# PROGRAM INFORMATION

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The Profession

Nuclear medicine technology is the medical specialty that utilizes sealed and unsealed radioactive materials in the diagnosis and treatment of disease. This practice also includes the utilization of pharmaceuticals and other imaging modalities to enhance the evaluation of organ and molecular function. In addition, it includes the delivery of therapeutic radiopharmaceuticals to treat a number of pathologies.

The practice of nuclear medicine technology encompasses multidisciplinary skills, which use rapidly evolving instrumentation, radiopharmaceuticals and techniques. The responsibilities of the nuclear medicine technologist include, but are not limited to, an empathetic and instructional approach to patient contact, care, and monitoring; the procurement, preparation, quality control, dispensing, dose calibration, administration, and disposal of radiopharmaceuticals; the administration of pharmaceuticals including adjunct oral and IV contrast (under the direction of an authorized user); the performance of quality control procedures; and the operation of imaging, laboratory, and computer instrumentation.

In order to perform these tasks the nuclear medicine technologist must successfully complete didactic and clinical education. Education includes, but is not limited to, anatomy, physiology, pathophysiology, pharmacology, chemistry physics, mathematics, computer applications, biomedical sciences, ethics, and radiation health and safety. Direct patient contact hours are obtained by training in a clinical education setting.1

Graduates of accredited programs are eligible to sit for certification examinations offered by the Nuclear Medicine Technology Certification Board and/or the American Registry of Radiologic Technologists.

The spectrum of nuclear medicine technology skills and responsibilities varies widely across the country and often goes beyond the basic skills outlined in the technologist's initial education and certification. Practice components presented in this document provide a basis for establishing the areas of knowledge and performance for the nuclear medicine technologist. It is assumed that for all activities included in this scope of practice, the nuclear medicine technologist has received the proper education (in compliance with federal, state, and institutional requirements) supported with the proper documentation of initial and continued competency in those practices and activities. Continuing education is a necessary component in maintaining the skills required to perform all duties and tasks of the nuclear medicine technologist in this ever-evolving field of new equipment, radiopharmaceuticals, and applications.

1 “Scope of Practice” SNMMI Technologist Section, 2011
Career Outlook

The field of nuclear medicine technology has grown rapidly and has become an accepted and necessary part of clinical patient management. A hospital must provide the basic diagnostic and therapeutic procedures of this specialty in order to become or remain accredited.

Nuclear medicine technologists generally work in a hospital setting under the supervision of a nuclear medicine physician. However, the trend for diagnosing and treating patients in outpatient facilities has increased for all diagnostic modalities, including nuclear medicine, PET and radiography, and many new opportunities are expected to develop as managed care becomes more widely available.

Current interest in the multi-skilled technologist is strong, and many job opportunities specify multiple credentials. Technologists who are cross-trained in other imaging modalities such as radiography, sonography, computed tomography (CT) or magnetic resonance imaging (MRI) are highly employable. Other useful skills outside the field of imaging include basic nursing care, laboratory techniques, and cardiac procedures, such as echocardiography, treadmill exercising, and advanced life support.

Most technologists will work in the field of nuclear medicine a few years, gaining experience and expertise, before making a career move. Some technologists may become interested in administrative or management opportunities and may consider such jobs as a chief technologist, a technical director, or even an administrative director. Other technologists become interested in the technical aspects of nuclear medicine and choose to specialize in computer applications, radiopharmaceutical preparation, quality assurance, or in sales or applications specialist for industry. The Nuclear Medicine Advanced Associate (NMAA) is also available to further your nuclear medicine career for those technologists with at least two years of experience. These individuals will be educated at the master’s level and will assume clinical responsibilities similar to a physician assistant in the nuclear medicine environment. Additional career choices require post-graduate education, and include opportunities as health physicists or radiation safety officers, educators, and many administrative positions.

At the present time, the job market for new graduates is competitive throughout the United States.
Pre-professional Requirements

The Bachelor of Science in Nuclear Medicine Imaging Sciences is designed to prepare students for entry level positions in nuclear medicine departments within the hospital or in outpatient settings. The program consists of twelve months of professional coursework in nuclear medicine imaging science.

As a candidate for the Bachelor of Science in Nuclear Medicine Imaging Sciences, a student must complete a minimum of 120 semester credits or hours. The pre-professional program includes completion of the following:

1. A minimum of 80 semester hours at any accredited college or university. At least six (6) of these semester hours must be upper level (junior/senior).

2. The required pre-professional courses are outlined in the next section.

3. The remaining semester hours are composed of elective courses and are of the student's choice. Recommended elective coursework: courses in the sciences to include advanced anatomy, physiology, chemistry, physics, mathematics, and biology; coursework in psychology, sociology and the social sciences particularly as applies to health care and health care delivery; and technical writing courses.

These credits may be completed at any accredited college or university, but must fulfill all College of Health Professions requirements regarding acceptance of transfer credit.
### Pre-professional Required Coursework

<table>
<thead>
<tr>
<th>Area/Typical Course Title</th>
<th>Minimum hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Math &amp; Science</strong></td>
<td></td>
</tr>
<tr>
<td><em>Human Anatomy &amp; Physiology (with lab)</em></td>
<td>8</td>
</tr>
<tr>
<td>Physics I (with lab)</td>
<td>4</td>
</tr>
<tr>
<td>Chemistry I and II (with lab)</td>
<td>8</td>
</tr>
<tr>
<td>College Algebra</td>
<td>3</td>
</tr>
<tr>
<td>Biol/Microbiology (with lab)</td>
<td>4</td>
</tr>
<tr>
<td>Statistics</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>30</td>
</tr>
<tr>
<td><strong>Communications Speech</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Liberal Arts</strong></td>
<td></td>
</tr>
<tr>
<td>English Composition I</td>
<td>3</td>
</tr>
<tr>
<td>English Composition II</td>
<td>3</td>
</tr>
<tr>
<td>History of Civilization or World History</td>
<td>6</td>
</tr>
<tr>
<td>American History or Government</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>15</td>
</tr>
<tr>
<td><strong>Fine Arts</strong></td>
<td>3</td>
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<tr>
<td>Art</td>
<td></td>
</tr>
<tr>
<td>Music</td>
<td></td>
</tr>
<tr>
<td>Theater</td>
<td></td>
</tr>
<tr>
<td><strong>Social Sciences</strong></td>
<td>6</td>
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<tr>
<td>Psychology</td>
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<tr>
<td>Sociology</td>
<td></td>
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<tr>
<td>Anthropology</td>
<td></td>
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<tr>
<td>Geography</td>
<td></td>
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<tr>
<td>Economics</td>
<td></td>
</tr>
<tr>
<td><strong>Humanities</strong></td>
<td>3</td>
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<tr>
<td>Philosophy</td>
<td></td>
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<tr>
<td>Literature</td>
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<tr>
<td>Political Science</td>
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<tr>
<td><strong>Computer Science</strong></td>
<td>3</td>
</tr>
<tr>
<td>Computer fundamentals/Applications</td>
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<tr>
<td><strong>Total Hours</strong></td>
<td>60</td>
</tr>
<tr>
<td><strong>Electives</strong></td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>80</td>
</tr>
</tbody>
</table>

*Note:*
*Human anatomy/physiology must include the entire body system.*
**Must include 6 hours of upper level courses*
<table>
<thead>
<tr>
<th>COURSE NUMBER</th>
<th>TITLE</th>
<th>SC</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMIS 4116</td>
<td>Journal Review/Research Methods</td>
<td>1</td>
</tr>
<tr>
<td>NMIS 4211</td>
<td>Introduction to Nuclear Medicine</td>
<td>2</td>
</tr>
<tr>
<td>NMIS 4312</td>
<td>Clinical Procedures &amp; Diagnosis I</td>
<td>3</td>
</tr>
<tr>
<td>NMIS 4213</td>
<td>Nuclear Physics</td>
<td>2</td>
</tr>
<tr>
<td>NMIS 4214</td>
<td>Instrumentation I</td>
<td>2</td>
</tr>
<tr>
<td>NMIS 4115</td>
<td>Radiopharmacy I</td>
<td>1</td>
</tr>
<tr>
<td>NMIS 4517</td>
<td>Clinical Internship I</td>
<td>5</td>
</tr>
<tr>
<td>CHRP 3101</td>
<td>CHRP Seminar I</td>
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<tr>
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</tr>
<tr>
<td>NMIS 4224</td>
<td>Radiation Biology</td>
<td>2</td>
</tr>
<tr>
<td>NMIS 4221</td>
<td>Health Physics</td>
<td>2</td>
</tr>
<tr>
<td>NMIS 4322</td>
<td>Clinical Procedures &amp; Diagnosis II</td>
<td>3</td>
</tr>
<tr>
<td>NMIS 4223</td>
<td>Instrumentation II</td>
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</tr>
<tr>
<td>NMIS 4225</td>
<td>Radiopharmacy II</td>
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<tr>
<td>NMIS 4524</td>
<td>Clinical Internship II</td>
<td>5</td>
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<tr>
<td>CHRP 3102</td>
<td>CHRP Seminar II</td>
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<tr>
<td></td>
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<tr>
<td>NMIS 4431</td>
<td>Clinical Internship III</td>
<td>4</td>
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<tr>
<td>NMIS 4242</td>
<td>CT Physics and Instrumentation</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>
**Nuclear Medicine Imaging Sciences Required Coursework**

**NMIS 4211**  **INTRODUCTION TO NUCLEAR MEDICINE**  
Survey course for all phases of nuclear medicine technology.

**NMIS 4312**  **CLINICAL PROCEDURES & DIAGNOSIS I**  
Current uses of radiopharmaceuticals for organ visualization and function with evaluation of results for diagnostic value. Emphasis placed on *in vivo* procedures.

**NMIS 4213**  **NUCLEAR PHYSICS**  
Presents concepts and physical properties governing the atom to include systems and units of measurement, atomic and nuclear structure, particulate and electromagnetic radiation as they related to nuclear medicine practices.

**NMIS 4214**  **INSTRUMENTATION I**  
Operational principles of radiation detection equipment to include statistical applications and quality control.

**NMIS 4115**  **RADIOPHARMACY I**  
Radiopharmaceutical preparation for diagnostic use to include quality control. Chemical, physical, and biological properties of radiopharmaceuticals will be examined.

**NMIS 4116**  **JOURNAL REVIEW AND RESEARCH METHODS**  
Critical evaluation of medical scientific literature to include statistical evaluation methods and presentation techniques.

**NMIS 4221**  **HEALTH PHYSICS**  
Legal, biological, and administrative aspects of radiation protection in nuclear medicine. Emphasis on practical means of minimizing radiation exposure to the patient, nuclear medicine staff, and the general public. *Prerequisite:* NMT 4213.

**NMIS 4322**  **CLINICAL PROCEDURES & DIAGNOSIS II**  
Continued study of application of radiopharmaceuticals for diagnostic use. *In vitro* and therapeutic procedures are introduced. *Prerequisite:* NMT 4212.

**NMIS 4223**  **INSTRUMENTATION II**  
Advanced application of radiation detection theory and instrumentation. *Prerequisite:* NMT 4214.

**NMIS 4224**  **RADIATION BIOLOGY**  
Introduction to the interaction of radiation and biological systems. Includes chronic and delayed effects through physical and chemical changes from radiation. Also the biological basis of radiation safety.
NMIS 4225  RADIOPHARMACY II
Radiopharmaceutical preparation for diagnostic use to include quality control. Chemical, physical, and biological properties of radiopharmaceuticals will be examined. Continuation of NMT 4115 Radiopharmacy I.

CHP 3101  LEGAL & ETHICAL ISSUES FOR ALLIED HEALTH PROFESSIONALS
Problems related to management and ethics commonly seen in the professional work place.

CHP 3102  HEALTH CARE MANAGEMENT ISSUES FOR ALLIED HEALTH PROFESSIONALS
Problems related to ethical dilemmas in health care as commonly seen in the professional workplace.

NMIS 4517  CLINICAL INTERNSHIP I
Practical application of coursework presented in the classroom. Students are assigned educational experiences in clinical imaging and radiopharmaceutical preparation.

NMIS 4524  CLINICAL INTERNSHIP II
Continuation of clinical coursework. Prerequisite: NMT 4517 Clinical Internship I.

NMIS 4431  CLINICAL INTERNSHIP III
Continuation of clinical coursework. Prerequisite: NMT 4524 Clinical Internship II.

NMIS 4242  CT PHYSICS AND INSTRUMENTATION
An Internet course presenting a study of the basic principles of x-ray physics, production and interactions; instrumentation of computed tomography, computed tomographic image formation, manipulation and quality assurance; and radiation dose and safety concerns.
Clinical Education

In addition to assigned classroom studies, students complete clinical rotations, or courses, in order to satisfy degree requirements. The rotations include clinical activities in radiopharmacy and clinical imaging.

Baton Rouge
Radiopharmacy rotations will be at
- Cardinal Health Nuclear Pharmacy Services
The clinical imaging rotations will be at
- Our Lady of the Lake Regional Medical Center
- Our Lady of the Lake Regional Medical Center – PET Center
- Baton Rouge General Medical Center Mid-City
- Baton Rouge General Medical Center Blue Bonnet
- Southeastern Cardiology

Dallas
The radiopharmacy rotation will be at
- Triad Isotopes
- Cardinal Health Nuclear Pharmacy Services
- P.E.T.-Net Pharmaceutical Services
The clinical imaging rotations will be at
- Cardiology Consultants of Texas (Baylor)
- Presbyterian Hospital
- Children's Medical Center (Dallas)
- VA North Texas Healthcare System
- Medical Center of Lewisville
- U.T. Southwestern PET
- St. Paul Medical Center

Jonesboro
The radiopharmacy rotation will be at
- Cardinal Health Nuclear Pharmacy Services
The clinical imaging rotations will be at
- St. Bernard’s Hospital

Little Rock
The radiopharmacy rotation will be at
- Cardinal Health Nuclear Pharmacy Services
The clinical imaging rotations will be at
- University of Arkansas for Medical Sciences
- University of Arkansas for Medical Sciences - PET
- St. Vincent Infirmary Medical Center
- John L McClellan Veterans Hospital
- Heart Clinic Arkansas
- Arkansas Children’s Hospital
Northwest Arkansas
The radiopharmacy rotation will be at
• Cardinal Health Nuclear Pharmacy Services (Springdale)
The clinical imaging rotations will be at
• Mercy Hospital (Rogers)
• Washington Regional Medical Center (Fayetteville)
• Highland Oncology (PET) (Fayetteville)

Springfield
The radiopharmacy rotation will be at
• Cardinal Health Nuclear Pharmacy Services
The clinical imaging rotations will be at
• Mercy Smith-Glynn-Calloway Clinic
• Cox Martin Center
• Cox Medical Center South
• Mercy Health Center (Springfield)
• Mercy Health Center – PET (Springfield)

Texarkana
The radiopharmacy rotation will be at
• Red River Pharmacy Services
The clinical imaging rotations will be at
• Wadley Regional Medical Center
• Christus St. Michael Health System
• Texarkana Cardiology Associates in Texarkana
• Texarkana PET Imaging Institute

Tulsa
The radiopharmacy rotation will be at
• Cardinal Health Nuclear Pharmacy Services
The clinical imaging rotations will be at
• St. Francis Hospital
• St. John's Health System (PET and Cardiac)

Tyler
The radiopharmacy rotation will be at
• NuTech, Inc.
The clinical imaging rotations will be at
• East Texas Medical Center
• East Texas Medical Center - PET

Students receive a clinical rotation schedule during fall orientation. Each student will be assigned to multiple clinical sites throughout the academic year and the length of time for each rotation may vary. The clinical rotation schedule lists a starting time for each clinical site. Starting times may be changed by the clinical instructor to allow students to participate in special activities and/or studies. Clinical rotation schedules are set so that the student achieves the best possible clinical educational experience, covering all aspects of nuclear medicine. Clinical rotation schedules cannot be changed without the prior approval of the Clinical Coordinator or the Program Director. If a clinical site is closed for any reason (e.g. maintenance) and the student is scheduled at that site, the student must contact the Clinical Coordinator or the Program Director for re-assignment on that day, or use their floating day.
Students will be evaluated on their clinical performance at the end of each clinical rotation period. All of the clinical rotation requirements are outlined in the clinical handbook.

Students may not receive payment (hourly wages) for their time in the clinical setting. They may accept a stipend, however. UAMS imposes no other restrictions on employment outside clinic hours.
Evaluation Procedures

1. Students must receive a grade of "Satisfactory" or "C" or better in all professional courses in order to progress in the program from one semester to the next. Students with course grades of “D” or “F” or "Unsatisfactory" will be dismissed from the program.

2. Successful completion of this program is dependent upon attendance and active participation in class. NMIS instructors may include evaluations of student attendance and class participation as part of their respective course grades. (See course syllabi for grading criteria)

3. All NMIS classroom coursework is graded on a letter basis of A, B, C, D, or F. The following percentage grading scale is used to assign course letter grades:

   A = 93% - 100%
   B = 85% - 92%
   C = 77% - 84%
   D = 70% - 76%
   F = Less than 70%

Course specific assessment policies and procedures are outlined in the individual course syllabi.

4. All clinical coursework is graded on a “Satisfactory”/“Unsatisfactory” basis. Clinical supervisors grade students on attendance, integrity, communication skills, cooperation, self-confidence, motivation, efficiency, and professionalism. All clinical rotation requirements are outlined in the clinical handbook.

5. Graduation requirements include:

   ✓ Successful completion of all coursework and clinical requirements.
   ✓ Achieving a passing grade on the Fall Comp Examination and the Spring Comp Examination and any required Oral Examinations.
   ✓ Achieving a passing grade on the Final Comprehensive Examination.
Examinations and Homework

Major block examinations will be administered approximately every five weeks in the fall and spring semesters and are conducted at proctored testing sites. The dates of the examinations will be posted in course syllabi and on the Student Center calendar in Blackboard. Make-up examinations are permitted only in the case of an emergency or illness. Documentation may be required regarding the illness or emergency before permission to take the examination is granted. If a student is to miss one of the major block examinations, it is his or her responsibility to contact the program director by phone prior to the scheduled examination time. Make-up examinations must be taken within seven calendar days after returning to clinic or class and will be scheduled at a time that is mutually agreed upon by the program director and the student. Due to testing center scheduling and/or fees, students may be required to take make-up examination in Little Rock.

Online homework and quizzes are usually open for a set period of time and must be completed within the posted time frame. Make-up quizzes are permitted only in the case of an emergency, illness, or computer problems. If a make-up quiz is necessary, it is the responsibility of the student to contact the instructor by phone AND e-mail prior to the expiration of the test date. Make-up quizzes must be taken within 48 hours of resolving the emergency.

Other homework assignments must be completed by the posted date and time. Make-up homework is permitted only in the case of an emergency or illness. If an assignment will be turned in late for the above reasons, it is the responsibility of the student to contact the instructor by phone AND e-mail prior to the due date. Make-up homework must be completed and submitted within 48 hours of resolving the emergency.

Quizzes or homework assignments completed late for reasons other than emergency or illness will have a 10% per calendar day reduction in grade.

No retakes of any examinations, homework, quizzes, or other assignments are permitted.
Admissions:

UAMS Non-Discrimination Policies

The University of Arkansas for Medical Sciences abhors and condemns all forms of bigotry and racism. Such behavior is a violation of an individual's human rights and is also unlawful. UAMS will comply with and enforce Titles VI and VII of the Civil Rights Act of 1964 (as amended), Executive Order 11246, Title IX of the Educational Amendments of 1972, the Rehabilitation Act of 1973 (Sections 503 and 504), the Age Discrimination in Employment Act, the Americans with Disabilities Act of 1991, U.S. Federal Court Decrees in the Adams Cases of 1973 and Acts 99 and 962 of the Arkansas General Assembly. UAMS shall recruit, retain, promote and graduate students without regard to race, color, gender, age, sexual orientation, religion, national origin or disability status. Specifically, UAMS will not discriminate on the basis of race, color, gender, age, sexual orientation, religion, national origin or disability status as a criterion in deciding against any individual in matters of admission, placement, transfer, hiring, dismissal, compensation, fringe benefits, training, tuition assistance and other personnel or educationally-related actions.
ADA Special Accommodations/Disability Policy

College of Health Professions’
Policy on Request for Special Accommodations

The College of Health Professions (CHP), UAMS, will provide reasonable and appropriate accommodations for students with documented disabilities who demonstrate a need for accommodations in accordance with the Americans with Disabilities Act.

Americans With Disabilities Act (ADA): The Americans with Disabilities Act (ADA) of 1990, defines a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities.

The College of Health Professions strongly suggests that applicants requesting special accommodations show this document to their evaluator/therapist/treating physician, etc., to ensure that relevant documentation is presented in support of the student’s application for special accommodations.

Purpose of Special Accommodations: The purpose of special accommodations is to provide equal access to required courses. Accommodations should be consistent with the identified functional limitation(s) such that the identified impairment is alleviated through the use of an auxiliary aid/or an adjustment in a testing procedure, and/or scheduling of practicum assignments. Functional limitations relate to the behavioral manifestations of a disability that impede an individual's capacity to function. In short, functions that an impaired person cannot do on a regular and continuing basis as a result of the documented disability are functional in nature. A functional limitation might be the inability to control fine motor movement such that the individual is unable to fill-in a computer answer sheet. In such a case, the appropriate accommodation might be someone to assist in the recording of answers.

The following guidelines are provided as a means of assisting applicants in the documentation of a need for accommodation based on an impairment that substantially limits one or more of his/her major life activities. Documentation submitted in support of a request for special test accommodations will be reviewed by the Department Chairman and the CHP Associate Dean for Academic and Student Affairs in a fair and impartial manner. Please note that students requesting accommodations must personally initiate a written request for accommodations; requests by a third party (such as an evaluator, physician, etc..) cannot be honored.

Students seeking special accommodations should make an appointment with their Department Chairman to discuss the guidelines for submitting his/her application to the CHP².

1. **Comprehensive Written Report** - A comprehensive written report describing their disability, its severity, with justification for requested accommodation(s) **must be provided**.

2. **Specific Diagnosis** - In the case of a learning disability, a specific diagnosis of the disability must be provided. It is strongly recommended the diagnostic taxonomies as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV) be used. The specific diagnostic tests used, including date(s) of evaluation, test results, and a detailed interpretation of the test results should be submitted with the application for special accommodations. Specific test scores should be reported to support the diagnosis. The application should also include a relevant educational, developmental, and medical history.

3. **Diagnostic Methods vs. Disability** - The diagnostic methods used should be consonant with the described disability and current professional practices within the field. Informal, or non-standardized evaluations, should be described in sufficient detail such that other professionals can understand their role and significance in the diagnostic process.

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² The information required for the application is tailored to specific diagnoses. That additional information is appended to this document.
4. **Current Documentation** - Documentation of a disability should be current for provision of reasonable accommodations because the decision is based on the evaluation of the current impact of the student’s disability on the proposed activities (examinations, clinical assignments, etc). Because manifestations of disabilities may vary with time and different settings, it is recommended that evaluations conducted within the past three years be submitted.

5. **Applicant’s Limitations As a Function of Diagnosis** - Professionals submitting supporting documentation for special test accommodations should describe in detail the student’s limitations due to the diagnosed disability and specifically address the effect of the disability on a student’s activity as it relates to current physical, perceptual, and cognitive abilities.

6. **Recommended Accommodations** - The professional submitting documentation for students requesting special accommodations should recommend specific accommodations and/or assistive devices for such students. Additionally, and importantly, a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations should be submitted.

7. **Professional Credentials of the Evaluator** - The professional credentials of the evaluator that qualify him/her to make the particular diagnosis, including information about license or certification and specialization in the area of the diagnosis, must accompany the application. The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of disability.

8. **Prior Accommodations** - If no prior accommodations have been provided for the student, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.


Learning Disabilities

(Very Important Information for the Evaluator and the Student Applicant)

Students are responsible for the cost of carrying out diagnostic tests for learning disabilities. While it is recognized that personal and professional problems may impact negatively on academic performance, such problems do not constitute a learning disorder or disability. It is essential that students be evaluated for emotional and personal problems that require professional intervention. Student's confidentiality will be maintained unless the student allows disclosure of the information.

After receiving the documentation and a completed application form, documents will be sent to the Chairman of the student's department for review and then forwarded to the Associate Dean for Academic & Student Affairs for additional review. The Department Chairman/Associate Dean reserves the right to request an evaluation by another qualified professional to verify the applicant's condition. The expense incurred for that additional documentation will be borne by the student. Appeals concerning decisions made by the Department/Associate Dean will be addressed utilizing the Grievance Procedure of the College of Health Professions as defined in the "Grievance Procedures" section of the Student Handbook and College Catalog.

Special testing accommodations include but are not limited to the following:

1. Assistance in completing answer sheets
2. Extended testing time (generally, a maximum of double the standard time limit is provided)
3. Separate testing rooms (possibly with others granted extended time)
4. Individual testing room (for those whose disability necessitates separation from all other examinees).
5. Large print examination
6. Reader

Students who are granted extended testing time must sign an agreement to refrain from contact with other examinees for the duration of the examination to avoid any possibility of disclosure of unauthorized information regarding the content of an examination.

The following information is provided to clarify the documentation process for applicants who are requesting special test accommodations for a learning disability or other cognitive impairment.

1. The Evaluation Must Be Conducted By a Qualified Professional - The diagnostician must have comprehensive training in the field of learning disabilities and must have comprehensive knowledge and direct experience in working with an adult population.

2. Current Testing/Assessment Is Required - The determination that an individual is "significantly limited" in functioning must be firmly established with respect to the current impact of the impairment.

3. Comprehensive Documentation - Documentation must be comprehensive; objective evidence of a substantial limitation in cognition or in learning must be given. Minimally, the comprehensive evaluation should include:

   A. A diagnostic interview and history should be carried out since learning disabilities frequently manifest during childhood, even though they may not have been diagnosed. Additionally, relevant historical information should be garnered with regard to an individual's academic history and learning in elementary, secondary, and post-secondary school. The report should include a summary of the diagnostic interview and relevant background information supporting the diagnosis.

   B. The applicant's self-report and the professional assessment report should include a discussion of the presenting problem(s), and a developmental history.
C. A relevant academic history should be reported and should include results of previous standardized testing and transcripts. Additionally, classroom behavior, study habits, attitudes, and trends in academic performance should be reported.

D. A relevant family history, including the primary language spoken in the home, should be reported as should the current level of fluency in English of the applicant.

E. A relevant psychosocial history should be submitted with the application.

F. A relevant medical history, including the absence of a medical basis for the present symptoms should be submitted.

G. The issue of a dual diagnosis should be addressed. For example, an alternative or co-existing mood, behavioral, neurological, or personality disorder should be addressed. Additionally, the report should include documentation of relevant medications, as well as the effect of the medication on the applicant’s ability to learn.

H. The professional evaluator should explore and report on alternative phenomena that may imitate a learning disability.

I. A relevant employment history should be submitted.

The psychoeducational or neuropsychological evaluation report must be submitted on the letterhead of the qualified professional evaluator. The report must provide clear and specific evidence that a learning or cognitive disability does or does not exist.

The evaluator should note that the assessment of the applicant must consist of a comprehensive battery of tests, and further that the diagnosis must be based on an aggregate of test results, the history of the applicant, and the current level at which the applicant is functioning. It is not acceptable to establish a diagnosis supported by only one or two sub-tests. Additionally, the tests should be normed relative to the age of the applicant and the tests must be administered in the current specified standardized manner.

4. Minimally, the domains that should be addressed include:

A. Cognitive Functioning - A complete cognitive assessment is required including the results of all subtests and standard scores. Measures that are acceptable include, but are not limited to, the Wechsler Adult Intelligence Scale-III (WAIS-III); and the Woodcock Johnson Psychoeducational Battery-Revised. Tests of cognitive ability should also be reported such as the Kaufman Adolescent and Adult Intelligence Test.

B. Achievement - A comprehensive achievement battery with all subtests and standard scores must be submitted with the application. The test-battery must include a determination of the current levels of academic functioning in relevant areas such as reading, and mathematics. Acceptable assessment instruments include, but are not limited to, the Woodcock-Johnson Psychoeducational Battery-revised: Tests of Achievement; the Scholastic Abilities Test for Adults (SATA); and the Woodcock Reading Mastery Tests-revised.

Specific achievement tests are effective instruments when administered using standardized conditions, and if results are interpreted within the context of other diagnostic information. The wide range achievement test-3 (WRAT-3) and Nelson-Denny reading test are not comprehensive diagnostic measures of achievement and therefore neither is acceptable if used as the sole measure of achievement.

C. Information Processing - Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception/processing, auditory and phonological awareness, processing speed, executive functioning, and motor ability must be assessed. Acceptable measures include, but are not limited to, the Detroit Tests of Learning Attitude-Adult (DTLA-A), Wechsler Memory Scale-III (WMS-III), information from the Woodcock Johnson Psychoeducational Battery Revised: Tests of Cognitive Ability, as well as other relevant instruments that may be used to address these areas.
D. **Other Assessment Measures** - Other formal assessment measures or non-standard measures and informal assessment procedures or observations may be carried out along with the above instruments as a means of supporting a differential diagnosis or to untangle the learning disability from co-existing neurological and/or psychiatric issues. Additionally, standardized test batteries, non-standardized measures, and informal assessment procedures may be helpful in assessing performance across a spectrum of domains.

E. **Test Scores** - Actual test scores must be provided, including Standard scores where available.

F. **Records of Academic Achievement** - Records of academic history should be provided. Since learning disabilities are most commonly manifested during childhood, relevant records detailing an applicant's learning and difficulties in elementary, secondary, and post-secondary education should be taken into account. Records such as grade reports, transcripts, teachers' comments, and the like will help substantiate self-reported academic difficulties in the past and currently. A differential diagnosis must be analyzed and possible alternative causes for the identified problems in academic achievement should be ruled out.

G. **Evaluation Of The Applicant Should Address Key Constructs** - The key constructs that underlie the concept of learning disabilities and, at the same time, provide precise and specific evidence of the information processing deficits, as well as how these deficits currently impair the applicant's ability to learn should be addressed. No single test or subtest is a sufficient basis for a diagnosis.

H. **Differential Diagnosis** - The differential diagnosis must demonstrate that significant difficulties persist in the acquisition and use of listening, speaking, reading, writing or reasoning skills. Additionally, it should be documented that the problem(s) being experienced by the applicant is/are not primarily due to a lack of exposure to the behaviors needed for academic learning or to an inadequate match between the individual's ability and the instructional demands.

I. **A Clinical Summary Must Be Provided** - A well written diagnostic summary based on a comprehensive evaluation process is a necessary component of the report. Assessment instruments, and the information that they provide, do not inherently diagnose an applicant's condition. Rather, assessment instruments provide important data that must be integrated with background information, historical information, and current applicant functioning. The following components must be included in the clinical summary:

   a. Demonstration that the evaluator has ruled out alternative explanations for the identified academic problems. Alternatives include poor preparatory education, poor motivation, and/or study skills, emotional problems, attentional problems, and cultural or language differences.

   b. Indicate the manner in which patterns in cognitive ability, achievement, and information processing are used to determine the presence of a learning disability.

   c. Indicate how a substantial limitation to learning effected by a learning disability impacts the applicant relative the departments assignments and examinations. Also, please note the level of impact associated with the disability.

   d. Discuss why specific accommodations are needed and how the effects of the specific disability will be ameliorated by the recommended accommodations.

   *Problems such as test anxiety, English as a second language (in and of itself), slow reading without an identified underlying cognitive defect, or failure to achieve desired academic outcome, are not learning disabilities and therefore are not covered under the Americans with Disabilities Act and special test accommodations will not be granted for such issues.*
Once again, each accommodation recommended by the evaluator must include a rationale for that accommodation. The evaluator must describe the impact of the diagnosed learning disability on a specific major life activity, as well as the level of significance that the disability has on the applicant. The diagnostic report must include specific recommendations for accommodations, as well as a detailed explanation as to why each accommodation is being recommended. Recommendations must be tied to specific test results or clinical observations. Documentation should include all records of prior accommodation or auxiliary aids, including information regarding specific conditions under which the accommodations were employed.

The documentation should also note whether accommodations granted in the past were effective. **Importantly, please note that a prior history of accommodation, without documentation of a current need, does not in and of itself warrant the provision of a like-accommodation.** If no prior accommodations have been provided, a qualified professional expert should provide a detailed explanation as to why no accommodations were used in the past, and why accommodations are needed at this time.
Attention-Deficit/Hyperactivity Disorder (ADHD)

The following information is provided for the student who is submitting an application for special test accommodations to accommodate Attention-Deficit/Hyperactivity Disorder (ADHD).

1. **The Evaluation Must Be Conducted By a Qualified Diagnostician** - Professionals conducting assessments and effecting diagnoses of ADHD must be qualified to do so. Comprehensive training in the differential diagnosis of ADHD, and other psychiatric disorders, as well as direct experience in the diagnosis and treatment of adults is required. The name, title and professional credentials, including information about license or certification of the evaluator must be provided. The area of specialization of the evaluator, his/her employment history, and the state in which the individual practices must be clearly stated in the application.

2. **Testing/Assessment Must Be Current** - The determination as to whether an applicant is significantly impaired in functioning is based on the assessment of the current impact of the impairment on the Department’s examinations and assignments.

3. **Documentation vs. Diagnosis** - The documentation necessary to substantiate a diagnosis of Attention-Deficit/Hyperactivity Disorder must be comprehensive given the fact that ADHD is first exhibited in childhood (although it may not have been formally diagnosed), and in more than one setting. The documentation must be objective. Relevant historical information is essential. Information confirming a chronic presentation of ADHD symptoms from childhood through adolescence to adulthood must be provided. Such documentation includes, but is not limited to, educational transcripts, report cards, teacher comments, tutoring evaluations, job assessments, etc.

4. **DSM-IV Diagnostic Criteria** - The evaluator is expected to review and discuss DSM-IV diagnostic criteria for ADHD. Importantly, the evaluator should describe the extent to which the patient meets these criteria. The report must include information about the specific symptoms that are manifest and document that the applicant meets the criteria for a long-standing history of impairment.

5. **History of Presenting Symptoms** - A history of the presenting symptoms must be provided, including documentation of ongoing impulsive/hyperactive or inattentive behaviors (as specified in DSM-IV) that substantially impair functioning in two or more settings.

6. **Third Party Information** - The information compiled by the evaluator must consist of more than a self-report. Information from third party sources is critical in the diagnosis of adult ADHD. Information collected in the diagnostic interview and reported in the evaluation should include, but not necessarily be limited to, the following:

   A. History of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior. Behavior that has significantly impaired functioning over time.

   B. Developmental History - Family history for presence of ADHD and other educational, learning, physical, or psychological difficulties deemed relevant by the examiner.

   C. Relevant medical and medication history, including the absence of a medical basis for the symptoms being assessed.

   D. Relevant psychosocial history and any pertinent interventions.

   E. A thorough academic history of elementary, secondary and postsecondary education.

   F. A review of psychoeducational test reports to ascertain if a pattern of strengths or weaknesses supports attention or learning problems.

   G. Evidence of impairment in several life settings (home, school, work, etc.) and evidence that the disorder substantially restricts one or more major life activities.

   H. Relevant employment history.
I. Description of current functional boundaries relative to an educational setting and to College of Health Professions examinations in particular; functional boundaries that are presumably a direct result of the described problems with attention.

J. A discussion of the differential diagnosis, including alternative or co-existing mood, behavioral, neurological and/or personality disorders that may confound the diagnosis of ADHD; and investigation of possible alternative diagnoses that may mimic ADHD.

7. Relevant Assessment Batteries - Neuropsychological or psychoeducational assessment may be required in order to assess the individuals pattern of strengths or weaknesses and to determine if there are patterns supportive of attention problems. **Test scores or subtest scores alone should not be used as the sole basis for the diagnostic decision.** Scores from subtests on the Wechsler Adult Intelligence Scale - III (WAIS - I), memory functions tests, attention or tracking tests, or continuous performance tests do not inherently establish the presence or absence of ADHD. Such tests may, however, be useful as one component in developing clinical hypotheses. Checklists and/or surveys can serve to supplement the diagnostic profile but alone are not adequate for the diagnosis of ADHD. When testing is used, standard scores must be provided for all normed measures.

8. Identification of DSM-IV Criteria - A diagnostic report must include a review of the DSM-IV criteria for ADHD, both currently and retrospectively, and detail which symptoms are present (see DSM-IV for specific criteria). According to DSM-IV, “the essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development.” Other criteria include:

   A. Symptoms of hyperactivity-impulsivity or inattention that cause impairments that were present during childhood.

   B. Current symptoms that have been present for at least the past six months.

   C. Impairment from the symptoms present in two or more settings (school, work, home).

9. Specific Diagnosis - Documentation must include a Specific Diagnosis - The report must include a specific diagnosis of ADHD based on the DSM-IV diagnostic criteria. Applicants who report problems with organization, test anxiety, memory, and concentration, only on a situational basis do not fit the defined diagnostic criteria for ADHD. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself is not inherently diagnostic of ADHD, nor does the use of medication in and of itself support or negate the need for test accommodation.
10. **Clinical summary** - A well-written diagnostic summary must be submitted. The diagnostic summary should be based on a comprehensive evaluative process. The diagnostic summary must include:

   A. Demonstration of having ruled out alternative explanations for inattentiveness, impulsivity, and/or hyperactivity resulting from medical disorders or non-cognitive factors.

   B. Indication of how patterns of inattentiveness, impulsivity and/or hyperactivity across the life span and across settings are used to determine the presence of ADHD.

   C. Verification of the substantial limitation to learning presented by ADHD, and the extent to which it impacts the applicant relative to the context for which accommodations are being requested (examinations administered by course and clerkship directors).

   D. Reasons why specific accommodations are needed and how the effects of ADHD symptoms, as designated by the DSM-IV, are ameliorated by the accommodation(s).

11. **Recommendation for Accommodations** - Each accommodation recommended by the evaluator must include a rationale. The evaluator must describe the impact (if one exists) of ADHD on a specific major life activity of the applicant, as well as the level of significance of the impact on the applicant. The diagnostic report must include specific recommendations for accommodations. A detailed explanation must be given as to why each accommodation is recommended and should be correlated with specific functional limitations. Documentation should validate the need for accommodation based on the individual's current level of functioning. The documentation should include records of prior accommodation or auxiliary aid, including information about specific conditions under which the accommodation was employed. **A prior history of accommodation without demonstration of a current need does not inherently warrant provision of a similar accommodation.** If prior accommodation was not provided, the qualified professional and/or the applicant should include a detailed explanation as to why accommodation was not used in the past, and importantly, why accommodation is needed now.

Because of the challenge of differentiating ADHD from normal behaviors of adults; including procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or failure, low self-esteem, chronic tardiness or inattentiveness, a multifaceted evaluation must address the severity and frequency of the symptoms and ascertain whether these behaviors constitute an impairment of a major life activity.
REQUEST FOR SPECIAL ACCOMMODATIONS

This request should be sent to the Department Chairman together with documentation from a physician, psychologist, or other appropriate professional, certifying your disability, and if approved by the Chairman, the request and documentation should be forwarded to the Associate Dean for Academic and Student Affairs for final approval. The documentation should include a specific diagnosis and recommendations for testing accommodations. For learning disabilities, the documentation should include a list of tests administered, results, and interpretation of the results.

Please type or print

1. Name __________________________________________________________
   Last    First    Middle

2. Accommodations are requested in the following course(s):

3. Nature of the Disability

   ____ Chronic Health Problem     ____ Permanent Accidental Injury
   ____ Hearing Disability        ____ Temporary Physical Disability
   ____ Learning Disability       ____ Visual Disability
   ____ Neuromuscular Disease     ____ Other __________________________

   _____ _____
   _____ _____
   _____ _____
   _____ _____

4. Describe your specific disability in detail:

5. When was your disability first professionally diagnosed?
6. Accommodations recommended by the professional (must be included in the documentation from the professional) Check all that apply:

- Assistance with completing answer sheets
- Extended breaks (no extended testing time)
- Extended testing time: Amount recommended ________________
- Separate testing rooms (possibly with others granted extended time or extended breaks)
- Individual testing rooms
- Large print exam
- Reader
- Considerations in clinical assignments
- Other ________________________________

7. Prior accommodations:

A. Did you have special accommodations in previous institutions of higher education? (Circle)

   Yes          No

   If yes, what accommodations were provided?

B. Did you have special accommodations in secondary or elementary school (Circle)

   Yes          No

   If yes, what accommodations were provided?

I certify that the above information is true and accurate.

Signed: ___________________________ Date: ________________
ADMISSIONS: HIV/HBV STUDENT STATUS

Applicants to the Nuclear Medicine Imaging Sciences program are considered without regard to race, color, creed, age, marital status, national origin, or sex. Otherwise qualified applicants who test sero-positive for HIV or hepatitis B (HBV) receive equal consideration. Students will be expected to follow the UAMS Medical Center Policies and Procedures Manual – HR 4.03 with regards to reporting of infectious status, counseling, disciplinary actions, restriction on work, and confidentiality. At the present time, there are no duties assigned to nuclear medicine technologists that would be considered "exposure-prone procedures." It is therefore anticipated that students who test positive for HIV or HBV should be able to matriculate and graduate from the Nuclear Medicine Imaging Sciences program.

3 http://www.uams.edu/uh/policy/Human%20Resources/hr403.htm
Re-admission policy for Nuclear Medicine Imaging Sciences

1. Students who are dismissed or withdraw from the NMIS program based on their academic performance are permitted to reapply in the next application cycle. Students that fall into this category must submit a CHP Application Form and complete all application requirements, to include all preprofessional course requirements for the year in which they will be readmitted, in order to be considered in the NMIS competitive selection process.

2. Students who withdraw from the NMIS program for documented medical reasons, financial reasons, or family emergencies and who are in good academic standing when they withdraw will be allowed to reenter the following academic year without going through the competitive selection process. Students that fall into this category are required to complete all preprofessional course requirements for the year in which they will be readmitted.

3. Students who are dismissed or withdraw from the college for any reason (including #1 and #2 above) and are seeking readmission into the NMIS program:

   - must submit the following documents and forms:
     - A completed CHP Application Form and applicable CHP Application Fee for the year of readmission
     - A completed FERPA Form
     - Updated transcripts (if any courses have been taken since withdrawing from the program)

   - are not required to submit the following documents or forms:
     - Reference Forms
     - Professional Observation Forms
     - Biographical Statement

4. Students who are dismissed or withdraw from the college for any reason and are readmitted into the NMIS program:

   - in the academic year immediately following the year of dismissal or withdrawal will be required to repeat all professional course work, regardless of past grades in any course, except for the courses listed below, provided a letter grade of “C” or higher was achieved during the student’s previous enrollment:
     - CHP 3101 – Ethical & Legal Issues for Allied Health Professionals
     - CHP 3102 – Health Care Management Issues for Allied Health Professionals
     - NMIS 4116 – Journal Review and Research Methods

   - after more than one academic year has passed, will be required to repeat all professional course work, regardless of past grades in any course.

5. Students who are readmitted into the NMIS program are required to attend and successfully complete the following sections of the NMIS 4211 – Introduction to Nuclear Medicine Imaging Sciences course (students will not be required to pay tuition for this course) conducted during NMIS Fall Orientation:

   - CHP Orientation
   - CHP Registration
   - Student Handbook Review
   - Clinical Handbook Review
   - TB Skin Test (if not current)

   - Introduction to Nuclear Mathematics
   - Aseptic Technique (USP797)
   - Phlebotomy Laboratory
   - Medical Terminology Online Quizzes
Students who are readmitted to the NMIS program should strongly consider participating in the following sections (especially the three listed on the left below) of the NMIS 4211 – Introduction to Nuclear Medicine Imaging Sciences course conducted during NMIS Fall Orientation:

- Basic EKG Review
- Patient Care Review
- Radiopharmacy Practice
- Graduation Pictures
- Clinical Pictures

6. Part-Time Track Students who withdraw from the NMIS program for any reason and are readmitted will be required to enroll in and complete additional Clinical Internship hours in order to achieve the program’s educational objectives and ensure completion of the required clinical competencies. Returning Part-Time Track students will be required to enroll in three (3) semester credits of NMIS 4V41 – Clinical Internship IV course in each remaining semester of enrollment.
**Part-Time Track** - The Part-Time Track is only available to individuals that have prior nuclear medicine experience (minimum of six months, full time on-the-job training) and with the approval of the NMIS Program Director and the CHP Associate Dean for Academic and Student Affairs. Students enrolled in the Part-Time Track will follow the schedule outlined below:

### NMIS - Part-time Student Schedule

#### 1st Year

**Fall Semester**

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<th>Course Number</th>
<th>Course Description</th>
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<tr>
<td>NMIS 4211</td>
<td>Intro to Nuclear Medicine</td>
<td>2</td>
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<tr>
<td>CHP 3101</td>
<td>Ethical &amp; Legal Issues for Allied Health Professionals</td>
<td>1</td>
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<tr>
<td>NMIS 4116</td>
<td>Journal Review &amp; Research Methods</td>
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<td>NMIS 4213</td>
<td>Nuclear Physics</td>
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**Spring Semester**

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<td>NMIS 4224</td>
<td>Radiation Biology</td>
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**Summer Semester**

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**Semester Total:** 9

#### 2nd Year

**Fall Semester**

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<td>NMIS 4115</td>
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**Semester Total:** 8

**Spring Semester**

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<td>Instrumentation II</td>
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<td>NMIS 4125</td>
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**Semester Total:** 10

**Summer Semester**

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<td>Clinical Internship IV</td>
<td>3</td>
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</table>

**Semester Total:** 3

* 3 semester credits are required if a part-time student is readmitted.  
**Program Total:** 39
Attendance Policy in Clinical Rotations

Rationale

Most health care facilities seek to establish a balance between employee time off (vacation, sick, holiday) and the institution’s need to maintain adequate staff to fulfill its missions of teaching and patient care. Accrued time must be used by employees in a manner that minimizes interference with normal business operations.

The concept of “occurrence of unscheduled absence” is intended to define and control the hardship which is placed on supervisors and other staff members when a scheduled worker does not, for any reason, fulfill his/her responsibility to be working as scheduled.

In preparation for future employment, students should become accustomed to the concept of occurrences and will observe the following policy regarding scheduled and unscheduled absences and tardiness.

Definitions

Scheduled absence: Time off from a clinical rotation based on a “Request for Leave Form” submitted at least 16 working hours prior to the time off requested that is approved by a student’s immediate clinical supervisor AND the UAMS NMIS clinical coordinator.

Unscheduled Absence: A failure of the student to report to his/her assigned clinical site (according to the clinical rotation schedule) or a failure to provide advance notification (16 working hours) of time missed from a scheduled clinical rotation.

Tardy: Failure of the student to be at his/her assigned clinical rotation site at the specified time.

Occurrence:

The standard for occurrences shall be two (2) occurrences within a floating 3-month period.

- One incident of “Unscheduled Absence”. All hours and days of the same “Unscheduled Absence” shall be counted as the one occurrence. An “occurrence” begins with, and ends with the student’s return to the normal clinical schedule.

- Two instances of tardiness will count as one occurrence.

A student that exceeds two (2) occurrences within a floating 3-month period will have his/her attendance problem addressed by the NMIS Clinical Coordinator using the following formal discipline process:

3rd Occurrence within a floating 3-month period – the student will receive a written warning.

4th Occurrence within a floating 3-month period – the student will receive a second written warning and further disciplinary action, up to and including being placed on academic probation.

5th Occurrence within a floating 3-month period – the student will receive further disciplinary action, up to and including receiving an “Unsatisfactory” grade for his/her current clinical course resulting in dismissal from the program.
Procedures

Students will accrue time off on an hourly basis as reward for various activities specified by individual course instructors and/or the NMIS program director. These hours will be placed in a bank that will be maintained by the clinical coordinator of the nuclear medicine program and may be drawn out to replace clinical absences throughout the academic year. The maximum number of hours that can be accumulated in the bank is forty (40).

Students must request time off from clinic in advance (16 working hours) if they are going to be absent from their assigned clinical rotation site. Acceptable reasons for taking time off include, but are not limited to, personal, medical, as well as, military leave and jury duty. Time off for military leave and/or jury duty will not be required to be made up. Requests for time off must be made using the online “Request for Leave Form” found on the Main Page of the Student Center in Blackboard. Upon receipt of a “Request for Leave Form,” the NMIS Clinical Coordinator will verify that the student has enough accrued hours to cover the requested time off. The NMIS Clinical Coordinator will fax or E-mail either the leave request approval or the reason for disapproval to the student and the student’s Clinical Supervisor.

If an emergency situation arises (i.e. illness) that prevents a student from participating in a scheduled clinical rotation, that student must contact the clinical site AND the NMIS Clinical Coordinator prior to the regularly scheduled starting time for that clinical day. The Clinical Coordinator may be contacted by e-mail or message left on answering system if desired. Failure to follow this procedure will result in a deduction of two hours from accrued time off.

Students must have enough Accrued Hour’s accumulated to cover any time off requested. Time off requested in excess of the total number of accrued hours will not be approved. Special circumstances (i.e. medical emergency, etc); however, may be considered when requesting time off in excess of accrued time. Students are required to make up all time taken off from clinic that exceeds the total number of accrued hours available.

Make-up time

Missed clinical time is made up on an hourly basis – one hour worked equals one hour made up. When working to make up time, students may not be sent home “Finished early”. Students may make up missed clinical hours by:

- Working a minimum of one (1) hour past their daily scheduled eight hours (overtime); or,
- Working days that are not part of the NMIS clinical schedule (i.e. Saturdays, etc). In order for these make-up hours to count, a student must:
  - have the date and location pre-approved by the NMIS Clinical Coordinator; and,
  - work a minimum of two (2) hours on the approved date.
**Floating day**

Each student will begin the academic year with one (1) “floating” day. The “floating” day is provided to offset clinical time lost due to unique circumstances, and, as such, cannot be used to replace time that a student has missed in their clinical rotations. The “floating” day will be used to substitute for one regularly scheduled clinical day. The “floating” day cannot be divided into smaller time increments. The time afforded by the “floating” day will not be reflected in the students’ “Accrued Hours” totals.

Examples of unique circumstances that would warrant the use of this “floating” day include:

- Good Friday (*Louisiana hospitals are closed*)
- Inclement weather day (*snow, ice, hurricanes – at the discretion of the NMIS Clinical Coordinator*)
- Columbus Day (*VA Hospitals are closed*)
- Veterans Day (*VA Hospitals are closed*)
- Camera maintenance/repair (*single camera departments*)
- No patients scheduled in department

Other unique circumstances will be evaluated on a case-by-case basis by the NMIS Clinical Coordinator.

A student that wants to schedule the use of the “floating” day must submit a “Leave Request Form” to the NMIS Clinical Coordinator. Students must follow the procedure for scheduling an absence and must check the appropriate box on the leave request form. Any clinical time missed in excess of the “floating” day due to any of the above circumstances must be replaced by accrued hours and/or make-up time.
Student Conduct:

Universal Policies

The policies and procedures as set forth for students incorporate those established at all clinical sites and in the classroom where appropriate. Where any policy is applicable to only one specific affiliate, that policy is so designated. Violations of these policies will result in an (1) oral warning followed by (2) a written warning, placing the student on disciplinary probation for a repeated offense. A third offense of the same kind may result in dismissal from the program.

All Universal Conduct Policies apply to UAMS and the NMIS clinical affiliates.

1. Students are required to wear their identification badge(s) at all times.
2. Regular and punctual attendance is required.
3. Students must follow all oral and posted clinical work assignments/schedules.
4. Students must observe safe work practices and published safety rules.
5. Students are expected to know and observe established fire and emergency procedures.
6. Students must use authorized entrances and exits to facilities.
7. Students must follow all designated smoking policies.
8. Sleeping while in the clinic or classroom is strictly forbidden.
9. Students must not report to class nor clinic under the influence or odor of intoxicating liquor or controlled substances not prescribed by a physician.
10. No firearms or weapons of any kind are allowed on the UAMS campus or any NMIS clinical affiliate’s premises.
11. Students and guests are not permitted to visit NMIS students in the clinical area.
12. Students who are not in class or participating in a scheduled clinical rotation are not permitted to be on the UAMS or NMIS clinical affiliate premises without a valid reason.
13. Students must promptly report any and all unusual incidents or accidents to the clinical supervisor.
14. Students are required to practice ALARA principles
   - Students are not permitted to eat, drink, chew gum, or apply make-up in patient care areas or in areas where radioactive materials are used, stored, or administered.
   - Students are required to wear ring and film badges while in the clinical areas.
   - Students are required to wear gloves when handling radioactive materials, blood products, or potentially infectious materials.
   - All accidental spills or radioactive contamination must be reported to the clinical supervisor immediately. If the clinical supervisor deems it necessary to contact the radiation safety officer, the NMIS clinical coordinator and program director must be notified as well.
   - All Department of Transportation (DOT) regulations will be followed for incoming and outgoing boxes.
15. Nuclear Pharmacy Policies
   - Students are required to work under the direct supervision of a pharmacist.
   - Lab coats, film badges, and ring badges will be worn at all times in the laboratory.
   - Students must follow the facility procedure for monitoring hands, feet, and clothing before exiting the lab.
   - Students are not to take orders over the phone.
   - All pricing schedules are confidential
   - Deliveries may not be made by students; however, students may accompany pharmacy personnel.
16. Students must obtain permission from their clinical supervisors when it becomes necessary to leave their assigned clinical location prior to the end of their scheduled clinic hours.
17. Personal calls using the NMIS clinical affiliates’ telephones are not permitted.
18. All personal electronic communication devices (i.e., cellular phones, pagers, etc) must be turned OFF
(not 'silent') while in class and in the clinical setting. At a student’s discretion, the NMIS office
telephone number may be provided to interested parties (i.e., child care facilities, family members, etc)
as a contact number for emergencies only. In the event of an emergency, the NMIS office must be
notified first and personnel from that office will locate and communicate the information to the student.
Students may use personal electronic communication devices if they are outside of their assigned
clinical location AND on a designated break (i.e., lunch) AND all facility rules and regulations pertaining
to the use of cell phones are followed.

19. Students are required to use UAMS e-mail accounts for all communications with the university, NMIS
faculty, and staff. Students are required to check their UAMS e-mail accounts on a daily basis.

20. Solicitation and/or distribution of printed and/or written material or the posting and/or removal of notices
and/or signs may be engaged in only as permitted by institutional and/or facility policy.

21. Inaccurate or false information must not be entered into patient records.

22. Students must accurately represent themselves and their positions to patients, visitors, students,
employees, and the general public, and must not use another student’s identification badge.

23. Students must observe the principle of mutual respect in their contacts with patients, visitors, and
employees and in their working relationships with faculty and other students.

24. Students must refrain from using language that threatens violence to another person.

25. Students must refrain from using abusive, provocative, or profane language and should avoid creating
or being party to a disturbance or physical violence.

26. Patient, student, and employee information should be discussed with authorized personnel only, and in
private.

27. Soliciting gratuities, gifts, or personal favors from vendors, patients, or visitors is strictly forbidden.
Offers of gratuities or personal gifts should be graciously declined.

28. Students must not engage in horseplay, scuffling, running, throwing objects, or immoral or indecent
behavior on the UAMS or a NMIS clinical affiliate’s premises.

29. Students must not commit any criminal act against employees, patients, visitors, or students.

30. Theft, misappropriation, or removal from UAMS or a NMIS clinical affiliate’s premises of any property
belonging to patients, visitors, students, contractors, or employees, property that has been discarded,
or sample products is strictly forbidden.

31. All facility property and equipment must be operated or used in a safe and proper manner.

32. Students should assist in keeping all University and NMIS clinical affiliate’s campus equipment,
buildings, and grounds clean, orderly, and in good condition and must avoid creating or contributing to
unsanitary or unsightly conditions.

Clinical facilities may choose to add additional policies and students will be held accountable for those
policies while in that particular setting.
Dress Codes: Clinical Rotations

DRESS CODE: SITE SPECIFIC REQUIREMENTS

All site specific dress code requirements are posted in the “Student Center” in Blackboard.

DRESS CODE: GENERAL REQUIREMENTS

Students are required to be dressed and groomed in an appropriate manner when in the clinical setting. A professional appearance will enhance the student's relationships with peers, technologists, faculty, physicians, and most importantly, the patient.

1. A lab coat must be worn when required by clinical affiliate policy.
2. When street clothes are permitted to be worn in the clinical setting, the following are unacceptable student attire:
   • Shorts, painter's pants, fatigue-like pants, warm-ups, or sweats
   • Denim jeans (any color)
   • Low cut dresses, sundresses, sheer fabrics or plunging necklines
   • T-shirts, tank tops, tube tops, and halter-tops
3. Excessive make-up, perfume, or cologne is not acceptable.
4. Fingernails are to be kept clean and maintained at a length which will not interfere with work.
5. Hair/beards must be kept neat, clean, and well groomed. Facial hair should be kept conservative and neatly trimmed.
6. No sandals or open-toed shoes are permitted.
7. Hose/socks must be worn at all times.
8. Undergarments must be worn at all times. The outline and color must not be visible outside of or through outer clothing.
9. Message pins/stickers that could conceivably affect a patient's emotional status or be considered in any way offensive to patients, visitors, or other employees are forbidden.
10. No unusual hair color is allowed (i.e., blue, pink, etc).
11. No visible jewelry permitted in any piercing other than ears.
12. No visible tattoos.

If a clinical supervisor determines that a student violates the dress code outlined above, the student will be required to comply with the supervisor's request to make appropriate changes.
Pregnancy Policy

PURPOSE

This policy concerns employees who become pregnant who, in the course of their duties, are occupationally exposed to ionizing radiation (X-rays, gamma rays, or radioactive materials).

The purpose of this policy is (1) to provide information, training, and options to employees so that they can make informed decisions in the best interest of themselves and their fetuses; and (2) to provide a mechanism whereby UAMS can manage or implement appropriate safety practices. No employee shall be discharged, transferred, or otherwise have her employment affected without her agreement solely because she is pregnant. On the other hand, employees can be required to perform the essential functions of their positions as a condition of continuing their positions.

PROCEDURE

(1) This policy shall be invoked when employees in one of the following categories become aware of their pregnancy:

(a) Any employee who receives (as demonstrated by film badge reports), or is likely to receive (as determined by the Radiation Safety Officer's (RSO) evaluation of duties) a radiation dose in excess of 50 millirems per month, averaged over a nine month period.

(b) Persons engaged in the following activities may be "at risk" as defined in (a) above:

1) Physicians who conduct radiological procedures (radiologists, nuclear medicine physicians, cardiologists, orthopedists, etc.)
2) Nurses who assist during radiological procedures or work in areas where these are performed frequently (O.R., ICU, nursery, etc.)
3) Paramedical personnel (radiology, nuclear medicine, dentistry, radiation therapy, etc.)
4) Students who are in training in any of the above areas
5) Laboratory personnel working with radioactive materials or X-ray generators

(2) Employees do not have to notify anyone of their pregnancy. However, an employee who decides to notify the hospital of her pregnancy or intended pregnancy has the following responsibilities:

(a) Notify her immediate supervisor OR the Radiation Safety Officer of her pregnancy.

(b) Assist her supervisor and the RSO in evaluating the level of risk to a fetus from her particular working conditions and in evaluation the reasonableness of modifications to her working conditions to reduce risk. She shall sign a Female Radiation Exposure Declaration Form
acknowledging that she has officially notified her supervisor of her pregnancy and knows the possible risks to her fetus from ionizing radiation exposure.
(c) Notify her supervisor of any changes in her work or any problems in her pregnancy that may relate to exposure to radiation.

(3) Employee's options:

(a) Resign from employment.

(b) Continue in employment in her current position.

(c) If the supervisor offers the employee an alternative position with less radiation risk, she may accept such position.

(d) Take a leave of absence for a period of time not exceeding the duration of the pregnancy.

(4) Supervisor's responsibilities:

(a) Contact the RSO and schedule a conference with the employee.

(b) Implement any modifications in working conditions that the supervisor deems appropriate.

(c) Establish the duration and conditions of any leave of absence or transfer to another position allowed under other provisions of this policy.

(d) Provide the employee with information furnished by the Radiation Safety Officer regarding the nature of potential radiation injury associated with in utero radiation exposure and the regulatory limits established by the National Council on Radiation Protection.

(5) Radiation Safety Officer's responsibilities:

(a) Develop information to be furnished to employees regarding the nature of potential radiation injury associated with in utero radiation exposure and the regulatory limits established by the National Council on Radiation Protection. (This information is provided on pages 4-6 of this policy.)

(b) Advise the supervisor regarding the nature, the magnitude, and appropriate preventive measures associated with the employee's exposure to ionizing radiation.

(c) Provide dosimeters and keep the supervisor and employee advised of exposure readings.
ACKNOWLEDGEMENT OF TRAINING:

DECLARATION OF PREGNANCY

I understand that UAMS is obliged by applicable law to take the position that protection of the health of the embryo/fetus is the immediate and direct responsibility of the prospective parent(s). While the medical profession and the UAMS can support the parent(s) in the exercise of this responsibility, the UAMS cannot assume it for the parent(s) without, according to the courts, simultaneously infringing upon individuals' rights. I also understand that policies which, as a rule, inhibit a woman's activities in the workplace on the basis of fetal protection concerns, are improper under the law of the United States, unless a woman voluntarily requests more protective dose limits be applied to her or in cases in which sex or pregnancy actually interferes with the employee's ability to perform the job.

I have received training from UAMS concerning the radiological hazards of employment. I have also received training regarding the effects of radiation on an embryo/fetus (such as mental retardation and birth size, childhood cancer, radiation-induced genetic effects, and the radio-sensitivity of the embryo/fetus.)

I have had opportunity to ask questions concerning all aspects of the presentation.

I understand that the National Council on Radiation Protection and Measurement has recommended a separate dose limit of 500 mrem (not to exceed 50 mrem/month) to the embryo/fetus from occupational exposure of the expectant mother for the term of the pregnancy. I understand that if I become pregnant, I have the option to formally choose to be considered a Declared Pregnant Female. If I do not formally declare my pregnancy, my radiation dose limits will continue to be the same as they were before I became pregnant (annual limit of 5000 mrem).

I understand that I may be excluded from certain jobs or tasks that would require high radiation exposure if I choose to be a Declared Pregnant Female. I understand that these declarations and lower limits, however are strictly voluntary and will be implemented by UAMS only upon request. I understand that I may change my declaration at any time by notifying my supervisor and signing a new declaration form.

Based on the above information, I believe I adequately understand the risks of radiation related to employment and the choices available to me.
CHOOSE ONE:

Initial yes for one of the classifications below; initial no for the other two classifications.

_____ yes  _____ no  Radiation Worker. Based on the above information, I want to be classified as an occupational worker with exposure limits of 5000 mrem/calendar year.

_____ yes  _____ no  Declared Pregnant Female. I currently am pregnant, and I voluntarily elect to choose the lower dose limit for the unborn child of 500 mrem for the gestation period, not to exceed 50 mrem per month.

Employee's Social Security Number: __________________________

Employee's Name: ____________________________________________ Date: __________

Please Print

Employee's Signature: ___________________________________________ Date: __________

Signature

Supervisor’s Signature: ___________________________________________ Date: __________

Signature

Estimated Date of Delivery: ___________________________
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

INFORMATION FOR FEMALE EMPLOYEES & STUDENTS

UNDER 50 YEARS OF AGE

Possible Health Risks to Children of Women Exposed to Radiation During Pregnancy:

Some recent studies have shown that the risk of leukemia and other cancers in children increases if the mother is exposed to a significant amount of radiation during pregnancy. According to a report by the National Academy of Sciences, the incidence of leukemia among children under 10 years of age in the United States could rise from 3.7 cases in 10,000 children to 5.6 cases in 10,000 children, if the children were exposed to 1,000 mrem of radiation before birth (a "mrem" is a measure of radiation). The Academy has also estimated that an equal number of scientific studies have shown a much smaller effect from radiation. The University of Arkansas for Medical Sciences wants women employees to be aware of any possible risk so that the women can take steps they think appropriate to protect their offspring.

As an employee, you may be exposed to more radiation than the general public. However, the Arkansas State Health Department has established a basic exposure limit for occupationally exposed adults of 5,000 mrem per year. No clinical evidence of harm would be expected in an adult working within these levels for a lifetime. Because the risks of undesirable effects may be greater for young people, persons under 18 years of age are permitted to be exposed to only 10 percent of the adult occupational limits. (This lower limit is also applied to members of the general public.)

The scientific organization called the National Council of Radiation Protection and Measurements (NCRP) has recommended that because unborn babies may be more sensitive to radiation than adults, their radiation dose as a result of occupational exposure of the mother should not exceed 500 mrem. Other scientific groups, including the International Commission on Radiation Protection, have also stressed the need to keep radiation doses to unborn children as low as practicable.

Thus it is the responsibility of your employer to take all practicable steps to reduce your radiation exposure. Then it is your responsibility to decide whether the exposure you are receiving is sufficiently low to protect your unborn child. The advice of your employer's health physicist or radiation protection officer should be obtained to determine whether radiation levels in your working areas are high enough that a baby could receive 500 mrem or more before birth. If so, the alternatives that you might want to consider are:

(a) If you are now pregnant or expect to be soon, you could decide not to accept or continue assignments in these areas.

(b) You could reduce your exposure, where possible, by decreasing the amount of time you spend in the radiation area, increasing your distance from the radiation source, and use shielding.

(c) If you do become pregnant, you could ask your employer to reassign you to areas involving less exposure to radiation. If this is not possible, you might consider leaving your job. If you decide to take such steps, do so without delay. The unborn child is most sensitive to radiation during the first three months of your pregnancy.

(d) You could delay having children until you are no longer working in an area where the radiation dose to your unborn baby could exceed 500 mrem.

You may also, of course, choose to:
(e) Continue working in the higher radiation areas, but with full awareness that you are doing so at some small increased risk for your unborn child.

The following facts should be noted to help you make a decision:
(1) The first three months of pregnancy are the most important, so you should make your decision quickly.

(2) At the present occupational exposure limit, the actual risk to the unborn baby is small, but experts disagree in the exact amount of risk.

(3) There is no need to be concerned about sterility or loss of your ability to bear children. The radiation dose required to produce such effects is more than 100 times larger than the dose limits for adults.

(4) Even if you work in an area where you receive only 500 mrem per three-month period, in nine months you could receive 1,500 mrem, which exceeds the full-term limit suggested by the NCRP. Therefore, if you decide to restrict your unborn baby's exposure as recommended by the NCRP, be aware that the 500 mrem limit applies to the full nine-month pregnancy.

The remainder of this document contains a brief explanation of radiation and its effects on humans. As you will see, some radiation is present everywhere, and the levels of radiation most employees of UAMS receive are not much larger than these natural levels. Because the radiation levels in the area where you will be working are required by law to be kept quite low, there is not considered to be significant health risk to individual adult employees.

**DISCUSSION OF RADIATION**

The amount of radiation a person receives is called the "dose" and is measured in "mrems." The average person in the United States gets a dose of 1,000 mrem from natural sources (other than radon) every 12 years. The dose from natural radiation is higher in some states, such as Colorado, Wyoming, and South Dakota, primarily because of cosmic radiation. In these states the average person gets 1,000 mrem every eight years.

Natural background radiation levels are also much higher in certain local areas. A dose of 1,000 mrem may be received in some areas on the beach at Quarapari, Brazil, in only about nine days, and some people in Kerala, India, get a dose of 1,000 mrem every five months.

Many people receive additional radiation for medical reasons. The annual radiation dose averaged over the U.S. population from diagnostic X-rays is 40 mrem per year. The average dose from one chest X-ray is 10-20 mrem.

Radiation can also be received from natural sources such as rock or brick structures, from consumer products such as television and glow-in-the-dark watches, and from air travel. The possible annual dose from working eight hours a day near a granite wall at the Redcap Stand in Grand Central Station, New York City, is 200 mrem, and the average annual dose in the United States from TV, consumer products, and air travel is 2.6 mrem.

Radiation, like many things, can be harmful. A large dose to the whole body (such as 600,000 mrem in one day) would probably cause death in about 30 days, but such large doses result only from rare accidents. Control of exposure to radiation is based on the assumption that any exposure, no matter how small, involves some risk. The occupational exposure limits are set so low, however, that medical evidence gathered over the past 50 years indicates no clinically observable injuries to individuals due to radiation exposures when the established radiation limits are not exceeded. Thus the risk to individuals at the occupational exposure levels is considered to be very low. However, it is impossible to say that the risk is zero. To decrease the risk still further, licensees are expected to keep actual exposures as far below the limits as practicable.

The current exposure limits for people working with radiation have been developed and carefully reviewed by nationally and internationally recognized groups of scientists. It must be remembered that these limits are for adults. Special consideration is appropriate when the person being exposed is, or may be, an expectant mother, because the exposure of an unborn child may also be involved.

**PRENATAL IRRADIATION**
The prediction that an unborn child would be more sensitive to radiation than an adult is supported by observations for relatively large doses. Large doses delivered before birth alter both physical development and behavior in experimentally exposed animals. A report of the National Academy of Sciences states that short-term doses in the
range of 10,000-20,000 mrem cause subtle changes in the nerve cells of unborn and infant rats. The report also states, however, that no radiation-induced changes in development have been demonstrated to result in experimental animals from doses up to about 1,000 mrem per day extended over a large part of the period before birth.

The National Academy of Sciences also noted that doses of 25,000-50,000 mrem to a pregnant human may cause growth disturbances in her offspring. Such doses substantially exceed, of course, the maximum permissible occupational exposure limits.
Pregnancy Policy - PET

Higher radiation exposure levels are possible in PET imaging. Therefore, additional restrictions are placed on a declared pregnant student. These restrictions include but are not limited to the following items:

1. All declared pregnant students are required to wear a second OSL badge at waist level. The purpose of this badge is to measure fetal radiation exposures.
2. Radiation levels in a PET “hot lab” and patient waiting areas (post injection of radiopharmaceutical) are higher than in the scan room. Therefore, declared pregnant students are restricted from entering these rooms.

Studies have demonstrated that the majority of occupational exposure in PET comes from working with patients after injection. The declared pregnant student should minimize the time spent with the patient post injection. They should also maximize the distance between themselves and the injected patient. Proper shielding and shielding materials used be employed when handling PET radiopharmaceuticals.
Drug Screening and Criminal Background Checks

A critical part of health professions education involves learning experiences in hospitals and other health care facilities. Use of these facilities for instruction is essential, and students must be able to complete their assigned rotations. Many hospitals and health care facilities have policies requiring drug testing and/or criminal background checks for employees, students, and volunteers. Facilities that provide instruction to College of Health Professions students may have, or may adopt in the future, drug testing and/or criminal background check policies. Some facilities provide that students who test positive for drugs, or who have certain types of information in their criminal background checks, are ineligible to work in that facility.

Because the use of these health care facilities is part of the curriculum and essential to health professions education, students should be prepared to comply with the policies and procedures at any facility where they engage in rotations or other learning experiences. Students may not request facility assignments in an effort to avoid criminal background checks or drug screening requirements. Students may not refuse to participate in educational activities at these facilities because they do not want to submit to drug testing and/or criminal background checks. Students who fail to attend assigned activities, or who are terminated from rotations in these facilities because they violate the drug testing or drug use policies of the facilities, or who are found to have objectionable information in their criminal background checks, will be unable to complete the college requirements for graduation and will be subject to dismissal from the College of Health Professions on academic grounds.

All Pre-Clinical Assignments are located in the Applicant “Student Center” in Blackboard. Students will be notified if other clinical affiliates change their requirements during the academic year.
Smoking Policy

PURPOSE
Smoking both from direct smoking as well as indirectly from inhaling the smoke from others who are smoking near-by, is a major cause of preventable disease and death. Further, individuals who smoke provide a role model that increases the likelihood that others around them will begin smoking and creates an environment that makes it more difficult for smokers around them who wish to quit to be successful in their quit attempts. The University of Arkansas for Medical Sciences (UAMS) is committed to promoting health, wellness, prevention and the treatment of diseases within the community as well as to providing a safe, clean and healthy environment for our patients, visitors, employees and students. UAMS serves as a model for our community in the area of promoting the good health of our staff and influencing public attitudes about smoking. It is, therefore, UAMS’s policy to provide a totally smoke-free work environment. UAMS is committed to providing helpful intervention strategies and treatment resources in addressing this issue and to offering programs to assist patients, students, current employees to reduce their dependence on tobacco products.

DEFINITIONS
Smoking – a lighted cigar, cigarette, pipe or other lighted smoking device carried by a person.

Employee – for the purpose of this policy, all UAMS employees while in UAMS facilities (leased or owned) or on the grounds of those facilities.

Students – for the purpose of this policy, any UAMS student attending any of the colleges on the UAMS grounds, leased or owned buildings.

PROCEDURES
1. Employees are prohibited from smoking on or in all UAMS designated buildings, owned or leased properties, UAMS owned or leased vehicles, and UAMS adjacent grounds, including parking lots and ramps.

2. Patients in the UAMS Medical Center are prohibited from smoking in accordance with the UAMS Medical Center Policy Manual Policy PS 1.09.

3. This policy applies to all persons, including employees, faculty, students, patients, visitors, contractors, subcontractors, and others in UAMS buildings and parking lots and ramps. Individuals located in buildings off-campus which are not owned by UAMS will abide by the smoking policy of the particular building in which they reside. Administrative personnel responsible for these areas may impose more restrictive policies if so desired.

4. Compliance with this non-smoking policy will be the responsibility of all administrators.
   - Lack of cooperation or repeated violations should be reported to the individual’s supervisor. The supervisor shall then attempt to resolve the problem.
   - Standard disciplinary procedures will be followed for compliance problems with employees. Violations will result in progressive disciplinary actions, including termination.
✓ In the event the smoking violation involves a potential threat to health or safety (e.g. smoking where combustible supplies, flammable liquids, gasses or oxygen are used or stored) the UAMS Police maybe called for additional support.
✓ UAMS Police shall be notified as the final resource to resolve problems arising with visitors during the enforcement of this policy.

5. Signs will be posted at each building’s entrances and displayed in prominent, visible areas thanking employees for not smoking in accordance with this policy.

6. Employees will be informed of the UAMS non-smoking policy during orientation. The Office of Human Resources will also inform employment candidates of the non-smoking policy during the application process.

7. Smoking materials will not be sold or dispensed within the UAMS campus. Employees may not smoke in their own or others’ vehicles when the vehicles are on UAMS property. NMIS students are required to follow clinical affiliates smoking policies.

Employees may not smoke in their own or others’ vehicles when the vehicles are on UAMS property.
FERPA Policy

FERPA and Distance Learning Courses
Protecting the privacy of student education records is more challenging in the distance learning environment than in the traditional classroom. Difficulties arise because distance learning courses include tools or components that may reveal students' identities to individuals who have no legitimate educational interests. Some problem areas for online courses are the sharing of student names and e-mail addresses with the instructor and other students within the course, posting of homework, and the lack of absolute privacy. Video-based and audio-based courses also raise FERPA concerns.

Directory Information
Online courses have interactive components that require students to "talk" to other students and the instructor. This interactivity is necessary for learning and is required for all online courses by the North Central Association of Colleges and Schools accrediting agency. A student's name, e-mail address, and phone number can be shared with the course instructor, the distance education support staff, and other students in the course if the student has not requested that directory information be withheld. If a student has requested that his/her name and e-mail address be withheld, the student must contact his/her Program Director for alternative accommodations.

Posting of Homework
Some instructors require students to complete assignments that are posted for viewing and comments by other students. This is a common activity in many traditional courses and is important in an online setting for prompting "discussion" and group responses. When the assignments are graded, only the student and the instructor will know the grade. Since documents posted by students are considered student records, students must complete a Distance Learning Release Form (DLRF) to participate in online courses. The release form obtains the students' consent for access to class projects and assignments by other students enrolled in the course and by individuals with legitimate educational interest. If a student is not willing to share his/her work, the student must contact his/her Program Director immediately.

Notification of Lack of Absolute Privacy
Although every effort is made to secure network communications, UAMS cannot ensure the privacy of online communications. It has been said that browsing the net or sending e-mail is much like the old party line phone systems--people can listen if they choose.

- Students using on-campus computers for Internet activities may be monitored by the UAMS staff responsible for the network and online courses.
- For courses using "chat rooms", what is "said" in them will be recorded or logged, and instructors and/or college staff will review these log files as needed. Additionally, the instructor may want to use some of the conversation in a general class posting.
- The UAMS staff responsible for the network and online courses may monitor messages posted to classroom conference area and/or sent to the campus e-mail system.

The lack of absolute privacy of online communications is described for students on the Distance Learning Release Form.
Video-based and audio-based courses
Since certain aspects of student participation in video-based and audio-based courses may constitute an educational record, students must complete the DLRF to participate in these courses as well. The release form obtains the students' consent for access to class projects and assignments by other students enrolled in the course, by individuals with legitimate educational interests, and by students who will be using the taped or recorded course materials in the future. If a student is not willing to complete the release form, the student must contact his/her Program Director immediately.
**Patient Privacy and Confidentiality**

UAMS is committed to protecting the privacy of our patients’ information. While privacy and confidentiality have always been a priority for health care providers, it has heightened importance in this era of electronic information due to the increased speed of information flow and the risks associated with protecting this information.

The standards for protecting patient health information are described in the federal law known as the Health Insurance Portability and Accountability Act (HIPAA). HIPAA limits access to medical records to authorized individuals and for specific purposes. It is not possible to summarize HIPAA here; however, you will have received HIPAA training prior to being granted access to patient information. Additional information and training on HIPAA, including UAMS HIPAA policies, are available on the HIPAA Office web page [HIPAA.uams.edu](http://HIPAA.uams.edu).

Please keep in mind that there are sanctions for inappropriate access to patient records. These include criminal penalties of up to one (1) year imprisonment and a $50,000 fine; as well as, disciplinary action up to and including dismissal from your program.

If you have any questions pertaining to HIPPA, you may direct them to the UAMS HIPAA office at 501-603-1379.
Copyright Policy

COPYRIGHT POLICY - The materials used in this course may include copyright protected materials provided for the personal educational use of the enrolled students and may not be further redistributed.

INTELLECTUAL PROPERTY POLICY - Lecture, lab and other presentations are the intellectual property of the faculty and faculty must give their written permission for their lecture, lab, and other presentations to be recorded.

Recorded lectures/labs/presentations may only be posted on websites or other locations approved by the College of Health Professions and are provided for the personal educational use of students enrolled in the course. Students are prohibited from providing or distributing any course materials in any manner – print, electronic, or any other media – or providing links to any course materials to anyone outside of their UAMS classes.

Failure to abide by this policy may result in disciplinary action including dismissal. Failure to abide by this policy may constitute a copyright infringement which may have the following legal consequences:

Summary of Civil and Criminal Penalties for Violating Federal Copyright Laws
Copyright infringement is the act of exercising, without permission or legal authority, one or more of the exclusive rights granted to the copyright owner under section 106 of the Copyright Act (Title 17 of the United States Code). These rights include the right to reproduce or distribute a copyrighted work. In the file-sharing context, downloading or uploading substantial parts of a copyrighted work without authority constitutes an infringement.

Penalties for copyright infringement include civil and criminal penalties. In general, anyone found liable for civil copyright infringement may be ordered to pay either actual damages or "statutory" damages affixed at not less than $750 and not more than $30,000 per work infringed. For "willful" infringement, a court may award up to $150,000 per work infringed. A court can, in its discretion, also assess costs and attorneys’ fees. For details, see Title 17, United States Code, Sections 504, 505.

Willful copyright infringement can also result in criminal penalties, including imprisonment of up to five years and fines of up to $250,000 per offense.

For more information, see the web site of the U.S. Copyright Office at www.copyright.gov, and especially their FAQs at www.copyright.gov/help/faq
UAMS - College of Health Professions
Distance Learning Release Form

Posting of Homework - Some instructors require students to complete assignments that are posted for other students to view and on which they may comment. This is a common activity in many traditional courses, and it is important in an online setting for prompting "discussion" and other group interaction. Documents posted by students may be considered student records as defined by the Family Educational Rights and Privacy Act (FERPA) and cannot be released without students' consent. By signing below, you are agreeing to allow access to your class projects and assignments by other students enrolled in the course and by individuals with legitimate educational interests.

Print Name

Department

Signature  Date

If you are not willing for your student records to be accessed in this way, you must contact your department chairman to arrange for alternative accommodation.

Notification of Lack of Absolute Privacy - Although every effort is made to secure network communications, UAMS cannot ensure the privacy of online communications. It has been said that browsing the net or sending e-mail is much like the party line phone systems—people can listen if they want to do so.

- Students using on-campus computers for Internet activities may be monitored by UAMS staff responsible for the network and online courses.
- For courses using "chat rooms", what is "said" in them will be recorded or logged and instructors and/or college staff will review these log files as needed. Additionally, the instructor may want to use some of the conversation in a general class posting.
- UAMS staff responsible for the network and online courses may monitor messages posted to classroom conference areas and/or sent to the campus e-mail system.

Please check one of the following as your response:

☐ Yes, I understand that there is a lack of electronic privacy when using the college's computer systems.
☐ No, I don't understand the information on electronic privacy.

Video-based and audio-based courses - Certain aspects of student participation in video-based and audio-based courses may constitute educational records. Since recordings and/or tapings of students may be considered educational records as defined by FERPA, they cannot be released without students' consent. By signing below, you are agreeing to allow access to your class projects and assignments by other students enrolled in the course, by individuals with legitimate educational interests, and by students who will be using the taped or recorded course materials in the future.

Signature  Date

If you are not willing to allow your student records to be accessed, you must contact your department chairman immediately.
FERPA POLICY FORM NO. 5

UNIVERSITY OF ARKANSAS

(Campus)

REFUSAL TO CONSENT TO DISCLOSURE OF DIRECTORY INFORMATION

TO: Registrar
DATE: _______________________________

I, the undersigned student enrolled at the University of Arkansas, direct that the University may not release the following information about me, which is classified as directory information, without my consent:

- Name
- Address
- Telephone Number
- Date and Place of birth
- Nationality
- Number of hours completed
- Dates of attendance at University
- Parents' names and address
- Name of most recent educational institution I previously attended
- Number of hours enrolled

- Religious preference
- Participation in recognized activities and sports
- Weight and height (For members of athletic teams only)
- Classification by Year
- Marital status
- Spouse's name and address
- Major field of study
- My photograph
- Scholarships, honors, degrees, and awards received

____________________________________
(Name of student)

____________________________________
(Address)

____________________________________
(Telephone number)
**Certification**

Graduates of the baccalaureate degree program in Nuclear Medicine Imaging Science are academically qualified to sit for the Nuclear Medicine Technologist Certification Board (NMTCB) and with additional requirements, the American Registry of Radiologic Technologists (ARRT-N). Students must have successfully completed all degree requirements to be eligible for the certification exams. The ARRT has additional clinical requirements that must be fulfilled in order to be eligible for the exam. Details of these requirements may be found in the Clinical Handbook.

In preparation for the national certification exam, students are required to take a final comprehensive examination at the end of the Clinical Internship III course and pass the exam with a grade of 75% or higher in order to receive a grade in the course. Students who are unsuccessful the first time will be given remedial work and may retake the exam one more time. Two failures of the exam will result in a grade of "U" for Clinical Internship III, and the student will not graduate.

Applications for either or both examinations will be distributed to students prior to the end of the spring semester. Students will not be permitted to take either examination until all requirements for graduation are complete.

**Student technologist registry review and mock examination:** In preparation for the final comps and the national certification exam, registry review sessions have been scheduled in conjunction with the following events:

- TBA, March or April 2014
  - University of Nebraska Medical Center
  - Omaha, Nebraska
- March 6-7, 2014
  - Southwest Chapter SNMMI
  - New Orleans, LA
- June 7-8, 2014
  - SNMMI Annual Meeting
  - St. Louis, MO

Students are strongly encouraged to attend one of these sessions.
Accreditation

The program offered by the University of Arkansas for Medical Sciences, College of Health Professions, Division of Nuclear Medicine Imaging Sciences is accredited by the Joint Review Committee of Educational Programs in Nuclear Medicine Technology (JRCNMT). Essentials and guidelines for Nuclear Medicine Technology programs may be found on their website at www.jrcnmt.org.

Professional Organizations

The SNMMI (formally known as the Society of Nuclear Medicine and Molecular Imaging) is the professional organization for physicians, technologists, chemists, physicists, pharmacists, and others who work in or have an interest in the use of radioisotopes for diagnostic, therapeutic, and research purposes. An affiliated organization is the Technologist Section, which specifically addresses the concerns of technologists in their chosen field.

Although the SNMMI is an international organization, there are many regional and state chapters. Arkansas belongs to the Southwestern Chapter along with Louisiana, New Mexico, Oklahoma, and Texas. Missouri and Nebraska belong to the Missouri Valley Chapter. State and chapter meetings provide an opportunity for technologists to receive continuing education credits as well as a place to meet other technologists throughout the area.

Students are encouraged to begin their careers as nuclear medicine technologists by becoming involved in their professional organizations as student affiliates. The SNMMI allows students to join in their last year of school at no cost. You will be automatically enrolled in the SNMMI after fall registration and should receive membership information from them shortly thereafter.

One of the advantages of joining as a student is the requirement of outside activities for the clinical internship courses. Completing the continuing education quizzes online as a member of the SNMMI is one way to earn credit for the activities. This is also a good way of preparing you for the eventuality of taking continuing education quizzes as part of your licensure requirements once you have graduated.
**Employment Applications**

Students should be aware that most places of employment conduct a drug screening and a criminal background check prior to employment. In addition, both certifying examination boards will require candidates to indicate whether they have been convicted of a felony or have any ethics violations pending. For more information regarding the rules and regulations of either exam board, you may visit their web site at [www.nmtcb.org](http://www.nmtcb.org) or [www.arrt.org](http://www.arrt.org).
**2013 - 2014 Important Events Schedule**

<table>
<thead>
<tr>
<th>Event</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Orientation (Little Rock)</td>
<td>12 - 16 August 2013</td>
</tr>
<tr>
<td>CHP/NMIS Registration</td>
<td>14 August 2013</td>
</tr>
<tr>
<td>Fall Orientation (At Home)</td>
<td>19 - 23 August 2013</td>
</tr>
<tr>
<td>Labor Day <em>Holiday</em></td>
<td>2 September 2013</td>
</tr>
<tr>
<td>Columbus Day (October 14, 2013)</td>
<td><strong>NOT A HOLIDAY</strong></td>
</tr>
<tr>
<td>Missouri Valley Chapter Meeting</td>
<td>4-6 October 2013</td>
</tr>
<tr>
<td></td>
<td>Omaha, NE</td>
</tr>
<tr>
<td>Veterans' Day <em>Holiday (11 Nov)</em> Observ</td>
<td>11 November 2013</td>
</tr>
<tr>
<td>Thanksgiving <em>Holiday</em></td>
<td>28 - 29 November 2013</td>
</tr>
<tr>
<td>Christmas vacation</td>
<td>16 December 2013</td>
</tr>
<tr>
<td></td>
<td>- 7 January 2014</td>
</tr>
<tr>
<td>Spring registration</td>
<td>8 January 2014</td>
</tr>
<tr>
<td>Martin Luther King <em>Holiday</em></td>
<td>20 January 2014</td>
</tr>
<tr>
<td>President's Day <em>Holiday</em></td>
<td>17 February 2014</td>
</tr>
<tr>
<td>Mardi Gras* (March 4, 2014)</td>
<td><strong>NOT A HOLIDAY</strong></td>
</tr>
<tr>
<td>University of Nebraska Medical Center</td>
<td>TBA - March, 2014</td>
</tr>
<tr>
<td>Omaha, Nebraska – Registry Review</td>
<td></td>
</tr>
<tr>
<td>Southwest Chapter Meeting</td>
<td>7 - 9 March 2014</td>
</tr>
<tr>
<td>New Orleans, LA - Registry Review</td>
<td>6 - 7 March 2014</td>
</tr>
<tr>
<td>Spring break</td>
<td>24 - 28 March 2014</td>
</tr>
<tr>
<td>CHP Graduation Luncheon</td>
<td>16 May 2014</td>
</tr>
<tr>
<td>NMIS Graduation Picnic</td>
<td>16 May 2014</td>
</tr>
<tr>
<td>Commencement <em>(UAMS)</em></td>
<td>17 May 2014</td>
</tr>
<tr>
<td>Summer vacation</td>
<td>12 - 23 May 2014</td>
</tr>
<tr>
<td>Memorial Day <em>Holiday</em></td>
<td>26 May 2014</td>
</tr>
<tr>
<td>Summer Registration</td>
<td>27 May 2014</td>
</tr>
<tr>
<td>SNMMI Annual Meeting</td>
<td>7 - 11 June 2014</td>
</tr>
<tr>
<td>St. Louis, MO - Registry Review</td>
<td>7 - 8 June 2014</td>
</tr>
<tr>
<td>Fourth of July <em>Holiday</em></td>
<td>4 July 2014</td>
</tr>
<tr>
<td>Final Comp exam</td>
<td>4 Aug 2014</td>
</tr>
</tbody>
</table>

*If your clinical site is closed on Good Friday, or Mardi Gras, you will need to use pig hours or use your floating day. Please plan ahead.
# 2013 - 2014 Academic Events Schedule

## FALL 2013 SCHEDULE

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 – 16 August</td>
<td>Orientation in Little Rock</td>
</tr>
<tr>
<td>19 – 23 August</td>
<td>Orientation at Home</td>
</tr>
<tr>
<td>26 August</td>
<td>Block 1 Starts</td>
</tr>
<tr>
<td>27 August</td>
<td>Fall Clinical rotations start</td>
</tr>
<tr>
<td>25 September</td>
<td>Block 1 Ends - Exam</td>
</tr>
<tr>
<td>30 September</td>
<td>Block 2 Starts</td>
</tr>
<tr>
<td>30 October</td>
<td>Block 2 Ends - Exam</td>
</tr>
<tr>
<td>4 November</td>
<td>Block 3 Starts</td>
</tr>
<tr>
<td>25 September</td>
<td>Block 1 Ends - Exam</td>
</tr>
<tr>
<td>30 September</td>
<td>Block 2 Starts</td>
</tr>
<tr>
<td>4 November</td>
<td>Block 3 Starts</td>
</tr>
<tr>
<td>27 November</td>
<td>Fall Clinical rotations end</td>
</tr>
<tr>
<td>4 December</td>
<td>Block 3 Ends - Exam</td>
</tr>
<tr>
<td>9 - 13 December</td>
<td>Finals week/Make-up time</td>
</tr>
<tr>
<td>13 December</td>
<td>Last day of semester</td>
</tr>
</tbody>
</table>

## SPRING 2014 SCHEDULE

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 January</td>
<td>Spring Registration</td>
</tr>
<tr>
<td>9 January</td>
<td>Spring Clinical rotations start</td>
</tr>
<tr>
<td>13 January</td>
<td>Block 4 Starts</td>
</tr>
<tr>
<td>12 February</td>
<td>Block 4 Ends – Exam</td>
</tr>
<tr>
<td>18 February</td>
<td>Block 5 Starts</td>
</tr>
<tr>
<td>19 March</td>
<td>Block 5 Ends – Exam</td>
</tr>
<tr>
<td>24 – 28 March</td>
<td>Spring Break</td>
</tr>
<tr>
<td>31 March</td>
<td>Block 6 Starts</td>
</tr>
<tr>
<td>25 April</td>
<td>Spring Clinical rotations end</td>
</tr>
<tr>
<td>30 April</td>
<td>Block 6 Ends - Exam</td>
</tr>
<tr>
<td>5 - 9 May</td>
<td>Finals week/Make-up time</td>
</tr>
<tr>
<td>16 May</td>
<td>Last day of semester</td>
</tr>
<tr>
<td>17 May</td>
<td>UAMS Commencement</td>
</tr>
</tbody>
</table>

## SUMMER 2014 SCHEDULE

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 May</td>
<td>Summer registration</td>
</tr>
<tr>
<td>27 May</td>
<td>Summer Clinical rotations start</td>
</tr>
<tr>
<td>TBD June</td>
<td>Fall Competency Exam</td>
</tr>
<tr>
<td>TBD July</td>
<td>Spring Competency Exam</td>
</tr>
<tr>
<td>1 August</td>
<td>Summer Clinical rotations end</td>
</tr>
<tr>
<td>4 August</td>
<td>Comprehensive Final Exam</td>
</tr>
<tr>
<td>5-15 August</td>
<td>Make-up time</td>
</tr>
<tr>
<td>15 August</td>
<td>Last day of semester</td>
</tr>
</tbody>
</table>
PERSONNEL

Program Faculty and Staff

Program location and address
Nuclear Medicine Imaging Science
Mailing address: 4301 W. Markham #714
Little Rock, AR 72205

Physical location:
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NMIS Administrative Support Staff
Tammy Brooks
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Medical Director
TBD
Instructional Faculty

Home phone numbers are for **EMERGENCY** use only.

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Steven Bujenovic, M.D. (225) 765-8033

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Christine Lejeune, Pharmacist (225) 752-2727

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David Hoff, M.D. MC (225) 381-6180

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Sara Smith, CNMT (225)767-1151
Lance LaMolte, M.D.

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Genie Jogler, M.D. (214) 456-2815

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Rudolph Miller, M.D. (214) 420-1069

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Dana Mathews, M.D.

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Terrill Clayton
Anna Mello, M.D. (214) 857-0129

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Herbert Hamilton, M.D.

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Shawnda Krupucki, CNMT
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Arkansas Heart Group
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Gia Picou, CNMT (501) 257-6100
Kathy Thomas, M.D
St. Vincent Infirmary Medical Center
Margie Howell, CNMT (501) 660-2192
John Meador, M.D.
University of Arkansas for Medical Sciences
Isaac Filat, CNMT (501) 686-6661
James McDonald, M.D
Springfield
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Cox Medical Systems South
   Justin Dullum, CNMT (417) 269-4088
   William Sharp, M.D.
Martin Center
   Tom Bieker, CNMT (417) 269-1227
   Josh Ljunggren, CNMT
Mercy - Smith-Glynn-Calloway Clinic
   Paul Berry, CNMT (417) 888-5665
   Stephen Long, M.D. 417) 885-2865
Mercy - Health Center – Springfield
   Rena Nickerson, CNMT (417) 820-2865
   Stephen Long, M.D.

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   Wayne East, CNMT (903) 614-2958
   Alan Jean, M.D.
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   Angie Andrews, CNMT 903) 838-5500
   James Hurley, M.D.
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   James Pate, CNMT (903) 798-7238
   Randy Brown, M.D.
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   David Boudreaux, BCNP (903) 792-7435
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   Andee Couch, CNMT (903) 794-1994
   Donald Trippe, M.D.

Tulsa
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St. Francis Hospital
   Clint Acuff, CNMT (918) 494-2774
   Tate Allen, M.D.
St. Johns Health System – Tulsa
   Robbie Moeller, CNMT (918) 744-3208
   John Geyer, CNMT (918) 744-3208
   Richard Laughlin, M.D.

Tyler
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   Jevin Bryce-Coates, CNMT (903) 535-6350
   S.K. Armstrong, M.D.
NuTech Pharmacy
   James Burden, BCNP (903) 592-8115
   David Burden
PET – Tyler
   Paul Oster, CNMT / Jevin Bryce-Coates CNMT (903) 535-6350
   S.K. Armstrong, M.D.
CPR Requirements

All students are to be certified in cardiopulmonary resuscitation (American Heart Association) by the registration date in Fall 2013. Proof of certification must be presented at orientation. In extenuating circumstances, the deadline may be extended to September 30 after which time the student will be suspended from the clinical portion of the program.

Currently certified students must have a card that does not expire before 17 August 2014.
Student Honors

1. *Dean’s List:* Those students who make a GPA of 3.7 or better are eligible for nomination to the Dean’s List each semester.

2. *Chancellor’s List:* Those students who make a GPA of 4.0 or better are eligible for nomination to the Chancellor’s List each semester.

3. *Graduation with honors:* The UAMS campus will bestow honors at graduation to those students who have at least a 3.5 cumulative GPA. Students with a 3.7 cumulative average are awarded high honors.

4. *The Greater Gift Award:* This honor goes to the student who most consistently demonstrated compassion and empathy to patients and others on the health care team and demonstrates the best clinical skills.

5. *Faculty Gold Key:* This honor is considered to be among the most prestigious of those offered within the College and at UAMS. The Faculty Gold Key is awarded to the outstanding student at the discretion of each department. To be eligible for the award, students must have a cumulative GPA of at least a 3.0. The award is selected by all classroom and clinical faculty.
Clinical Instructors Honors

Clinical Educator Award

The Clinical Educator of the Year is an award in recognition of the contribution by the technologists and pharmacists to the education of nuclear medicine technology students.

All technologists or pharmacists who teach in the clinical portion of the program are eligible for this award. There will be one winner/clinical site. The recipient of the award will be selected by the students.

Physician of the Year

The Physician of the Year is an award in recognition of the contribution by the physicians to the education of nuclear medicine technology students.

All physicians who teach in the clinical portion of the program are eligible for this award. There will be one winner/clinical site. The recipient of the award will be selected by the students.
Class Officers

Officers for the 2013-2014 academic year will be selected on Saturday, 17 August. The offices to be filled are as follows:

♦ President: one for entire class; will also serve as Grievance Panel Representative

♦ Group leader: one for each site. The one from Little Rock will be the Student Council and ASG representative