larger syringe to be used in the holder.

In conclusion, we have used these modified vial/syringe holders successfully at our institution for the past three years. We believe that these modifications would be helpful in using the sample holders for measuring radioactivities with a dose calibrator.

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REFERENCE

1. Kowalsky RJ, Perry JR. Quality control of radiopharmaceutical. In: *Radiopharmaceuticals in nuclear medicine practice.* Norwalk, CT: Appleton & Lange; 1987:123–146.

To the Editor: We would like to clarify an erroneous interpretation of the "Essentials and Guidelines of an Accredited Educational Program for the Nuclear Medicine Technologist" (Essentials), which occurred in the editorial, In My Opinion, in the March 1992 issue of the *Journal of Nuclear Medicine Technology.* The 1992 revision of the Essentials does *not* eliminate the requirement for clinical education in radioimmunoassay procedures. On page 9 of the Essentials, Section IIB curriculum, item 2.b.l.i, the content area delineates study of nuclear medicine in-vivo and in-vitro procedures. Item 2.b.2.c. delineates provision of supervised clinical education, experience and discussions. . . in performing an appropriate number and variety of procedures to achieve desired clinical competencies. Guidelines for the curriculum content area (page 11) give general directions for instructional materials, supervised clinical education, laboratories, laboratory supervision and students. Again, under the item, supervised clinical education, the guidelines state that "the type and quantity of nuclear medicine procedures and the extent of training provided should be appropriate to achieve desired competencies for the clinical education of the student and will include laboratory experience."

While the extent of training for RIA procedures available within a community's resources may vary, the Review Committee has not encountered nor would we anticipate a situation where *no* clinical experiences were available. The Review Committee did remove the "160 hours" time frame, which in itself was a guideline. The hours had been published as a guideline for what the Review Committee considered an appropriate period of training. However, concern was expressed that similar guidelines were not provided for other content areas. Since type and variety of procedures do change within the practice of nuclear medicine, the wording ". . .extent of training provided should be appropriate to acheive desired competencies. . ." is more descriptive of the standard.

We do appreciate the concern expressed over what the author felt was a severe deficiency. The same rationale which identified the need for clinical education of RIA was the basis for inclusion of the requirements in the revised Essentials.

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