Licensure and Certification for Technologists and Sonographers

PURPOSE:
1. Assure that staff meets requirements for licensure and certification established by JCAHO, State and Federal Law, the Bylaws, Rules & Regulations of the University of Iowa Hospitals and Clinics, and University Hospitals Professional/Scientific classification descriptions and other regulations determined appropriate to a tertiary health care center.
2. Establish clearly defined process to assure documentation is submitted, verified and recorded before the certification or licensure expires.

DEFINITION:
Minimum licensure & certification requirements for technologists and sonographers in Diagnostic Radiology are as follows:

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<thead>
<tr>
<th></th>
<th>MRI</th>
<th>CT</th>
<th>DX</th>
<th>IR</th>
<th>US</th>
<th>NM</th>
<th>PET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa Permit to Practice</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>ARRT or NMTCB</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>ARDMS</td>
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Optional licensure & certification requirements for Nuclear Medicine and PET are as follows:

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<tr>
<th></th>
<th>NM</th>
<th>PET</th>
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</thead>
<tbody>
<tr>
<td>NMTCB – PET</td>
<td>X</td>
<td></td>
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<tr>
<td>NMTCB – Cardiac</td>
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</tr>
</tbody>
</table>

POLICY:
1. The Department of Radiology is directly responsible for assuring that all staff members meet registration/certification/permit requirements.
2. Individuals appointed to positions requiring registration, certification, permit will begin employment only after verification of current registration, certification, permit, or eligibility for the same.
3. Individuals beginning employment as eligible must obtain applicable registration, certification, permit within one year of employment.
4. The Department of Radiology is responsible for reporting current registration/certification/permit information to the office of Staff Relations and Development at the University of Iowa Hospitals and Clinics.

5. Documentation for current licensure/certification must be submitted and primary source verification completed and entered into the ERMA system before it expires.

6. Documentation submitted from staff must be the original document received from the issuing agency and must include an ID number. Because most websites no longer include the individual’s ID number, a printed page from the website is not acceptable.

7. Copies of the Iowa Permit to Practice are not acceptable. Faxed copies of the license from Iowa Permit to Practice are not acceptable unless reviewed by the Radiology HR director for unusual circumstances. Late submittal of application for the Iowa Permit to Practice is not considered an unusual circumstance.

8. In order to assure there is adequate time to complete primary source verification and enter into the HR system, documentation must be submitted by the 20th of every month (or the business day closest to the 20th) in which the license/certification will expire.

9. The issuing agency may request an audit of continuing education record. This can delay receipt of documentation by several weeks. Staff must apply early enough to allow this process to be completed before the expiration date of their current licensure or certification.

10. Staff without current required licensure/certification cannot continue to work and will be removed from the schedule and time will be recorded as absent without pay.

11. When current required licensure/certification is obtained, staff can be returned from leave and appropriate level of discipline implemented.

12. Optional certification must be submitted with the same guidelines and timeliness defined in this policy.

13. If staff are no longer maintaining an optional certification, Radiology HR must be notified so the employee’s record can be updated.

PROCEDURE FOR SUBMISSION OF DOCUMENTATION:

1. For ARRT & ARDMS, staff must submit to their supervisor the original card received from the issuing agency. For Iowa Permit to Practice, if the license is mailed directly to staff, they must provide the original Iowa Permit to Practice license.

2. For ARRT and ARDMS, the supervisor will copy the documentation, initial and date the copy. The original documentation will be returned to the employee.

3. For Iowa Permit to Practice, the supervisor will submit the original license to the Technical Director’s office.

4. The supervisor will bring all documentation to the Technical Director’s office and place in the inbox reserved for Licensure and Certification. Documentation will not be sent in campus mail.

5. The original Iowa Permit to Practice license and a copy of the ARRT or ARDMS card will be placed in the employee’s file in the Technical Director’s office.

6. Copies of the documentation received in the Technical Director’s office will be given to Radiology HR to complete primary source verification and enter into the HR system. These copies will be placed in the staff personnel file.

7. On the 22nd of every month (or the business day closest to the 22nd), Radiology HR will run a compliance report for licenses and certification that expire at the end of the month.
Staff and their supervisors will receive email notification of the impending noncompliance.

8. On the last business day of the month, all staff who are noncompliant will receive email notification that they will be removed from the schedule on the 1st of the following month. Supervisors will also receive this notification. Anytime missed due to noncompliance will be without pay as the employee does not meet the minimum requirements to perform their duties.

9. Once a month, the Technical Director’s office will create a list of staff that includes type of certification, ID number and expiration date. This will be posted by the main Radiology reception desk.