

**MARYLAND BOARD OF PHYSICIANS**  
**Allied Health Division**  
**P.O Box 2571**  
**Baltimore, MD 21215**  
**410-764-4777; 1-800-492-6836**  
**www.mbp.state.md.us**

**APPLICATION FOR APPROVAL OF A NUCLEAR MEDICINE TECHNOLOGIST TO  
OPERATE A CT/NUCLEAR MEDICINE DEVICE FOR A DIAGNOSTIC CT OR NON-  
DIAGNOSTIC ATTENUATION CORRECTION WITH OR WITHOUT INTRAVENOUS  
CONTRAST**

**This application is for nuclear medicine technologists who want to operate a CT/Nuclear Medicine Device for a diagnostic CT or non-diagnostic CT with or without intravenous contrast.**

**Requirements:**

1. Current Maryland licensure as a nuclear medicine technologist (NMT);
2. Valid certification in computed tomography (CT) from the American Registry for Radiologic Technology (ARRT);
3. Documentation of having performed at least 20 contrasted CT exams which have been observed by \*qualified CT technologist and/or physician.\* The NMT must use the attached *Verification of Contrast CT Procedures form to document the performance of the contrasted CT exams. (The qualified CT technologist and/or the physician must verify that the NMT performed the intravenous contrast.)*
4. Signed and dated *Attestation of Completion of CT Contrast Procedures.*

Note: The procedures performed to satisfy the requirement for ARRT certification in CT may also be used to satisfy Board requirements. The procedures must be documented on the attached required form.

**Approval:**

If the nuclear medicine technologist meets the criteria, Board staff will issue an approval letter. An NMT may not perform diagnostic CT on a CT/Nuclear Medicine Device without an approval letter from the Board.

**Contrast Administration:**

Approval permits administration of contrast media only after consultation with, and under the supervision of a physician who is immediately and physically available.

**Operation of a Free-standing CT:**

Approval does not permit a Nuclear Medicine Technologist to operate a free-standing CT.

**Mailing Instructions:**

Applications should be mailed to the Board using the address on the top of the application.

**Important:**

Retain a copy of the documentation you submitted to the Board for your personal record.

**Glossary:\***

**“Qualified CT Technologist”** means a medical radiation technologist (MRT) who has been certified by the ARRT in CT or has at least five years experience working on a CT.

**“Physician”** means a radiologist or a physician who is proficient in operating a CT and administering IV contrast media.

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**VERIFICATION OF CONTRASTED CT PROCEDURES**

**Instructions:** Complete each section of this form. In the presence of a qualified CT technologist, the NMT must perform at least **20** successful intravenous (IV) contrast injections. This must include the drawing of contrast, preparing the power injector (clearing lines), and administration of IV contrast directly by the NMT. The CT technologist and/or physician must initial each observed procedure and then sign the form attesting that he/she observed the NMT performing the CT contrasted procedures.

Name of NMT: \_\_\_\_\_

Maryland License Number: \_\_\_\_\_

CT Intravenous Contrast Injections Procedure Number	Date/time Performed	Facility Name	Patient Identifier	Verified by: (initials)	Maryland License #



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**ATTESTATION OF COMPLETION  
OF CT PROCEDURES WITH INTRAVENOUS CONTRAST ON A CT/NUCLEAR DEVICE BY A  
NUCLEAR MEDICINE TECHNOLOGIST**

The following attestations must be signed and dated by the NMT, qualified CT technologist and the Medical Director of the Imaging Department to verify completion of at least 20 contrasted CT procedures.

**Nuclear Medicine Technologist:** I attest that I successfully have completed at least 20 contrasted CT exams.

\_\_\_\_\_  
Nuclear Medicine Technologist's Signature/License#

\_\_\_\_\_  
Date

**CT Technologist:** I attest that \_\_\_\_\_ performed at least 20 contrasted CT exams  
Name of NMT  
in my presence.

I also attest that: (Check one)

\_\_\_\_\_ I have at least five years experience operating a CT; or

\_\_\_\_\_ I am certified by the ARRT in CT. My ARRT number is \_\_\_\_\_.

\_\_\_\_\_  
Supervising R.T.(R)'s Name in Print/License #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising R.T.(R)'s Signature

**Medical Director:** I have reviewed the *Verification of Contrast CT Procedures form* for completeness.

\_\_\_\_\_  
Medical Director's Name in Print/ License #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director's Signature

We also attest that the information given in this record is true and correct, and that we have read and understand the Statute and Regulations which govern Radiation Therapy, Radiography, and Nuclear Medicine Technology in the State of Maryland - Health Occupations Article Section 14-5B, et. seq and COMAR 10.32.10. We also understand that any false information provided as a part of this record may be cause for disciplinary action.

\_\_\_\_\_  
NMT's Signature

\_\_\_\_\_  
CT 's Signature

\_\_\_\_\_  
Medical Director's Signature