

Chapter 246-926 WAC

RADIOLOGIC IMAGING PROFESSIONALS

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WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 246-926-040 Health care institutions. [Statutory Authority: RCW 18.84.040 and 18.130.070. WSR 92-05-010 (Order 237), § 246-926-040, filed 2/7/92, effective 2/19/92.
- Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-183-030, filed 6/30/89.] Repealed by WSR 24-02-007,

filed 12/20/23, effective 1/20/24. Statutory

Authority: RCW 18.84.040 and 43.70.040.

246-926-050 Radiological technologist associations or societies. [Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-183-040, filed 6/30/89.] Repealed by WSR 24-02-007, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040 and 43.70.040.

246-926-060 Professional liability carriers. [Statutory Authority: RCW 18.84.040 and 18.130.070. WSR 92-05-010 (Order 237), § 246-926-060, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-183-050, filed 6/30/89.]

Repealed by WSR 24-02-007, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040 and 43.70.040.

246-926-070 Courts. [Statutory Authority: RCW 18.84.040 and 18.130.070. WSR 92-05-010 (Order 237), § 246-926-070, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-183-060, filed 6/30/89.] Repealed by WSR 24-02-007, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040 and 43.70.040.

246-926-080 State and federal agencies. [Statutory Authority: RCW 18.84.040 and 18.130.070. WSR 92-05-010 (Order 237), § 246-926-080, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-080,

filed 12/27/90, effective 1/31/91. Statutory

Authority: RCW 18.130.070. WSR 89-14-092 (Order PM

842), § 308-183-070, filed 6/30/89.] Repealed by WSR

24-02-007, filed 12/20/23, effective 1/20/24.

Statutory Authority: RCW 18.84.040 and 43.70.040.

246-926-090 Cooperation with investigation. [Statutory

Authority: RCW 18.84.040 and 18.130.070. WSR 92-05-

010 (Order 237), § 246-926-090, filed 2/7/92,

effective 2/19/92. Statutory Authority: RCW

43.70.040. WSR 91-02-049 (Order 121), recodified as

§ 246-926-090, filed 12/27/90, effective 1/31/91.

Statutory Authority: RCW 18.130.070. WSR 89-14-092

(Order PM 842), § 308-183-080, filed 6/30/89.]

Repealed by WSR 24-02-007, filed 12/20/23, effective

1/20/24. Statutory Authority: RCW 18.84.040 and

43.70.040.

246-926-140 Approved schools for diagnostic, therapeutic, or

nuclear medicine radiologic technologists.

[Statutory Authority: RCW 18.84.080(3), 18.84.090, and 43.70.280. WSR 17-18-100, § 246-926-140, filed 9/6/17, effective 10/7/17. Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-140, filed 4/27/10, effective 5/28/10; WSR 06-01-104, § 246-926-140, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-130, filed 12/9/88.] Repealed by WSR 24-02-007, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040 and 43.70.040.

246-926-145 Military equivalency. [Statutory Authority: RCW 18.84.080(3), 18.84.090, and 43.70.280. WSR 17-18-100, § 246-926-145, filed 9/6/17, effective 10/7/17.] Repealed by WSR 24-02-007, filed 12/20/23,

effective 1/20/24. Statutory Authority: RCW

18.84.040 and 43.70.040.

246-926-160 Renewals. [Statutory Authority: RCW 18.84.040 and 18.84.110. WSR 92-05-010 (Order 237), § 246-926-160, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-150, filed 12/9/88.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-926-170 Expired license. [Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-926-170, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.84.040 and 18.84.110. WSR 92-05-010 (Order 237), § 246-926-170, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049

(Order 121), recodified as § 246-926-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-160, filed 12/9/88.] Repealed by WSR 24-02-007, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040 and 43.70.040.


246-926-190 State examination/examination waiver/examination application deadline for diagnostic, therapeutic, or nuclear medicine radiologic technologists.

[Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-190, filed 4/27/10, effective 5/28/10; WSR 06-01-104, § 246-926-190, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.84.040 and 18.84.080. WSR 92-05-010 (Order 237), § 246-926-190, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW

18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-190, filed 12/9/88.] Repealed by WSR 24-02-007, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040 and 43.70.040.

246-926-200 AIDS prevention and information education requirements. [Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-926-200, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.84.040 and 70.24.270. WSR 92-05-010 (Order 237), § 246-926-200, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. WSR 88-22-077 (Order PM 786), § 308-183-200, filed 11/2/88.] Repealed by WSR 21-02-002, filed 12/23/20, effective 1/23/21. Statutory Authority: RCW 18.19.050, 18.29.130, 18.29.210, 18.34.120, 18.46.060, 18.55.095, 18.84.040,

18.88B.060, 18.89.050, 18.130.050, 18.138.070,
18.155.040, 18.200.050, 18.205.060, 18.215.040,
18.230.040, 18.240.050, 18.250.020, 18.290.020,
18.360.030, 18.360.070, 70.41.030, 70.230.020,
71.12.670, and 18.108.085.


WAC 246-926-020 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "ARMRIT" means the American Registry of Magnetic Resonance Imaging Technologists.


(2) "ARRT" means the American Registry of Radiologic Technologists.

(3) "Cardiovascular invasive specialist" means a person certified under chapter 18.84 RCW to assist in cardiac or vascular catheterization procedures.

(4) "Computed tomography" or "CT" means technology that uses computer-processed X-rays to produce tomographic images or virtual slices of specific areas of the patient's body or scanned object.

(5) "Department" means the department of health.

(6) "Direct supervision" means the appropriate licensed practitioner is on the premises and is quickly and easily available.

(a) For a diagnostic radiologic, therapeutic radiologic, magnetic resonance imaging, or nuclear medicine technologist, the appropriate licensed practitioner is a physician licensed  under chapter 18.71 or 18.57 RCW.

(b) For a radiologist assistant, the appropriate licensed practitioner is a radiologist.

(7) "General supervision" for a radiologist assistant means the procedure is furnished under the supervising radiologist's overall direction and control. The supervising radiologist must be on-call or be available for consultation.

(8) "Indirect supervision" means the supervising physician is on site no less than half-time.

(9) "Licensed practitioner" means a licensed health care practitioner performing the services within the person's authorized scope of practice.

(10) "Magnetic resonance imaging technologist" or "MRI technologist" means a person under chapter 18.84 RCW who uses a nonionizing radiation process on a human being by which certain nuclei, when placed in a magnetic field, absorb and release energy in the form of radio waves that are analyzed by a computer thereby producing an image of human anatomy and physiological information at the direction of a licensed practitioner, this includes parenteral procedures related to radiologic technology when performed under the direct supervision of a physician licensed under chapter 18.71 or 18.57 RCW.

(11) "NMTCB" means the nuclear medicine technology certification board.

(12) "Peripherally inserted central catheter" or "PICC line" means a form of intravenous access for administration of substances.

(13) "Personal supervision" means the supervising physician must be in the room during the performance of the procedure.

(a) For a cardiovascular invasive specialist, the supervising physician is a physician licensed under chapter 18.71 or 18.57 RCW.

(b) For a radiologist assistant, the supervising physician is a radiologist.

(14) "Radiologic technologist" means a person certified under chapter **18.84** RCW.

(15) "Radiologist" means a licensed physician licensed under chapter **18.71** or **18.57** RCW and certified by the American Board of Radiology or the American Osteopathic Board of Radiology.

(16) "Radiologist assistant" means an advanced-level diagnostic radiologic technologist certified under chapter **18.84** RCW.

(17) "Registered X-ray technician" means a person who is registered with the department, and who applies ionizing radiation at the direction of a licensed practitioner.

(18) "Secretary" means the secretary of the department of health.

(19) "Venipuncture" means a procedure to puncture a vein to withdraw blood or to start intravenous infusion related to radiologic technology but does not include the insertion of PICC lines.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-020, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040 and 43.70.250. WSR 12-10-094, § 246-926-020, filed 5/2/12, effective 5/3/12. Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-020, filed 4/27/10, effective 5/28/10; WSR 06-01-104, § 246-926-020, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.84.040 and 18.130.070. WSR 92-05-010 (Order 237), § 246-926-020, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-183-010, filed 6/30/89.]

WAC 246-926-030 Mandatory reporting. Any person including, but not limited to, a cardiovascular invasive specialist, radiologic technologist, radiologist assistant, X-ray technician, health care facility, or governmental agency must report to the department in compliance with the uniform mandatory reporting requirements in WAC 246-16-200 through 246-16-270.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-030, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040 and 18.130.070. WSR 92-05-010 (Order

237), § 246-926-030, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-183-020, filed 6/30/89.]

WAC 246-926-095 Diagnostic radiologic, therapeutic radiologic, magnetic resonance imaging, and nuclear medicine technologists—Certification. (1) To obtain certification as a diagnostic radiologic technologist, an applicant must submit:

(a) A completed application on forms provided by the secretary;

(b) Proof of successfully passing an examination in radiography listed in WAC 246-926-135;

(c) Proof of completed education in one of the following:

(i) A course of instruction from a school that has received accreditation by the Joint Review Committee on Education in Radiologic Technology or the former American Medical Association Committee on Allied Health Education and Accreditation;

(ii) Military education, training, and experience listed in WAC 246-926-155; or

(iii) Alternative training listed in WAC 246-926-100 and 246-926-110;

(d) Written verification of any licenses held, submitted directly from that licensing entity;

(e) Applicable fees defined in WAC 246-926-990; and


(f) Any other information determined by the secretary.

(2) To obtain certification as a therapeutic radiologic technologist, an applicant must submit:

(a) A completed application on forms provided by the secretary;

(b) Proof of successfully passing an examination in radiation therapy technology listed in WAC 246-926-135;

(c) Proof of completed education in one of the following:

(i) A course of instruction from a school that has received accreditation by the  Joint Review Committee on Education in Radiologic Technology or the former American Medical Association Committee on Allied Health Education and Accreditation;

(ii) Military education, training, and experience listed in WAC 246-926-155; or

(iii) Alternative training listed in WAC 246-926-100 and 246-926-120;

(d) Written verification of any licenses held, submitted directly from that licensing entity;

(e) Applicable fees defined in WAC 246-926-990; and

(f) Any other information determined by the secretary.

(3) To obtain certification as a nuclear medicine technologist, an applicant must submit:

(a) A completed application on forms provided by the secretary;

(b) Proof of successfully passing an examination in nuclear medicine listed in WAC 246-926-135 or by the NMTCB;

(c) Proof of completed education in one of the following:

(i) A course of instruction from a school that has received accreditation by the Joint Review Committee for Educational Programs in Nuclear Medicine Technology or the former American Medical Association Committee on Allied Health Education and Accreditation; or

(ii) Military education, training, and experience listed in WAC 246-926-155; or

(iii) Alternative training listed in WAC 246-926-100 and 246-926-130;

(d) Written verification of any licenses held, submitted directly from that licensing entity;

(e) Applicable fees defined in WAC 246-926-990; and

(f) Any other information determined by the secretary.

(4) To obtain certification as a magnetic resonance imaging technologist, an applicant must submit:

(a) A completed application on forms provided by the secretary;

(b) Proof of successfully passing an examination in magnetic resonance imaging technology by either the AMRIT or the ARRT;

(c) Written verification of any licenses held, submitted directly from applicable licensing entity(ies);

(d) Applicable fees defined in WAC 246-926-990; and


(e) Any other information determined by the secretary.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-095, filed 12/20/23, effective 1/20/24.]

WAC 246-926-100 Alternative training—Definitions, supervision requirements. (1) For the purposes of certifying

diagnostic radiologic, therapeutic radiologic, and nuclear medicine technologists by alternative training methods the following definitions apply:

(a) "Allied health care profession" means an occupation for which programs are accredited by the Joint Review Committee on Education in Radiologic Technology, the Joint Review Committee for Educational Programs in Nuclear Medicine Technology or the former American Medical Association Committee on Allied Health Education and Accreditation;

(b) "Formal education" means education obtained from postsecondary vocational/technical schools and institutions, community or junior colleges, and senior colleges and universities accredited by regional accrediting associations or by other recognized accrediting agencies or programs approved by the Joint Review Committee on Education in Radiologic Technology, the Joint Review Committee for Educational Programs in  Nuclear Medicine Technology or the former American Medical Association Committee on Allied Health Education and Accreditation.

(c) "One contact hour" is considered to be 50 minutes lecture time or 100 minutes laboratory time;

(d) "One clinical year" is considered to be 1,900 contact hours;

(e) "One quarter credit hour" equals 11 contact hours; and

(f) "One semester credit hour" equals 16 contact hours.

(2) Clinical practice experience shall be supervised and verified by the approved clinical evaluators who must be:

(a) A radiologic technologist who provides direct supervision and is certified by the department in the specialty area for which the individual in the alternative training program is requesting certification; and

(b) A physician who provides indirect supervision. The physician supervisor shall routinely critique the films and evaluate the quality of the trainees' work.

(3) The physician who is providing indirect supervision may also provide direct supervision, when a certified nuclear medicine technologist is not available, for individuals requesting to become certified as a nuclear medicine technologist.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-100, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040. WSR 06-01-103, § 246-926-100, filed 12/21/05, effective 1/21/06; WSR 03-10-100, § 246-926-100, filed 5/7/03, effective 6/7/03. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-090, filed 12/9/88.]

WAC 246-926-110 Diagnostic radiologic technologist—

Alternative training. (1) Alternative training for a diagnostic radiologic technologist may be obtained with the following:

(a)(i) A high school diploma or GED equivalent;

(ii) Three clinical years supervised practice experience in radiography as provided in subsection (2) of this section; and

(iii) Completed course content as provided in subsection (3) of this section; or

(b)(i) An associate or higher degree in an allied health care profession; and

(ii) Two clinical years supervised practice experience in radiography as provided in subsection (2) of this section; and

(iii) Completed course content as provided in subsection (3) of this section; or

(c)(i) Meet the requirements of this chapter for certification as a therapeutic radiologic technologist or nuclear medicine technologist; and

(ii) Two clinical years supervised practice experience in radiography as provided in subsection (2) of this section; and

(iii) Completed course content as provided in subsection (3) of this section.

(2) Verified supervised clinical practice experience must include the following:

- (a) Introduction to radiography;
- (b) Medical ethics and law;
- (c) Medical terminology;
- (d) Methods of patient care;
- (e) Radiographic procedures;
- (f) Radiographic film processing;
- (g) Evaluation of radiographs;
- (h) Radiographic pathology;
- (i) Introduction to quality assurance; and

(j) Introduction to computer literacy.

(3) Verified formal education must include the following:

(a) Human anatomy and physiology - 100 contact hours;

(b) Principles of radiographic exposure - 45 contact hours;

(c) Imaging equipment - 40 contact hours;

(d) Radiation physics, principles of radiation protection, and principles of radiation biology - 40 contact hours; and

(e) Sectional anatomy - 33 contact hours.

(4) Individuals participating in the diagnostic radiologic technologist alternative training program must annually report to the department the progress of their supervised clinical hours. Notification must be made in writing and must include the street and mailing address of their training program and the names of the individual's direct and indirect supervisors.

(5) Individuals educated or credentialed to practice as a diagnostic radiologic technologist in another country must provide official documentation of their education and training proving that they meet or exceed alternative training requirements.

(6) To meet the ARRT or NMTCB clinical experience requirements to sit for a computed tomography examination, a diagnostic radiologic technologist shall meet the following:

(a) Hold a current diagnostic radiologic technology certification issued by the secretary;

(b) Notify the department in writing of their intent to begin a training program for the purposes of meeting the clinical experience requirements for either the ARRT or NMTCB computed tomography examination, which must include:

(i) The street and mailing address of the training program;

(ii) The names of the designated training program supervisor or supervisors; and

(iii) The designated time frame within which the individual is working to qualify for a computed tomography examination;

(c) Report annually to the department the progress of their training including the number of clinical hours dedicated to computed tomography training and the number of computed tomography procedures performed and reported to either the ARRT or NMTCB; and

(d) Complete the clinical experience requirements within the time period set by the ARRT or NMTCB as reported under (b)(iii) of this subsection. If the individual does not meet the clinical experience requirements within the designated time period, the training program is no longer valid and the individual must initiate a new training program.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-110, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040. WSR 06-01-103, § 246-926-110, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.84.040 and 18.84.080. WSR 92-05-010 (Order 237), § 246-926-110, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-100, filed 12/9/88.]

WAC 246-926-120 Therapeutic radiologic technologist—

Alternative training. (1) Alternative training for a therapeutic radiologic technologist may be obtained with the following:

(a)(i) A baccalaureate or associate degree in one of the physical, biological sciences, or allied health care professions;

(ii) Three clinical years supervised practice experience in therapeutic radiologic technology as provided in subsection (2) of this section; and

(iii) Completed course content as provided in subsection (3) of this section; or

(b)(i) Meet the requirements of this chapter for certification as a diagnostic radiologic technologist or nuclear medicine technologist;

(ii) Three clinical years supervised practice experience in therapeutic radiologic technology as provided in subsection (3) of this section; and

(iii) Completed course content as provided in subsection (2) of this section.

(2) Verified supervised clinical practice experience, with at least 50 percent of the clinical practice experience in operating a linear accelerator, in the following:

(a) Orientation to radiation therapy technology;

- (b) Medical ethics and law;
- (c) Methods of patient care;
- (d) Computer applications; and
- (e) Medical terminology.

(3) Verified formal education in the following:

- (a) Human anatomy and physiology - 100 contact hours;
- (b) Oncologic pathology - 22 contact hours;
- (c) Radiation oncology - 22 contact hours;
- (d) Radiobiology, radiation protection, and radiographic imaging - 73 contact hours;
- (e) Mathematics (college level algebra or above) - 55 contact hours;
- (f) Radiation physics - 66 contact hours;
- (g) Radiation oncology technique - 77 contact hours;
- (h) Clinical dosimetry - 150 contact hours;
- (i) Quality assurance - 12 contact hours;
- (j) Hyperthermia - 4 contact hours; and
- (k) Sectional anatomy - 22 contact hours.

(4) Individuals participating in the therapeutic radiologic technologist alternative training program must annually report

to the department the progress of their supervised clinical hours. Notification must be made in writing and must include the street and mailing address of their training program and the names of the individual's direct and indirect supervisors.

(5) Individuals educated or credentialed to practice as a therapeutic radiologic technologist in another country must provide official documentation of their education and training proving that they meet or exceed alternative training requirements.

(6) To meet the ARRT or NMTCB clinical experience requirements to sit for a computed tomography examination, a therapeutic radiologic technologist shall meet the following:

(a) Hold a current therapeutic radiologic technology certification issued by the secretary;

(b) Notify the department in writing of their intent to begin a training program for the purposes of meeting the clinical experience requirements for either the ARRT or NMTCB computed tomography examination, which must include:

(i) The street and mailing address of the training program;

(ii) The names of the designated training program supervisor or supervisors; and

(iii) The designated time frame within which the individual is working to qualify for a computed tomography examination;

(c) Report annually to the department the progress of their training including the number of clinical hours dedicated to computed tomography training and the number of computed tomography procedures performed and reported to either the ARRT or NMTCB; and

(d) Complete the clinical experience requirements within the time period set by the ARRT or NMTCB as reported under (b)(iii) of this subsection. If the individual does not meet the clinical experience requirements within the designated time period, the training program is no longer valid and the individual must initiate a new training program.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-120, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040. WSR 06-01-103, § 246-926-120, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.84.040 and 18.84.080. WSR 92-05-010 (Order 237), § 246-926-120, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-120, filed

12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040.
WSR 89-01-015 (Order PM 802), § 308-183-110, filed 12/9/88.]

WAC 246-926-130 Nuclear medicine technologist—Alternative training. (1) Alternative training for a nuclear medicine

technologist may be obtained with the following:

(a)(i) A baccalaureate or associate degree in one of the physical, biological sciences, or allied health care professions;

(ii) Two clinical years supervised practice experience in nuclear medicine technology as provided in subsection (2) of this section; and

(iii) Completed course content as provided in subsection (3) of this section; or

(b)(i) Meet the requirements of this chapter for certification as a diagnostic radiologic technologist or a therapeutic radiologic technologist;

(ii) Two clinical years supervised practice experience in nuclear medicine technology as provided in subsection (2) of this section; and

(iii) Completed course content as provided in subsection (3) of this section.

(2) Verified supervised clinical practice experience in the following:

- (a) Methods of patient care;
- (b) Computer applications;
- (c) Department organization and function;
- (d) Nuclear medicine in vivo and in vitro procedures; and
- (e) Radionuclide therapy.

(3) Verified formal education in the following:

- (a) Radiation safety and protection - 10 contact hours;
- (b) Radiation biology - 10 contact hours;
- (c) Nuclear medicine physics and radiation physics - 80 contact hours;
- (d) Nuclear medicine instrumentation - 22 contact hours;
- (e) Statistics - 10 contact hours; and
- (f) Radionuclide chemistry and radiopharmacology - 22 contact hours.

(4) Individuals participating in the nuclear medicine technologist alternative training program must annually report

to the department the progress of their supervised clinical hours. Notification must be made in writing and must include the street and mailing address of their training program and the names of the individual's direct and indirect supervisors.

(5) Individuals educated or credentialed to practice as a nuclear medicine technologist in another country must provide official documentation of their education and training proving that they meet or exceed alternative training requirements in this section.

(6) To meet the ARRT or NMTCB clinical experience requirements to sit for a computed tomography examination, a nuclear medicine technologist shall meet the following:

(a) Hold a current nuclear medicine technologist certification issued by the secretary;

(b) Notify the department in writing of their intent to begin a training program for the purposes of meeting the clinical experience requirements for either the ARRT or NMTCB computed tomography examination, which must include:

(i) The street and mailing address of the training program;

(ii) The names of the designated training program supervisor or supervisors; and

(iii) The designated time frame within which the individual is working to qualify for a computed tomography examination;

(c) Report annually to the department the progress of their training including the number of clinical hours dedicated to computed tomography training and the number of computed tomography procedures performed and reported to either the ARRT or NMTCB; and

(d) Complete the clinical experience requirements within the time period set by the ARRT or NMTCB as reported under (b)(iii) of this subsection. If the individual does not meet the clinical experience requirements within the designated time period, the training program is no longer valid and the individual must initiate a new training program.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-130, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040. WSR 06-01-103, § 246-926-130, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.84.040 and 18.84.080. WSR 92-05-010 (Order 237), § 246-926-130, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-130, filed

12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040.
WSR 89-01-015 (Order PM 802), § 308-183-120, filed 12/9/88.]

WAC 246-926-135 Radiologic technology—State

examination/examination application deadline. (1) The ARRT certification examinations for radiography, radiation therapy technology, and nuclear medicine technology are the state examinations for certification as a radiologic technologist.

(2) The examination shall be conducted in accordance with the ARRT security measures and contract.

(3) Applicants taking the state examination must submit the application, supporting documents, and fees to the department for approval prior to being scheduled to take the examination.

(4) Examination candidates shall be advised of the results of their examination in writing by the department.

(5) The examination candidate must have a minimum scaled score of 75 to pass the examination.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-135, filed 12/20/23, effective 1/20/24.]

WAC 246-926-150 Diagnostic radiologic, therapeutic radiologic, magnetic resonance imaging, and nuclear medicine technologists—Certification designation. A certificate shall be designated in a particular field of radiologic technology by:

(1) The educational program completed; diagnostic radiologic technologist - radiography program; therapeutic radiologic technologist - radiation therapy technology program; magnetic resonance imaging technologist - magnetic resonance imaging program; and nuclear medicine technologist - nuclear medicine technology program; or

(2) By meeting the alternative training requirements established in WAC 246-926-100 and 246-926-110, 246-926-120, or 246-926-130.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-150, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-150, filed 4/27/10, effective 5/28/10. Statutory Authority: RCW 18.84.040 and 18.84.080. WSR 92-05-010 (Order 237), § 246-926-150, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-140, filed 12/9/88.]

WAC 246-926-155 Diagnostic radiologic, therapeutic radiologic, magnetic resonance imaging, and nuclear medicine technologists—Clarification of scope of practice. The scope of practice for diagnostic, therapeutic, magnetic resonance imaging, and nuclear medicine includes routine tasks such as patient positioning, providing instruction to patients about the imaging procedure, verifying informed consent, and documenting the imaging procedure and radiographic image in the patient's medical record. Radiographic images produced may be in physical form, such as an X-ray film, or in digital format. The clarification of scope of practice for each type of radiologic technologist is as follows:

(1) Diagnostic. The procedures a diagnostic radiologic technologist performs include, but are not limited to:

- (a) Standard radiographs or basic or conventional X-rays;
- (b) Bone densitometry scans or dual-energy X-ray absorptiometry or DEXA scans;
- (c) Mammography;
- (d) Fluoroscopic procedures;

(e) Computed tomography or CT;

(f) Cardiovascular-interventional radiography; or

(g) Other imaging studies involving parenteral procedures, excluding those advanced imaging procedures identified in WAC 246-926-300.

Nothing in subsection (1) of this section shall be construed to require that a diagnostic radiologic technologist obtain national certification for computed tomography.

(2) Therapeutic. A therapeutic radiologic technologist is part of an interdisciplinary radiation therapy treatment team which may include, but is not limited to, radiologists, radiation oncologists, medical physicists, and nurses. A therapeutic radiologic technologist implements medical dosimetry treatment plans that include, but are not limited to:

(a) The use of imaging technologies for simulation and treatment planning;

(b) The use of standard radiographs or CT to confirm or reconfirm position targets for precise treatment delivery;

(c) The fabrication, and use, of individualized immobilization devices that assist in precision treatment delivery;

(d) External beam radiation therapy or teletherapy, using methods such as:

(i) 3-dimensional conformal radiation therapy;

(ii) Intensity-modulated radiation therapy;

(iii) Image-guided radiation therapy;

(iv) Tomotherapy;

(v) Proton therapy; or

(vi) Other charged particle beams;

(e) Participation in the delivery of internal radiation therapy or brachytherapy, under the supervision of a radiation oncologist. However, a therapeutic radiologic technologist cannot perform invasive, surgical procedures;

(f) Systemic radiation therapy, which uses radioactive substances such as radioactive iodine;

(g) Palliative radiation therapy, which is used to treat pain from bone metastases;

(h) Dosimetry, under the supervision of a medical physicist to design, calculate, and generate effective radiation dose distributions; or

(i) Diagnostic CT, provided the therapeutic radiologic technologist has successfully passed a national certification examination in computed tomography administered by the ARRT or NMTCB.

(3) Magnetic resonance imaging. The scope of practice for medical imaging professionals includes:

(a) Administering contrast medications manually or by power injector as prescribed by a licensed practitioner;

(b) Applying principles of patient safety during all aspects of patient care;

(c) Assisting in maintaining medical records, respecting confidentiality and established policy;

(d) Corroborating a patient's clinical history with procedure and ensuring information is documented and available for use by a licensed practitioner;

(e) Educating and monitoring patients, students, and other health care providers;

(f) Evaluating images for proper positioning and determining if additional images will improve the procedure or treatment outcome;

(g) Evaluating images for technical quality and ensuring proper identification is recorded;

(h) Identifying and responding to emergency situations;

(i) Performing ongoing quality assurance activities;

(j) Performing venipuncture as prescribed by a licensed practitioner;

(k) Postprocessing data and archiving images;

(l) Preparing patients for procedures;

(m) Receiving, relaying and documenting verbal, written and electronic orders in the patient's medical record;

(n) Selecting the appropriate protocols and technical factors while maximizing patient safety;

(o) Starting, maintaining and removing intravenous access as prescribed by a licensed practitioner;

(p) Verifying informed consent for applicable procedures.

(4) Nuclear medicine. A nuclear medicine technologist prepares, stores, administers, and disposes of

radiopharmaceuticals, which includes sealed and unsealed radioactive materials, for diagnostic, treatment, and research purposes in compliance with radioactive materials laws and rules. The procedures performed at the direction of a licensed practitioner include, but are not limited to:

(a) Nuclear imaging tests such as:

(i) Positron-emission tomography or PET;

(ii) Single photon emission computed tomography or SPECT;

(iii) Fusion, hybrid, or simultaneous scanning that

combines positron-emission tomography with:

(A) Computed tomography, or PET/CT; or

(B) Magnetic resonance imaging, or PET/MRI;

(iv) Fusion, hybrid, or simultaneous scanning that combines

single photon emission computed tomography with:

(A) Computed tomography or SPECT/CT; or

(B) Magnetic resonance imaging or SPECT/MRI;

(v) Planar imaging or dynamic imaging procedures;

(b) Assists in exercise and pharmacologic cardiac testing procedures;

(c) Assists in the preparation, management, and application of radionuclide therapy treatment;

(d) Collection and labeling of tissue or body fluid samples;

(e) Managing and proper disposal of biohazardous, chemical, or radioactive waste materials following applicable federal and state laws;

(f) Diagnostic computed tomography, provided the nuclear medicine technologist has successfully passed a national certification examination in computed tomography administered by the NMTCB or ARRT.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-155, filed 12/20/23, effective 1/20/24.]

WAC 246-926-165 Radiologic technologist—Military

equivalency of certification requirements. (1) The department accepts military education, training, or experience as described in subsections (4) through (8) of this section as meeting the corresponding education, training, or experience requirements.

(2) For the purposes of this section, these terms shall have the following meaning:

(a) "CAAHEP" means the Commission on Accreditation of Allied Health Education Programs and includes its prior organization, the Committee on Allied Health Education and Accreditation (CAHEA).


(b) "JRCCVT" means the Joint Review Committee on Education in Cardiovascular Technology.

(c) "JRCERT" means the Joint Review Committee on Education in Radiologic Technology.

(d) "JRCNMT" means the Joint Review Committee on Educational Programs in Nuclear Medicine Technology.

(e) "METC" means the Department of Defense, Defense Health Agency, Medical Education and Training Campus.

(f) "USU-CAHS" means the Department of Defense, Defense Health Agency, Uniformed Services University College of Allied Health Sciences.

(3) Acceptable  documentation to verify radiologic technology education, training, and experience for current or former U.S. Military service members includes:

(a) A copy of the service member's Certificate of Release or Discharge from Active Duty (DD Form 214, Member-4 copy; or NGB-22 for National Guard);

(b) Joint Service Transcript or JST/Sailor-Marine American Council on Education Registry Transcript or SMART;

(c) Army American Council of Education, or ACE, Registry Transcript System or AARTS;

(d) Application for the Evaluation of Learning Experiences During Military Service (DD Form 295) certified by the service member's service branch; or

(e) Any other military transcripts and forms that document the service member's military training and experience, such as the Community College of the Air Force or CCAF.

(4) For diagnostic radiologic technologists, the following are the acceptable military education, training, or experience:

(a)(i) The METC Tri Service Radiology program has been JRCERT accredited since 2011 and meets the school approval requirement in WAC 246-926-095;

(ii) Formal pre-METC U.S. Army, Navy, or Air Force radiologic technologist diagnostic-radiographer education

programs have been determined by the department to meet the requirements in WAC 246-926-110;

(iii) Informal U.S. Army, Navy, or Air Force radiologic technologist diagnostic-radiographer education programs, such as U.S. Navy on-the-job training commonly referred to as "fast track," must meet all the requirements in WAC 246-926-110; or

(iv) The secretary will review U.S. Coast Guard education, training, and experience on a case-by-case basis to determine if training and scope of practice meets the requirements in WAC 246-926-110.

(b) All applicants applying under (a) of this subsection must provide proof of successful passage of the ARMRT or ARRT radiographer radiologic technologist examination identified in WAC 246-926-095, or the Washington state examination identified in WAC 246-926-135, with the exception of those applicants who completed a pre-METC program that was accredited by the JRCERT at the time the applicant completed it.

(5) For therapeutic radiologic technologists, the following are the acceptable military education, training, or experience:

(a)(i) As of the effective date of this rule, METC does not offer a therapeutic radiologic technologist education program. Formal pre-METC U.S. Army, Navy, or Air Force therapeutic radiologic technologist education programs have been determined by the department to meet the requirements in WAC 246-926-120;

(ii) Informal U.S. Army, Navy, or Air Force therapeutic radiologic technologist education programs must meet all the requirements in WAC 246-926-120; or

(iii) The department will review U.S. Coast Guard education, training, and experience on a case-by-case basis to determine if training and scope of practice meets the requirements in WAC 246-926-120.

(b) All applicants applying under (a) of this subsection must provide proof of successful passage of the ARRT therapeutic radiologic technologist examination or the Washington state examination identified in WAC 246-926-135.

(6) For nuclear medicine technologists, the following are the acceptable military education, training, or experience:

(a)(i) As of the effective date of this rule, METC does not offer a JRCNMT accredited nuclear medicine technologist

education program. Formal pre-METC U.S. Army, Navy, or Air Force radiologic technologist nuclear medicine programs completed from June 1, 1972, through August 31, 2012, meets the school approval requirement in WAC 246-926-095;

(ii) The METC nuclear medicine technologist education program is accredited by the ARRT. The department has determined this program meets the requirements in WAC 246-926-130;

(iii) Nonaccredited formal nuclear medicine education programs not identified in subsection (4)(a) of this section has been determined by the department to meet the requirements in WAC 246-926-130;

(iv) Informal U.S. Army, Navy, or Air Force radiologic technologist nuclear medicine education programs must meet all the requirements in WAC 246-926-130; or

(v) The department will review U.S. Coast Guard education, training, and experience on a case-by-case basis to determine if training and scope of practice meets the requirements in WAC 246-926-130.

(b) All applicants applying under (a) of this subsection must provide proof of successful passage of the NMTCB

examination, the ARRT nuclear medicine technology examination, or the Washington state examination identified in WAC 246-926-135.

(7) For cardiovascular invasive specialists, the following are acceptable military education, training, or experience:

(a)(i) The METC cardiovascular technologist education program is CAAHEP accredited, which includes JRCCVT accreditation, and meets the school approval requirement in WAC 246-926-410. Formal pre-METC U.S. Army, Navy, or Air Force cardiovascular technologist education programs that were accredited by CAAHEP, which includes its prior organization CAHEA, also meet the school approval requirement in WAC 246-926-410;

(ii) Formal pre-METC U.S. Army, Navy, or Air Force cardiovascular technologist education programs that were not accredited by CAAHEP or CAHEA have been determined by the department to meet the requirements in WAC 246-926-410 (1)(a);

(iii) Informal U.S. Army, Navy, or Air Force cardiovascular technologist education programs, such as on-the-job U.S. Navy

training commonly referred to as "fast track," must meet all the requirements in WAC 246-926-410 (1)(a) and (b); or

(b) The department will review U.S. Coast Guard education, training, and experience on a case-by-case basis to determine if training and scope of practice meets the requirements in WAC 246-926-410.

(c) All applicants applying under (a) of this subsection must provide proof of successful passage of an examination identified in WAC 246-926-410 (1)(b) or (2).

(8) Radiologist assistant. There is currently no radiologist assistant-equivalent occupation in the U.S. Army, Navy, Air Force, or Coast Guard. The department will review an individual's military training and experience record on a case-by-case basis; however, individuals who have obtained a passing score on the ARRT registered radiologist assistant examination shall be considered to have met the education and training requirements for certification as a radiologist assistant.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-165, filed 12/20/23, effective 1/20/24.]

WAC 246-926-180 Parenteral procedures. (1) For the purposes of this section, these terms shall have the following meaning:

(a) "Parenteral administration" means introducing a substance or medication into the body in a manner other than through the digestive canal or by topical application.

(b) "Therapeutic agent" means a medication or substance intended for medical treatment in the radiologic technology domain.

(2) A certified radiologic technologist or magnetic resonance imaging technologist may administer diagnostic and therapeutic agents consistent with their specific scope of practice via intravenous, intramuscular, or subcutaneous injection, under the direct supervision of a physician licensed under chapter 18.71 or 18.57 RCW. This includes accessing PICC lines and ports for manual or power injections for procedures related to radiologic technology. PICC lines and injection ports must be of a type approved by the federal Food and Drug Administration for administering diagnostic or therapeutic

agents in radiologic technology. This does not include intraosseous infusion or intrathecal administration.

(3) Before the radiologic technologist may administer diagnostic and therapeutic agents, the following must be met:

(a) The radiologic technologist has had the prerequisite training and thorough knowledge of the particular procedure to be performed;

(b) Appropriate facilities are available for coping with any complication of the procedure as well as for emergency treatment of severe reactions to the diagnostic or therapeutic agent itself, including readily available appropriate resuscitative drugs, equipment, and personnel; and

(c) After parenteral administration of a diagnostic or therapeutic agent, competent personnel and emergency facilities must be available to the patient for at least 30 minutes in case of a delayed reaction.

(4) A cardiovascular invasive specialist may administer parenteral diagnostic and therapeutic agents during cardiac or vascular catheterization procedures under the personal supervision of a physician licensed under chapter 18.71 or 18.57

RCW. Parenteral administration includes, but is not limited to, catheterization procedures involving arteries and veins.

(5) A certified radiologic technologist or cardiovascular invasive specialist may perform venipuncture under the direct supervision of a physician licensed under chapter 18.71 or 18.57 RCW.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-180, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040. WSR 15-24-093, § 246-926-180, filed 11/30/15, effective 12/31/15. Statutory Authority: RCW 18.84.040 and 43.70.250. WSR 12-10-094, § 246-926-180, filed 5/2/12, effective 5/3/12. Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-180, filed 4/27/10, effective 5/28/10; WSR 06-01-104, § 246-926-180, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 43.70.040. WSR 92-19-060 (Order 302), § 246-926-180, filed 9/11/92, effective 10/12/92; WSR 91-02-049 (Order 121), recodified as § 246-926-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-170, filed 12/9/88.]

WAC 246-926-300 Radiologist assistant scope of practice.

(1) For the purposes of this section, "diagnostic agent" means a substance used in radiologic technology to reveal, pinpoint, and

define the localization of a pathological process, such as contrast preparations, radioactive isotopes, and dyes.

(2) In addition to diagnostic radiologic technologist tasks in WAC 246-926-165, a radiologist assistant may perform advanced diagnostic imaging procedures under the direction of a supervising radiologist. Those procedures include, but are not limited to:

(a) Enteral and parenteral procedures;

(b) Injecting diagnostic agents to sites other than intravenous;

(c) Diagnostic aspirations and localizations; and

(d) Assisting radiologists with other invasive procedures.

(3) The tasks a radiologist assistant may perform include the following:

(a) Preimaging procedures.

(i) Procedures that may be performed under general supervision:

(A) Review of medical records to verify patient and procedure; obtain medical history and vital signs; perform physical examination, evaluate medical record, history, and

physical examination for contraindications for the procedure for compliance with preparation instructions for the procedure, pregnancy, medications. Discrepancies and contraindications must be reviewed with the supervising radiologist;

(B) Discuss examination and procedure details, including risks, benefits, and follow-up instructions with patient or patient representative;

(C) Obtain informed consent, patients must be able to communicate with the radiologist for questions or further information as needed;

(D) Apply electrocardiography or leads and recognize life threatening abnormalities;

(E) Routine urinary catheterization;

(F) Venipuncture;

(G) Administer oxygen as prescribed; and

(H) Position patients to perform required procedure, using immobilization devices and modifying technique as necessary.

(ii) Procedures that may be performed under direct supervision: Nonroutine catheterization for known anatomic anomalies, recent surgeries.

(b) Pharmaceuticals.

(i) Imaging agent procedures that may be performed under general supervision:

(A) Monitor intravenous IV or flow rate; and

(B) Monitor patients for side effects or complications and report findings to the supervising radiologist as appropriate.

(ii) Imaging contrast agent under direct supervision:

(A) Administer contrast agents and radiopharmaceuticals as prescribed by the radiologist; and

(B) Provide information to patients on the effects and potential side effects of the pharmaceutical required for the examination.

(iii) Oral medications, excluding imaging agents, always require direct supervision.

(iv) Parenteral medication administration procedures, excluding imaging agents, requiring direct supervision:

(A) Monitor IV flow rate; and

(B) Monitor patients for side effects or complications and report findings to the supervising radiologist as appropriate.

(v) Parenteral medication administration procedures, excluding imaging agents, requiring personal supervision:

(A) Administer general medications as prescribed by the radiologist;

(B) Administer conscious sedation medications as prescribed by the radiologist; and

(C) Provide information to patients on the effects and potential side effects of the pharmaceutical required for the examination.



(c) Imaging procedures.

(i) Procedures that may be performed under general supervision:

(A) Operate a fixed or mobile fluoroscopic unit;

(B) Document fluoroscopy time; and

(C) Assess patient's vital signs and level of anxiety and pain, inform the radiologist when appropriate.

(ii) Fluoroscopic examinations and procedures that require direct supervision:

(A) Upper GI;

(B) Esophagus;

(C) Small bowel studies;

(D) Barium enema;

(E) Cystogram, including voiding cystourethrogram or VCUG;

(F) T-tube cholangiogram;

(G) Hysterosalpingogram for imaging only if OB/GYN is present in the room;

(H) Retrograde urethrogram;

(I) Nasoenteric and oroenteric feeding tube placement;

(J) Port injection;

(K) Fistulogram/sonogram;

(L) Loopogram; and

(M) Swallowing study.

(iii) Fluoroscopic examinations and procedures that require personal supervision: Hysterosalpingogram for imaging only if OB/GYN is not present in the room.

(iv) Contrast media administration and needle or catheter placement.

(A) Procedures that may be performed under general supervision: Basic PICC placement.

(B) Procedures that may be performed under direct supervision:

(I) Joint injection and aspiration;

(II) Arthrogram for conventional, CT, and magnetic resonance);

(III) Complex PICC placement;

(IV) Thoracentesis and paracentesis with appropriate image guidance;

(V) Lower extremity venography;

(VI) Lumbar puncture under fluoroscopic guidance; and

(VII) Lumbar, thoracic, and cervical myelogram.

(C) Procedures that may be performed under personal supervision:

(I) Nontunneled venous central line placement;

(II) Venous catheter placement for dialysis;

(III) Breast needle localization; and

(IV) Ductogram (galactogram).

(d) Image review, requires general supervision:

(i) Evaluate images for completeness and diagnostic quality;

(ii) Recommend additional images in the same modality as required for general radiography, CT, or magnetic resonance;

(iii) Evaluate images for diagnostic utility and report clinical observations to the radiologist;

(iv) Review imaging procedures, make initial observations, and communicate observations only to the radiologist; and

(v) Perform post-processing procedures:

(A) Routine CT for 3D reconstruction, modifications to field of vision, slice spacing, or algorithm;

(B) Specialized CT for cardiac scoring or shunt graft measurements; and

(C) Magnetic resonance data analysis for 3D reconstructions, maximum intensity projection, 3D surface rendering, or volume rendering.

(e) Postprocedures, requires general supervision:

(i) Record previously communicated initial observations of imaging procedures according to approved protocols;

(ii) Communicate radiologist's report to referring physician;

(iii) Provide radiologist-prescribed post care instructions to patients;

(iv) Perform follow-up patient evaluation and communicate findings to the radiologist;

(v) Document procedure in appropriate record and document exceptions from established protocol or procedure; and

(vi) Write patient discharge summary for review and cosignature by radiologist.

(f) Other procedures.

(i) Procedures that may be performed under general supervision:

(A) Participate in quality improvement activities within radiology practice for quality of care, patient flow, reject-repeat analysis, or patient satisfaction; and

(B) Assist with data collection and review for clinical trials or other research.

(ii) Procedures that may be performed under personal supervision: Additional procedures deemed appropriate by the radiologist.

(g) When performing any task or procedure, the radiologist assistant must be able to recognize and respond to medical emergencies for drug reactions, cardiac arrest, or hypoglycemia; and activate emergency response systems, including notification of the radiologist.

(4) Initial findings and observations made by a radiologist assistant communicated solely to the supervising radiologist do not constitute diagnoses or interpretations.

(5) At the direction of the supervising radiologist, a radiologist assistant may administer imaging agents and prescribed medications; however, nothing in this chapter allows a radiologist assistant to prescribe medications.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-300, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-300, filed 4/27/10, effective 5/28/10.]

WAC 246-926-310 Radiologist assistant—Certification. To obtain certification as a radiologist assistant, an applicant must submit:

(1) A completed application on forms provided by the secretary;

(2) Proof of successfully passing an examination in radiologist assistant administered by ARRT;

(3) Proof of completed education in one of the following:

(a) Graduate from an education program recognized by ARRT;

(b) Military education, training, and experience listed in WAC 246-926-155; or

(c) Hold a radiologist practitioner assistant certification with the certification board of radiology practitioner assistants by passing the national ARRT registered radiologist assistant examination;

(4) Written verification of any licenses held, submitted directly from that licensing entity;

(5) Applicable fees defined in WAC 246-926-990; and

(6) Any other information determined by the secretary.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-310, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.080(3), 18.84.090, and 43.70.280. WSR 17-18-100, § 246-926-310, filed 9/6/17, effective 10/7/17.

Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-310, filed 4/27/10, effective 5/28/10.]

WAC 246-926-320 Radiologist assistant—Supervisory plans.

(1) A radiologist assistant must submit to the department a supervisory plan on a form approved by the department.

(a) The plan must be approved before the radiologist assistant can practice.

(b) The plan must be signed by both the radiologist assistant and a radiologist licensed in this state.

(c) A radiologist assistant may assist a radiologist other than his or her supervising radiologist so long as it is done with the knowledge and agreement of the supervising radiologist, and is reflected in an approved supervisory plan.

(2) A radiologist assistant can have multiple supervisory plans provided each one is approved by the department.

(3) A radiologist assistant does not have to be employed by his or her supervising radiologist.

(4) Changes to supervisory plans.

(a) The radiologist assistant must submit a new supervisory plan to change any part of the supervisory plan. The changes are not effective until the new plan is approved by the department.

(b) If the supervisory relationship ends, the radiologist assistant must immediately cease practice under that plan and must notify the department in writing within seven calendar days.

[Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-320, filed 4/27/10, effective 5/28/10.]

WAC 246-926-400 Cardiovascular invasive specialist scope of practice. (1) A cardiovascular invasive specialist assists in cardiac or vascular catheterization procedures in the role of either:

(a) A monitoring technologist, who documents every action during a catheterization procedure and monitors the patient's status, reporting any irregularities to the surgical team;

(b) A circulating technologist, who provides assistance to the surgical team from outside the sterile field; or

(c) A sterile/scrub technologist, who directly assists the physician during the catheterization procedure.

Except as provided in subsection (8) of this section, no cardiovascular invasive specialist shall perform the tasks of more than one role during any individual procedure. All intraprocedure tasks in any role must be performed under personal supervision.

(2) The preprocedure tasks a cardiovascular invasive specialist may perform in any role include:

- (a) Prepare sterile table and necessary supplies;
- (b) Verify patient identification;
- (c) Verify or facilitate patient consent;
- (d) Verify history and physical information to include:
 - (i) Chief complaint;
 - (ii) History of present illness;
 - (iii) Current medications;
 - (iv) Laboratory results;
 - (v) Test reports, as necessary, such as X-rays and electrocardiograms;
 - (vi) Past medical history;

(vii) Family and social history; and

(e) Obtain blood samples as allowed under WAC 246-926-180(3).

(3) The intraprocedure and post-procedure tasks a cardiovascular invasive specialist may perform in the role of a monitoring technologist include:

(a) Operate physiologic monitoring and recording equipment;

(b) Capture and input data for procedural calculations;

(c) Monitor, identify, measure, and record information from electrocardiograms or ECG, intracardiac electrograms, and pressure waveforms;

(d) Document each step and action during a procedure; and

(e) Inform the physician and team members of noted abnormalities.

(4) The intraprocedure tasks a cardiovascular invasive specialist may perform in the role of a sterile or scrub technologist include:

(a) Administer local anesthetic as allowed under WAC 246-926-180;

(b) Gain arterial or venous access;

- (c) Insert and flush vascular sheath;
- (d) Assist with insertion and manipulation of guidewires, catheters, and pacing leads;
- (e) Assist with implantation of leads and devices for implantable devices, such as pacemakers or implantable cardioverter-defibrillators or ICDs;
- (f) Close implantable device pockets;
- (g) Assist in ablation of intracardiac lesions;
- (h) Assist with performing intracardiac mapping;
- (i) Assist with performing intracardiac lead extraction;
- (j) Assist with obtaining invasive hemodynamic data, cardiac outputs, and blood samples;
- (k) Inject contrast as allowed under WAC 246-926-180 for visualizing cardiovascular anatomical structures either manually or with the aid of a mechanical contrast device;
- (l) Administer medications related to cardiac or vascular catheterization as directed by the physician;
- (m) Assist with obtaining tissue samples for biopsy; and

(n) Operate intravascular ultrasound or intracardiac echocardiography, fluoroscopy, and other imaging modalities excluding computed tomography as defined in WAC 246-226-010(1).

(5) The intraprocedure tasks a cardiovascular invasive specialist may perform in the role of a circulating technologist include:

- (a) Maintain sterile field and equipment supply;
- (b) Set-up and operate ancillary equipment to include:
 - (i) Contrast injectors;
 - (ii) IVUS/ICE;
 - (iii) Fractional flow reserve/coronary flow reserve (FFR/CFR);
 - (iv) Atherectomy/thrombectomy devices and consoles;
 - (v) Intra-aortic balloon pump;
 - (vi) Percutaneous ventricular assist devices;
 - (vii) Pacemakers, automated implantable cardioverter defibrillators (AICD), and temporary pacemakers;
 - (viii) Pacemaker and AICD programmers;
 - (ix) Ablation devices;
 - (x) Intracardiac mapping devices;

(xi) Lead extraction devices;

(xii) Electrophysiologic stimulators;

(xiii) Other diagnostic, interventional, and mechanical support devices;

(xiv) Activated coagulation time (ACT) and other coagulation studies;

(xv) Whole blood oximetry; and

(xvi) Arterial blood gas (ABG).

(6) The post-procedure access site tasks a cardiovascular invasive specialist may perform in the role of either circulating technologist or sterile/scrub technologist include the following:

(a) Manually remove vascular sheath/catheter;

(b) Secure retained sheath/catheter;

(c) Use compression devices;

(d) Use vascular closure devices; and

(e) Instruct patient on care of site.

(7) The post-procedure patient care tasks a cardiovascular invasive specialist may perform in any role include the following:

(a) Monitor and assess patient heart rate, blood pressure, respiratory rate, oxygen saturation, and level of consciousness;

(b) Identify, monitor, and compress rebleeds and hematomas;

(c) Assess distal pulses; and

(d) Document patient chart as appropriate.

(8) On an individual case basis and at the sole discretion of the physician, a cardiovascular invasive specialist may assume the dual role of monitoring and circulating technologist during an individual procedure. Such dual role approval shall be documented in the patient chart.

(9) Nothing in this chapter shall be interpreted to alter the scope of practice of any other credentialed health profession or to limit the ability of any other credentialed health professional to assist in cardiac or vascular catheterization if such assistance is within the profession's scope of practice.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-400, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.040 and 43.70.250. WSR 12-10-094, § 246-926-400, filed 5/2/12, effective 5/3/12.]

WAC 246-926-410 Cardiovascular invasive specialist

certification. To obtain certification as a cardiovascular invasive specialist, the applicant must submit:

(1) A completed application on forms provided by the secretary;

(2) Proof of completed education in one of the following:

(a) Graduation from an educational program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) utilizing the standards and criteria established by the Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT); or

(b) Military education, training, and experience listed in WAC 246-926-155; or

(c) Hold certification or registration with one of the following national organizations:

(i) Cardiovascular Credentialing International through the Registered Cardiovascular Invasive Specialist examination, formerly the Registered Cardiovascular Technologist examination or the Certified Cardiovascular Technologist examination; or

(ii) Cardiovascular Credentialing International through the Registered Cardiac Electrophysiology Specialist examination; or

(iii) Heart Rhythm Society through the International Board of Heart Rhythm Examiners, formerly the North American Society of Pacing and Electrophysiology examination; or

(iv) ARRT through the Cardiac Interventional Radiographer post-primary examination, the Vascular Interventional Radiographer post-primary examination, or the Cardiovascular Interventional Radiographer post-primary examination;

(3) Proof of successfully passing the national Registered Cardiovascular Invasive Specialist examination administered by Cardiovascular Credentialing International;

(4) Written verification of any licenses held, submitted directly from that licensing entity;

(5) Applicable fees defined in WAC 246-926-990; and

(6) Any other information determined by the secretary.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-410, filed 12/20/23, effective 1/20/24. Statutory Authority: RCW 18.84.080(3), 18.84.090, and 43.70.280. WSR 17-18-100, § 246-926-410, filed 9/6/17, effective 10/7/17.]

Statutory Authority: RCW 18.84.040 and 43.70.250. WSR 12-10-094, § 246-926-410, filed 5/2/12, effective 5/3/12.]

WAC 246-926-420 Alternate certification process—Time

limited. Until July 1, 2012, the department shall issue a cardiovascular invasive specialist certification to applicants who meet the following requirements:

(1) Hold a current health care credential issued by the department that has been in good standing for at least the last five consecutive years; and

(2) Document qualifying prior experience. Such qualifying experience must:

(a) Be in cardiac or vascular catheterization functions as defined in WAC 246-926-400;

(b) Have been obtained in the last five years;

(c) Include at least one thousand hours per year; and

(d) Be documented on forms prepared by the department and attested to by the catheterization laboratory lead technologist, manager, or director.

(3) If an individual certified through this section allows his or her certification to expire for more than one year, he or she must then meet the education and examination requirements under WAC 246-926-410 before being issued a new certification. [Statutory Authority: RCW 18.84.040 and 43.70.250. WSR 12-10-094, § 246-926-420, filed 5/2/12, effective 5/3/12.]

WAC 246-926-500 X-ray technician registration requirements. To obtain registration as an X-ray technician an applicant must submit:

(1) An completed application on forms provided by the secretary;

(2) Written verification of any licenses held, submitted directly from that licensing entity;

(3) Applicable fees as defined in WAC 246-926-990; and

(4) Any other information determined by the secretary.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-500, filed 12/20/23, effective 1/20/24.]

WAC 246-926-510 X-ray technician—Competency requirements and authorized duties. (1) A registered X-ray technician

operating X-ray equipment shall meet the competency requirements in WAC 246-225-99920 to produce radiographic images in physical form, such as X-ray film.

(2) The authorized duties a registered X-ray technician may perform under the direction of a licensed practitioner are:

(a) Standard radiographs or basic or conventional X-rays;
and

(b) Bone densitometry scans or dual-energy X-ray absorptiometry or DEXA scans.

(3) Procedures a registered X-ray technician cannot perform include, but are not limited to:

(a) Any imaging procedure that involves parenteral procedures;

(b) Any procedures identified in:

(i) WAC 246-926-300;

(ii) WAC 246-926-400;

(iii) WAC 246-926-165, other than those procedures identified in this section as being allowed; and

(c) Mammography, in accordance with 21 C.F.R. Sec. 900.12(2).

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-510, filed 12/20/23, effective 1/20/24.]

WAC 246-926-600 Expired certifications and registrations.

(1) If the license has expired for three years or less, the practitioner must meet the requirements of WAC 246-12-040.

(2) If the license has expired for over three years, the practitioner must:

(a) Demonstrate competence to the standards established by the secretary; and

(b) Meet the requirements of WAC 246-12-040.

[Statutory Authority: RCW 18.84.040 and 43.70.040. WSR 24-02-007, § 246-926-600, filed 12/20/23, effective 1/20/24.]

WAC 246-926-990 Radiologist assistants; diagnostic, therapeutic, magnetic resonance imaging, and nuclear medicine radiologic technologists; cardiovascular invasive specialists; X-ray technicians—Certification and registration fees and renewal cycle. (1) Certificates and registrations must be renewed every two years on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

Title of Fee	Fee
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(2) The following nonrefundable fees will be charged for certified diagnostic, therapeutic, magnetic resonance imaging, and nuclear medicine radiologic technologists:

Application	\$150.00
Renewal	105.00
Late renewal penalty	50.00
Expired certificate reissuance	80.00
Certification of registration or certificate	15.00
Duplicate registration or certificate	15.00

(3) The following nonrefundable fees will be charged for registered X-ray technicians:

Application	105.00
Renewal	103.00
Late renewal penalty	50.00
Expired reissuance	50.00
Certification of registration or certificate	15.00
Duplicate registration or certificate	15.00

(4) The following nonrefundable fees will be charged for certified radiologist assistants:

Application	150.00
Renewal	150.00
Late renewal penalty	75.00
Expired reissuance	75.00
Certification of registration or certificate	15.00
Duplicate registration or certificate	15.00

(5) The following nonrefundable fees will be charged for cardiovascular invasive specialists:

Application	150.00
Renewal	105.00
Late renewal penalty	75.00
Expired reissuance	75.00
Certification of registration or certificate	15.00
Duplicate registration or certificate	15.00

[Statutory Authority: RCW 18.84.040 and 43.70.250. WSR 12-10-094, § 246-926-990, filed 5/2/12, effective 5/3/12. Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. WSR 10-19-071, § 246-926-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-990, filed

4/27/10, effective 5/28/10. Statutory Authority: RCW 43.70.110, 43.70.250 and 2008 c 329. WSR 08-16-008, § 246-926-990, filed 7/24/08, effective 7/25/08. Statutory Authority: RCW 18.84.040. WSR 06-01-104, § 246-926-990, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. WSR 05-12-012, § 246-926-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250. WSR 99-08-101, § 246-926-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-926-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.84.040 and 18.84.100. WSR 92-05-010 (Order 237), § 246-926-990, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-180, filed 12/9/88.]