day Friday, January 17th. Any business a member would like considered should be sent to Alexander Gottschalk, Department of Diagnostic Radiology, Yale-New Haven Hospital, 333 Cedar St., New Haven, Conn. 06510. Remember — this is your opportunity to have input into the plans of the Society!

Radiopharmaceuticals: Will They Fly?

Matters affecting the air transportation of radiopharmaceuticals continue to be a major concern of the Society and the Technologist Section.

In the past two months, Captain William H. Briner, a member of the Society Transportation Committee, has met on a number of occasions with corporate offi-

cers of Trans World Airlines and with representatives of the Atomic Industrial Forum about the embargo on Category III radioactive shipments (which includes technetium generators) instituted by that carrier. As a result of these meetings, Category III radiopharmaceuticals including generators have not been included in the embargo. Captain Briner has also maintained an active dialogue with members of the Airline Pilots Association, the Association of Flight Attendants, the Transport Workers Union, the Stewardesses for Women's Rights, as well as a number of other air carriers with whom difficulties have arisen.

Captain Briner also testified for the Society at the Senate Commerce Committee Hearings on the transportation of hazardous materials on June 13th, and on July 24th before the Special Panel on the Transportation of Nuclear Materials which was appointed by the Joint Congressional Committee on Atomic Energy. The attention of both groups was directed to the low hazard potential of radioactive drugs when contrasted with explosives, fissile materials, caustic acids, and much larger quantities of radioactive materials entering the air transportation system. The SNM Transportation Committee also suggested that radiopharmaceuticals should either be removed from the hazardous materials list or that they should be redesignated to reflect their much lower hazard potential. The absolute necessity of continued availability of passenger aircraft for the delivery of radioactive drugs was emphasized.

The Society also responded to the Notice of Proposed Rule Making published by the FAA in the *Federal Register* (Rule Docket AGC024) on April 25th. In addition to noting the many technical errors contained in this proposed

rule, the Society indicated that the responsibility of monitoring shipments of radioactive material should remain with the Federal government and should not be delegated to common carriers or other nongovernment groups.

Final reports from the various committees in Congress that are currently studying the transportation of hazardous materials have not been issued, although some are expected very shortly. Members of the Technologist Section should be aware of the potential for disaster which could be the result of ill-conceived recommendations from these groups, which in turn can very quickly be translated into regulatory and legislative controls.

SNM TRANSPORTATION COMMITTEE

Prepare for National Elections Now

Preparations begin now for the election of national officers for the Technologist Section for 1975 — 1976. National Council Delegates are requested to submit a maximum of two names for consideration by the Nominating Committee for the following offices: President-elect, Secretary-Historian, Treasurer, two members of the Membership Committee, four members of the Nominating Committee, and three members of the Finance Committee. Individual names may be submitted to the Chairman of the Nominating Committee (Leo Lopez) for consideration by petition if at least ten Section members' signatures appear on the petition.

This year the Nominating Committee will consider resumes in a standard form. Blank resume forms can be obtained from your National Council Delegate or from the National Office.

The Chairman of the Nominating Committee must receive this

Test Your Knowledge

1. During the processing of the x and y positional pulses of the Anger camera, the final x and y pulses are divided by the z pulse representing the summation of all of the x and y pulses by the use of ratio circuits. This process:

- a) makes the positional information dependent upon the incident gamma energy.
- b) makes the positional information independent of the incident gamma energy.
- c) enables x and y pulses to turn on the electron beam of the oscilloscope.
- d) amplifies x and y pulses so that the gamma energy and positional information are better correlated to increase resolution.

2. The *inherent resolution* of the sodium iodide crystal in a scintillation camera is degraded the most by which of the following interactions or series of interactions undergone by the incident primary gamma ray?

- a) one or more Compton with escape of the secondary Compton ray.
- b) one or more Compton within the crystal followed by photoelectric interaction of the secondary Compton ray.
- c) a direct photoelectric interaction.

information by December 19, 1974. Each name is then sent to the members of the Nominating Committee for review and evaluation, and those receiving the highest evaluation will be nominated for office. The ballot containing the nominees as well as space for write-in candidates, will be mailed to all members of the Section no later than April 18, 1975. Each

d) one or more photoelectric interactions with escape of a photoelectron.

3. Of all the components of the gamma imaging systems, scanners, and cameras which component is the greatest limiting factor on the total resolution of the system?

- a) PM tube.
- b) pulse-height analyzer.
- c) data recording.
- d) collimator.

4. In the delayed brain imaging, 2–4 hr postinjection, which of the following is not a factor in enhanced lesion visibility?

- a) reduction of background radioactivity by normal biologic clearance.
- b) active accumulation of the radioisotope within the lesion.
- c) enhanced visibility of vascular anatomy within the brain.
- d) none of the above.

5. While performing a ventilation perfusion lung study on a patient suspected of having pulmonary embolism or emphysema, a pulmonary embolism would demonstrate which of the following patterns?

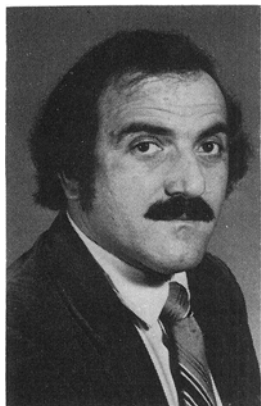
- a) normal ventilation with decreased region of perfusion.
- b) normal perfusion in a region of decreased ventilation.
- c) abnormal ventilation and perfusion in the same region.
- d) normal ventilation and perfusion in the same region.

ANSWERS: 1-b; 2-b; 3-d; 4-c; 5-a.

ballot must be returned no later than May 18, 1975, and the results of the election will be announced at the Annual Meeting in Philadelphia next June.

Mail names, petitions, and resumes no later than December 19, 1974 to Leo Lopez, Johns Hopkins University School of Medicine, Room 119, 725 N. Wolfe St., Baltimore, Md. 21205.

Message from the President



The 21st Annual Meeting of the Society of Nuclear Medicine and the 3rd Annual Meeting of the Technologist Section in San Diego have come and passed. My remarks are primarily directed at those of you who were unable to attend the San Diego meeting. The Society of Nuclear Medicine and the Technologist Section Joint Annual Meeting

has grown in participation, maturity, and sophistication. A most striking feature of this meeting was the work accomplished by all of the committees under the leadership of President Lopez. Teaching sessions as well as papers presented as part of the scientific program were the best yet. The social activities were in the finest tradition and second to none. All of the members who made this meeting the success it was are to be congratulated. I can only encourage you to continue your participation since it is you, the membership of the Technologist Section, who have made all of this possible. Your enthusiasm and involvement are vital to the success and progress of our new and growing organization. It is true that the 21st Annual Meeting is over; the work yet to be done is by no means finished.

Soon we will be holding the 2nd Midwinter Meeting in Houston on February 7-9. The Scientific Program and Teaching Session Chairman is looking again to you for papers and exhibits. I am confident that, as in the past, you will respond to this need. Continuing education is the surest means of professional recognition and the advancement of better patient care.

Some of the major areas that we will concern ourselves with throughout the coming year are the following: We shall continue to negotiate for a conjoint registry in nuclear medicine technology. A fact-finding committee has been established to investigate the feasibility of the Technologist Section conducting its own registry in nuclear medicine technology. We will also continue to work towards representation on the Joint Review Committee for Educational Programs in Nuclear Medicine Technology. And we will investigate various means of increasing membership benefits to the Technologist Section.

The Technologist Section is pleased to announce that Margaret Glos will serve as the Executive Director of the Technologist Section for the coming year. Please feel free to contact her with any questions or ideas you have for smooth operation of the Section.

I have emphasized to your National Council Delegates to be more responsive to their chapter members and to attend the National Council Delegates meetings. It is your responsibility as an interested member to seek out your Chapter Delegate and see that he or she is provided with the input that will enable the Executive Committee and the Council of Delegates to be responsive to the needs of the Section members. A list of all Delegates is given on pages 81 and 82.

Finally I will remind you to mark your calendar for the 2nd Midwinter Meeting of the Technologist Section in Houston. Get involved in the scientific program and come on down for the fun and festivities.

VINCENT V. CHERICIO
*Peter Bent Brigham Hospital
Boston, Massachusetts*

College Program Leads to B. S. in NMT

Rochester Institute of Technology's College of Science starts a baccalaureate degree program in nuclear medicine technology this month. Spanning four years and leading to a B.S. degree, the program will train specialists to work in scientific and clinical nuclear medicine technology.

The nuclear medicine technology student will spend the first three years in academic study. On successful completion of these three years, students will apply for admission to cooperating hospitals for one year of clinical training. Thus the first three years of the program provide the

academic background for a career as a professional NMT while the clinical training during the fourth year provides the student with the opportunity to learn and master procedures needed by an NMT.

Admission to the freshman year is open to high school gra-

duates on the basis of academic records, testing, recommendations, and, when appropriate, personal interviews. Transfer students will be evaluated on the content and quality of their previous college work.

Further information on the program can be obtained from the RIT College of Science, 1 Lomb Memorial Dr., Rochester N.Y. 14623.

Chapter News

Central Chapter

The big news in the Central Chapter Technologist Section is its Fall Meeting October 17-19th at Radisson Hotel in Minneapolis. A two-and-a-half day program is planned which includes such subjects as human relations, imaging, and quality-control programs. Selected and invited papers are part of the program which also includes exhibits from technologists and teaching sessions.

The new officers of the Central Chapter are: President, Lois V. Moore, Chicago, Ill.; Vice President, William Setlac, Chicago, Ill.; Secretary, Lorri Shuck, Minneapolis, Minn.; Treasurer, Dennis Waldron, Minneapolis, Minn.; Chairman Nominating Committee, Mary Maxwell, St. Paul, Minn.; and Chairman Membership Committee, William Setlac, Chicago, Ill.

The Central Chapter continues to have a lively Newsletter which is included in the SNM Central Chapter publication.

Eastern Canada

The Eastern Canada Chapter continues to grow despite difficulties. According to a recent Canadian Manpower Survey there are approximately 98 registered technicians in nuclear medicine in

Eastern Canada at present. Of these, approximately 21 are members of the Technologist Section of the SNM. Over 50% of the 98 are French speaking and are not presently interested in the Chapter because of the language difficulty. Despite this fact, an industrious attempt is being made to encourage other technologists in the area to join the Chapter to help make it a more structured body.

Greater New York Chapter

New officers of the Greater New York Chapter are: President, Rich Pollack; President-Elect, Shirley Lee; Secretary-Historian, Capt. Elmer Berry; Treasurer, Ken Brody; National Council Delegate, Robert Schneider; and Nominating Committee Chairman, Ron Andrews.

The fall symposium of the Chapter will be held at the Sheraton Heights Hotel on Route 80 in New Jersey on October 26th. Everyone welcome! Also mark your calendar for the spring symposium at the same location April 24-26, 1975.

G. D. Gallamore received the \$250 technologist award from the Chapter for the best paper. This paper was also awarded third prize at the San Diego Meeting. Mr. Gallamore works at the New Jersey Shore Medical Center, Neptune, N.J.

Within the Greater New York Chapter there are three states — New York, New Jersey, and Pennsylvania — which are interested in forming state societies.

As a result of much hard work, the Chapter is proud to announce that its membership has increased by 70 over last year's total. To keep this trend in force, a membership drive is presently being planned in contest form. The member bringing in the most new members will have his Society dues paid as a reward. Perhaps

this is a good idea for other chapters to consider.

Did you know that the Chapter has a "hotline" number containing a recorded message of Chapter meetings, seminars, jobs available, and people looking for jobs? Messages can also be left at the end of the recording. Just dial 1 (202) 541-4101.

Mideastern Chapter

New officers of the Mideastern Chapter are: President, Michael Cianci; President-Elect, Glen Moran; and Secretary-Treasurer, Sandy Miller.

The Chapter plans a series of registry review sessions for weekends in September and October and a one-day symposium on November 9th, 1974. For information about these, contact Michael Cianci, Hunter Laboratories, 915 19th St., N.W., Washington, D.C. 20006.

The Chapter continues to issue a Newsletter, and response to its publication has been very favorable.

A recent membership drive was conducted with a return of approximately 25 new applications.

Missouri Valley Chapter

A Nuclear Medicine Technology Seminar was held at the Edward Mallinckrodt Institute of Radiology, Washington University School of Medicine in St. Louis on September 7 and 8, 1974. The Program Director was Donald R. Bernier. The contents of the program consisted of papers on radiopharmaceuticals, imaging, and management. The guest faculty member was Barry A. Siegel of the Armed Forces Radiobiology Research Institute, Bethesda, Md. A scintillation camera workshop was held on Sunday, September 8th, in conjunction with the seminar, demonstrating the latest in nuclear instrumentation. Ap-

Tips from Your Executive Director: How to Prepare a Scientific Paper



Quick! The deadline for submitting abstracts for the June Technologist Meeting in Philadelphia is not as far away as it seems. And the deadline for that local chapter meeting is probably hard upon you!

Why not present a paper on your work this year instead of putting it off as you did last? It's easy, and those in the

field will benefit from your ideas, techniques, and research. So share them now!

How do you start? Most work can be divided most effectively for an oral presentation into three areas: First, a brief summary of why your work is important and what you found, then a discussion of the major procedural steps and equipment or material used, and finally a more detailed discussion of the major points of your work, supported by the conclusions drawn from your data.

In preparing your paper, try keeping these three areas in mind as the outline and organize your thoughts around them. Remember, you are trying to communicate with the audience in a limited time, so don't feel you have to cover all the small points of your work. Discuss only the major points that are pertinent to presenting your complete story and leave the details for your published paper. And never present a paper as though it were a detective story — with the payoff at the end. You will lose your audience if you keep them guessing until the final moment about why your work is important.

Preparing your slides. Slides can make or

break your presentation because a paper is both an oral *and a visual* experience for the audience. To be most effective, slides should be used to supplement and support your oral presentation — not simply to repeat what you are saying.

Limit your slides to no more than twelve for a 15-min presentation. Choose the subject of each slide carefully so the twelve slides are used to maximum benefit in telling your story to the audience. Keep the data on your slides simple for easy comprehension, and limit each slide to one important idea in your work. If you must present lengthy information, divide it into several slides so the impact will not be lost.

When preparing your slides, legibility should be your primary concern. Think of the people in the rear seats and use large, legible letters. Remember, if your slides are illegible, you run the risk of losing your audience while trying to explain in words what the audience *should* be seeing. Follow this rule-of-thumb — if you can read 2 x 2-in. slides without a magnifier when you hold them in your hand, the people in the rear seats can probably read them on the screen.

Photographs do not need to be shown in their entirety unless *all* the surroundings of a particular operation are important. Consider using an overall view *and* a close-up. A close-up presents important detail clearly and results in a less distracting image on the screen. And try using arrows to outline a specific area of interest.

Slides of tables are only effective if they are not crowded, so reduce the data to essentials. If you intend to emphasize only a few numbers in a table, don't include other extraneous numbers. Wait until you prepare your manuscript for publication and include the details there. Leave space — at least the height of a capital letter — between lines of data. Use the following

proximately 110 people registered.

On November 1–3 the Missouri Valley Chapter Meeting will be held in Columbia, Mo. At that time, a formal Technologist Section will be organized.

On November 9 and 10, 1974, the Third Missouri Valley Chapter Course will be held in Omaha,

Neb. The Program Director is Mark I. Muilenburg, Creighton Memorial-St. Joseph's Hospital, Omaha, Neb. For additional information concerning the program, please contact Mark.

New England Chapter

The 1974–75 officers of the Chapter are: President, Michael

Coutcher, Newport, R.I.; Vice President, Mary Simpson, Lynn, Mass.; Secretary-Historian, Lorraine Gross, Providence, R.I.; Treasurer, Robert Dall, Billerica, Mass.; and National Council Delegate, Anthony Mazzola, Salem, Mass. They will be installed at the Fall Business Meeting in November.

distance test to see whether the table will be legible to those in the back row. If the table is typed on an 8½ x 11-in. page, put it on the floor, stand upright over it, and see whether you can read it. If you can't, neither can the person in the back row!

The significance of some kinds of data can be grasped more quickly in graph form than in tabular form. But keep graphs and line figures simple. Be sparing in the use of captions. Include only labeling that is important to the point you are making. Line widths should be planned carefully for greatest legibility. Curves should be relatively prominent. Coordinate axes and grid lines should be clearly visible, but relatively inconspicuous. Lettering should be clear and bold.

Once you have prepared your slides, number them in the correct sequence and thumb-spot them all in the lower left corner when the slide reads correctly on hand viewing.

Presenting your paper. No matter how good your work is, if you do not present your paper well, you will have difficulty getting your point across. Try *not* to read a written manuscript. You may think it is safer, but most people do not read a written talk well. Most people *do describe* their work in an interesting way. Make up notes that outline sequentially the important points you want to cover. You may want to put each idea on a separate card. Then pretend the audience is nothing more than a group of friends who are interested in learning about your work and tell them — as friends — what you have done. Try it; it's not as hard as it sounds. And you will sound like a pro!

Be sure to rehearse your slide presentation several times so you will be familiar with the sequence and timing of your slides. At the

Society of Nuclear Medicine Annual Meeting, use the Speakers' Practice Room which has a screen, projection equipment, and podium. Organize your slides in the room and run through them using the projector, podium, and electric pointer so you are sure all is in order. Use the room as a place to practice and edit your presentation until you can deliver it clearly and understandably in the time allotted to you. Remember, if you run over, you will be stopped and asked to leave the podium.

During your presentation you will probably be provided with a lavalier (neck) microphone. Speak in a normal voice without too much body movement and *do not* handle the microphone.

Arrive at the session at which you are to speak at least 10 min before it is scheduled to start and identify yourself to the chairman. Then deliver your slides to the projectionist and give him any last minute instructions. *Remember, no slides will be accepted by the projectionist after the program starts.* Be sure that the slides are in the correct order and are the correct way up. The projectionist cannot be expected to know what is the top and bottom of a medical slide. Be sure your name and address are clearly indicated on your slide container.

Then find a seat near the front of the room on an aisle so the audience will not have to wait while you walk to the podium. When your paper is called, walk quickly to the podium where the chairman will hand you the electric pointer, put the lavalier microphone around your neck, and show you the button to push to signal for the next slide.

You're on. Good luck!

MARGARET GLOS
Executive Director

An all-day radioimmunoassay workshop is planned for September. For information contact Anthony Mazzola, Dept. of Nuclear Medicine, Salem Hospital, Salem, Mass.

The Chapter campaign to increase membership has resulted in 60 new members. Keep up the good work!

The Fall Business Meeting to be held in conjunction with the Chapter meeting, November 1-2, 1974 will include discussions of EMI scanners and licensing.

Northern California Chapter

An event attended by a number of technologists, though not sponsored by the Chapter, was

the University of California Continuing Education Department's program titled: "Diagnostic Nuclear Imaging: A Review" held Saturday and Sunday, March 23 and 24. The program offered a comprehensive review of basic principles and current techniques in the diagnostic applications of nuclear imaging.

Another seminar, "Nuclear Medicine 1974," sponsored by the Sierra Valley Nuclear Medicine Association and the SNM Northern California Chapter, was held May 18th in Sacramento, Calif. The program consisted of lectures dealing with the physiology, pharmacology, and clinical applications of bone, bone marrow, and tumor scanning agents, in addition to a discussion of total-body imaging.

The 6th Annual Conjoint Meeting of the SNM Northern and Southern California Chapters will be held Friday and Saturday, October 25 and 26, 1974. The Technologist Section will be responsible for registration for the meeting. Scientific papers will be presented and new officers will be announced. To obtain more information contact: Calvin Plumhoff, 711 D St., San Rafael, Calif. 94901.

Pacific Northwest Chapter

Dan Jergenson is the new National Council Delegate of the Chapter. There hasn't been much happening of late to report. However, Dan is hoping to receive greater input from the technologists in this area. Those who wish to contact him may write to him at General Hospital of Everett, 1321 Colby Ave., Everett, Wash. 98201. Not enough can be said to stress the fact that without your help his job is most difficult. Put your two cents in. We want to hear from all of you!

Southeastern Chapter

The Alabama Society of Nuclear Medicine held its 1st Annual Meeting May 9-11, 1974 at the Birmingham Medical Center in Birmingham, Alabama. Theme for the program was continuing education with RIA workshops, exhibits, and several guest speakers.

The same weekend the Florida Nuclear Medicine Technologists held its 3rd Annual Meeting at the Langford Resort Hotel in Winter Park, Fla. This meeting included technical workshops, seminars, and a licensure workshop. For students attending the meeting, a registry review was held with a mock registry given at the end of the presentations. Scientific papers and exhibits were presented by both students and technologists. It was felt by all who attended that this meeting was a great success.

A one-day seminar was held on Saturday, April 6th at the Charlotte Memorial Hospital in Charlotte, N.C. Topics of discussion at the seminar were new rules and regulations affecting nuclear medicine, licensing and amendments procedures, survey instruments in protection, renograms, quality control of in vitro lab, and quality control of gamma cameras.

Southern California Chapter

One of the goals for the Southern California Chapter has been to provide technologists with the opportunity to continue to learn. Over the past few months the Chapter's calendar of events has provided this opportunity for many members.

A technologist workshop was held April 27th and 28th at Harbor General Hospital and Memorial Medical Center of Long Beach. The sessions included the use of the Picker Omniview total-body scanner, Searle MicroDot Imager, Ohio-Nuclear scintillation camera and computer, and the General Electric Maxiscan.

The Orange County group held a dinner meeting on May 8th at St. Mary's Hospital of Long Beach. Guest speaker for the meeting was physicist Clayton Douglas, whose lecture title was

"Oh, those Streaking Gamma Rays."

Election of officers for the San Diego segment was held. Results of that election are as follows: President, Don Hughes, Bay General Hospital; Vice President, Sally Van Ormer, University Hospital; Secretary, Francine Bennett, Sharp Hospital.

A Conjoint Meeting of the Northern and Southern California Chapters is scheduled for October 25th and 26th. For more information contact Bob Tolley, 1015 E. Calhoun, Hemet, Calif. 92343.

It has been reported that legislation for state licensure of the nuclear medicine technologists of this area will be in the hands of the legislature by late summer. Terms of amendments to public health laws were agreed to by a joint committee representing both the Northern and Southern California Chapters.

Southwestern Chapter

In March the Chapter held its annual meeting and is pleased to announce that the San Antonio group has become a part of the Chapter. Welcome to all of you! Officers for the 1974-1975 calendar year were elected: President, Lynn Black, Oklahoma City, Okla.; President-Elect, Kathy Dooley, Houston, Tex.; Secretary-Treasurer, Shirley Ledbetter, Shreveport, La. Mary Reager of Houston, Tex. was appointed Program Chairman.

In November a one-day hands-on seminar will be held in Houston. For information as to date and location contact: Tim Luecke, Providence Hospital, 1700 Providence Dr., Wayco, Tex. 76703. Since Tim represents the Chapter as Publications Chairman, he has requested that any news, comments, or suggestions be sent to him to keep his readers well informed.

Have Some Suggestions? Contact Your Officers, Committee Chairmen, or National Council Delegates

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Requirements Upgraded for ARRT Exam

The Board of Trustees of the American Registry of Radiologic Technologists has upgraded the requirements for examination in nuclear medicine technology, effective July 1, 1976.

Beginning on that date, only graduates of educational programs in nuclear medicine technology

that are approved by the Council on Medical Education of the American Medical Association will be accepted. Candidates attempting to qualify through on-the-job training and/or experience must complete all requirements and make application before July 1, 1976, to be considered for examination.

Lists of schools that are presently approved are available from the Technologist Section National Office.

The most recent ARRT examination was given in May. Of the 417 technologists taking the examination for the first time, 341 passed and only 76 failed. This 22% fail rate is considerably lower than in previous years. Of the 341 successful candidates, 127 are graduates of AMA-approved training programs in nuclear medicine technology.

Of the 84 candidates who were repeating the examination, only 34 passed.

Pamphlets Available from the National Office

The following pamphlets are available at no charge from the National Office:

Nuclear Medicine Technology
So You're Going to Run a Meeting
How to Prepare a Scientific Exhibit
How to Present a Paper
The SNM Technologist Section
The Society of Nuclear Medicine
The SNM Education and Research Foundation

Membership application blanks for both the Technologist Section and the Society of Nuclear Medicine are also available. If you are planning a meeting, drop us a line and we will send you a supply.