Chapter 246-926 WAC

RADIOLOGICAL TECHNOLOGISTS

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

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

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

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

(a) For a diagnostic, therapeutic, or nuclear medicine radiologic 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.

(4) "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.

(5) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(6) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(7) "Personal supervision" for a radiologist assistant means the supervising radiologist must be in the room during the performance of the procedure.

(8) "Radiological technologist" means a person certified under chapter 18.84 RCW.

(9) "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.

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

(11) "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.

(12) "Unprofessional conduct" as used in this chapter means the conduct described in RCW 18.130.180.

[Statutory Authority: RCW 18.84.040. 10-10-043, § 246-926-020, filed 10-20-04, eff 12-1-04; 05-16-05, § 246-926-020, filed 5-16-05, eff 6-17-05; 08-06-07, § 246-926-020, filed 7-30-07, eff 9-1-07; 02-19-08, § 246-926-020, filed 2-19-08, eff 4-1-08; 01-02-09, § 246-926-020, filed 1-2-09, eff 2-1-09; 06-01-10, § 246-926-020, filed 6-1-10, eff 7-1-10; 08-30-10, § 246-926-020, filed 8-30-10, eff 9-30-10; 01-21-06, § 246-926-020, filed 1-21-06, eff 2-1-06; 01-04-10, § 246-926-020, filed 1-4-10, eff 2-1-10; 04-02-10, § 246-926-020, filed 4-2-10, eff 5-2-10; 01-27-11, § 246-926-020, filed 1-27-11, eff 2-1-11; 02-28-11, § 246-926-020, filed 2-28-11, eff 4-1-11; 06-17-11, § 246-926-020, filed 6-17-11, eff 7-1-11; 03-09-12, § 246-926-020, filed 3-9-12, eff 4-10-12; 05-21-12, § 246-926-020, filed 5-21-12, eff 6-1-12; 07-19-13, § 246-926-020, filed 7-19-13, eff 8-1-13; 01-22-14, § 246-926-020, filed 1-22-14, eff 2-1-14; 02-28-14, § 246-926-020, filed 2-28-14, eff 3-28-14; 05-21-14, § 246-926-020, filed 5-21-14, eff 6-1-14; 01-09-15, § 246-926-020, filed 1-9-15, eff 2-9-15; 01-27-16, § 246-926-020, filed 1-27-16, eff 2-27-16; 09-22-16, § 246-926-020, filed 9-22-16, eff 10-22-16; 03-01-17, § 246-926-020, filed 3-1-17, eff 4-1-17; 05-24-17, § 246-926-020, filed 5-24-17, eff 6-24-17; 10-24-17, § 246-926-020, filed 10-24-17, eff 11-24-17; 07-14-18, § 246-926-020, filed 7-14-18, eff 8-14-18; 08-03-18, § 246-926-020, filed 8-3-18, eff 9-3-18; 08-02-19, § 246-926-020, filed 8-2-19, eff 9-2-19; 06-09-20, § 246-926-020, filed 6-9-20, eff 7-9-20; 07-18-20, § 246-926-020, filed 7-18-20, eff 8-18-20; 01-27-21, § 246-926-020, filed 1-27-21, eff 2-27-21; 05-09-21, § 246-926-020, filed 5-9-21, eff 6-9-21; 05-06-22, § 246-926-020, filed 5-6-22, eff 6-6-22; 01-28-23, § 246-926-020, filed 1-28-23, eff 2-28-23; 08-03-23, § 246-926-020, filed 8-3-23, eff 9-3-23; 01-24-24, § 246-926-020, filed 1-24-24, eff 2-24-24.

WAC 246-926-030 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, profession, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the radiological technologist or X-ray technician being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of
the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to WAC 18.103.070.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-030, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-020, filed 6/30/89.]

WAC 246-926-040 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any radiological technologist's or X-ray technician's services are terminated or are restricted based on a determination that the radiological technologist or X-ray technician has either committed an act or acts which may constitute unprofessional conduct or that the radiological technologist or X-ray technician may be unable to practice with reasonable skill or safety to clients by reason of a mental or physical condition.

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

WAC 246-926-050 Radiological technologist associations or societies. The president or chief executive officer of any radiological technologist association or society within this state shall report to the department when the association or society determines that a radiological technologist has committed unprofessional conduct or that a radiological technologist may not be able to practice radiological technology with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-040, filed 6/30/89.]
WAC 246-926-100 Definitions—Alternative training radiologic technologists. (1) Definitions. For the purposes of certifying radiologic technologists by alternative training methods the following definitions apply:

(a) "One quarter credit hour" equals eleven "contact hours";
(b) "One semester credit hour" equals sixteen contact hours;
(c) "One contact hour" is considered to be fifty minutes lecture time or one hundred minutes laboratory time;
(d) "One clinical year" is considered to be 1900 contact hours;
(e) "Direct supervision" means the supervisory clinical evaluator is on the premises and is quickly and easily available.
(f) "Indirect supervision" means the supervising physician is on site no less than half-time.
(g) "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.
(h) "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.

(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 trainee's work; or
(c) 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. 06-01-103, § 246-926-100, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-110, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-090, filed 12/9/88.]

WAC 246-926-110 Diagnostic radiologic technologist—Alternative training. An individual shall have the following alternative training qualifications to be certified as a diagnostic radiologic technologist.

(1) Have obtained a high school diploma or GED equivalent, a minimum of three clinical years supervised practice experience in radiography, and completed the course content areas outlined in subsection (2) of this section; or have obtained an associate or higher degree in an allied health care profession or meets the requirements for certification as a therapeutic radiologic technologist or nuclear medicine technologist, have obtained a minimum of two clinical years supervised practice experience in radiography, and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained directly by supervised clinical practice experience: Introduction to radiography, medical ethics and law, medical terminology, methods of patient care, radiographic procedures, radiographic film processing, evaluation of radiographs, radiographic pathology, introduction to quality assurance, and introduction to computer literacy. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education: Human anatomy and physiology - 100 contact hours; principles of radiographic exposure - 45 contact hours; imaging equipment - 40 contact hours; radiation physics, principles of radiation protection, and principles of radiation biology - 40 contact hours; and sectional anatomy - 33 contact hours.

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

(4) Must pass an examination approved or administered by the secretary with a minimum scaled score of 75.

(5) Individuals who are registered as a diagnostic radiologic technologist with the American Registry of Radiologic Technologists shall be considered to have met the alternative education and training requirements.

(6) Individuals educated and/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. They must also pass an examination approved or administered by the secretary with a minimum scaled score of 75.

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

WAC 246-926-120 Therapeutic radiologic technologist—Alternative training. An individual shall have the following alternative training qualifications to be certified as a therapeutic radiologic technologist.

(1) Have obtained a baccalaureate or associate degree in one of the physical, biological sciences, or allied health care professions, or meets the requirements for certification as a diagnostic radiologic technologist or nuclear medicine technologist; have obtained a minimum of three clinical years supervised practice experience in therapeutic radiologic tech-
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(2) The following course content areas of training may be obtained by supervised clinical practice experience:

- Orientation to radiation therapy technology, medical ethics and law, methods of patient care, computer applications, and medical terminology. At least fifty percent of the clinical practice experience must have been in operating a linear accelerator. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education:

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

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

(4) Must pass an examination approved or administered by the secretary with a minimum scaled score of 75.

(5) Individuals who are registered as a nuclear medicine technologist with the American Registry of Radiologic Technologists or with the Nuclear Medicine Technology Certification Board shall be considered to have met the alternative education and training requirements.

(6) Individuals educated and/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. They must also pass an examination approved or administered by the secretary with a minimum scaled score of 75.

WAC 246-926-130 Nuclear medicine technologist—Alternative training. An individual shall have the following alternative training qualifications to be certified as a nuclear medicine technologist.

(1) Have obtained a baccalaureate or associate degree in one of the physical, biological sciences, allied health care professions, or meets the requirements for certification as a diagnostic radiologic technologist or a therapeutic radiologic technologist; have obtained a minimum of two clinical years supervised practice experience in nuclear medicine technology; and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained by supervised clinical practice experience:

- Methods of patient care, computer applications, department organization and function, nuclear medicine in-vivo and in-vitro procedures, and radionuclide therapy. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education:

- Radiation safety and protection - 10 contact hours;
- Radiation biology - 10 contact hours;
- Nuclear medicine physics and radiation physics - 80 contact hours;
- Nuclear medicine instrumentation - 22 contact hours;
- Statistics - 10 contact hours;
- Radionuclide chemistry and radiopharmacology - 22 contact hours.

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

(4) Must pass an examination approved or administered by the secretary with a minimum scaled score of 75.

(5) Individuals who are registered as a nuclear medicine technologist with the American Registry of Radiologic Technologists or with the Nuclear Medicine Technology Certification Board shall be considered to have met the alternative education and training requirements.

(6) Individuals educated and/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. They must also pass an examination approved or administered by the secretary with a minimum scaled score of 75.

[Statutory Authority: RCW 18.84.040. 06-01-103, § 246-926-130, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-130, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-130, filed 12/27/90, effective 3/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-120, filed 12/9/88.]

WAC 246-926-140 Approved schools for diagnostic, therapeutic, or nuclear medicine radiologic technologists. Approved schools and standards of instruction for diagnostic radiologic technologist, therapeutic radiologic technologist, and nuclear medicine technologist are those recognized as radiography, radiation therapy technology, and nuclear medicine technology educational programs that have obtained accreditation from 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.

[Statutory Authority: RCW 18.84.040. 10-10-043, § 246-926-140, filed 4/27/10, effective 5/28/10. 06-01-104, § 246-926-140, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-140, filed 12/27/90, effective 3/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-130, filed 12/9/88.]
WAC 246-926-150 Certification designation for diagnostic, therapeutic, or nuclear medicine radiologic technologists. 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; 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, 10-10-043, § 246-926-150, filed 4/27/10, effective 5/28/10. Statutory Authority: RCW 18.84.040 and 18.84.080, 92-05-010 (Order 237), § 246-926-150, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-926-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-140, filed 12/9/88.]

WAC 246-926-170 Expired license. (1) If the license has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

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

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

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280, 98-05-060, § 246-926-170, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.84.040 and 18.84.110. 92-05-010 (Order 237), § 246-926-170, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-926-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-160, filed 12/9/88.]

WAC 246-926-180 Parenteral procedures for diagnostic or therapeutic radiologic technologists. (1) A certified diagnostic or therapeutic radiologic technologist may administer diagnostic and therapeutic agents under the direct supervision of a physician licensed under chapter 18.71 or 18.57 RCW. Diagnostic and therapeutic agents may be administered via intravenous, intramuscular, or subcutaneous injection. In addition to direct supervision, before the radiologic technologist may administer diagnostic and therapeutic agents, the following guidelines 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 thirty minutes in case of a delayed reaction.

(2) A certified radiologic technologist 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. 10-10-043, § 246-926-180, filed 4/27/10, effective 5/28/10; 06-01-104, § 246-926-180, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 43.70.040, 92-19-060 (Order 302), § 246-926-180, filed 9/11/92, effective 10/12/92; 91-02-049 (Order 121), recodified as § 246-926-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-170, filed 12/9/88.]

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

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

[Statutory Authority: RCW 18.84.040. 10-10-043, § 246-926-190, filed 4/27/10, effective 5/28/10; 06-01-104, § 246-926-190, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-190, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-190, filed 12/9/88.]

WAC 246-926-200 AIDS prevention and information education requirements. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280, 98-05-060, § 246-926-200, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.84.040 and 70.24.270. 92-05-010 (Order 237), § 246-926-200, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-926-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 780), § 308-183-200, filed 11/2/88.]

WAC 246-926-300 Radiologist assistant scope of practice. (1) In addition to diagnostic radiologic technologist tasks, 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.

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

(a) Preimaging procedures.

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

(A) Review of medical records to verify patient procedure; obtain medical history and vital signs; perform physical examination, evaluate medical record, history, and phys-
ical examination for contraindications for the procedure (e.g., compliance with preparation instructions for the procedure, pregnancy, medications). Discrepancies and/or contraindications must be reviewed with the supervising radiologist;

(B) Discuss examination/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 (ECG) 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 (known anatomic anomalies, recent surgeries).

(b) Pharmaceuticals.

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

(A) Monitor intravenous (IV) 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/or 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/mobile fluoroscopic unit;

(B) Document fluoroscopy time; and

(C) Assess patient's vital signs and level of anxiety and/or pain, and 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;

(F) T-tube cholangiogram;

(G) Hysterosalpingogram (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 (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 peripherally inserted central catheter (PICC) placement.

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

(I) Joint injection and aspiration;

(II) Arthrogram (conventional, computed tomography [CT], and magnetic resonance [MR]);

(III) Complex peripherally inserted central catheter (PICC) placement;

(IV) Thoracentesis and paracentesis with appropriate image guidance; and

(V) Lower extremity venography.

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

(I) Lumbar puncture under fluoroscopic guidance;

(II) Lumbar, thoracic, and cervical myelogram;

(III) Nontunneled venous central line placement;

(IV) Venous catheter placement for dialysis;

(V) Breast needle placement for dialysis;

(VI) 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 (general radiography, CT, MR);

(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 (e.g., 3D reconstruction, modifications to field of vision [FOV], slice spacing, algorithm);

(B) Specialized CT (e.g., cardiac scoring, shunt graft measurements); and

(C) MR data analysis (e.g., 3D reconstructions, maximum intensity projection [MIP], 3D surface rendering, 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 (e.g., quality of care, patient flow, re-exam analysis, 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 (e.g., drug reactions, cardiac arrest, hypoglycemia) and activate emergency response systems, including notification of the radiologist.
(3) Initial findings and observations made by a radiologist assistant communicated solely to the supervising radiologist do not constitute diagnoses or interpretations.
(4) 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.

[WAC 246-926-310  What are the requirements to be certified as a radiologist assistant? (1) Individuals wanting to be certified as a radiologist assistant must:
(a) Graduate from an educational program recognized by the ARRT;
(b) Obtain a passing score on the national ARRT registered radiologist assistant examination; and
(c) Submit the application, supporting documents, and fees to the department of health.
(2) A radiologist assistant can have multiple supervisory plans provided each one is approved by the department.
(3) 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.

[WAC 246-926-990  Radiologist assistants; diagnostic, therapeutic, and nuclear medicine radiologic technologists; 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

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(2) The following nonrefundable fees will be charged for certified diagnostic, therapeutic, and nuclear medicine radiologic technologists:

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

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

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[Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. 10-19-071. § 246-926-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 18.84.040. 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. 08-16-008, § 246-926-990, filed 7/24/08, effective 7/25/08. Statutory Authority: RCW 18.84.040. 06-01-104, § 246-926-990, filed 12/21/05, effective 1/21/06.]

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