



POLICY MANUAL

INTRODUCTION TO THE MDCB

The MDCB exists to promote excellence in cancer care by advancing the profession of medical dosimetry. The MDCB has therefore developed and maintains an ethical framework and formal mechanism for medical dosimetrists to gain certification and demonstrate continuing competency. This process has been achieved through on-going collaboration with representatives from several related radiation oncology disciplines. With respect to the common goal of the health care team who strive to provide exemplary care to patients who have cancer, the concept of acknowledging the distinct abilities of the medical dosimetrist emerged and continues to define the role of the MDCB.

Mission Statement

The mission of the Medical Dosimetrist Certification Board is to steer advancement of the Medical Dosimetry profession by establishing certification and continuing education standards to enhance quality patient care. (Adopted October 2010)

Purposes and Objectives

- Elevate standards and advance the cause of medical dosimetry by encouraging its study and improving its practice;
- Determine the certification eligibility of medical dosimetrists and conduct examinations to test the cognitive capability of voluntary candidates;
- Grant and issue certificates to successful candidates and offer a registry service to CMDs;
- Recognize the knowledge and experience of medical dosimetrists.

Board Structure

The Board consists of thirteen members from the following supporting organizations:

- American Association of Medical Dosimetrists (AAMD): 1 Certified Medical Dosimetrist
- American Society for Therapeutic Radiology and Oncology (ASTRO): 1 Radiation Oncologist
- American College of Radiology (ACR): 1 Radiation Oncologist
- American Association of Physicists in Medicine (AAPM): 1 Medical Physicist
- American College of Medical Physics (ACMP): 1 Medical Physicist
- American Society of Radiologic Technologists (ASRT): 1 CMD
- At-large: 6 certified medical dosimetrists from the medical dosimetrist community at-large.
- Public Member: 1 from the community at large.

The officers of the board are president, president-elect, past-president, treasurer and secretary. The Board makes nominations and selection of officers. As the Board members are volunteers, they do not receive compensation for their service to the Board. The full Board meets four times a year to complete preparations for the examination; to consider the performance of the examination and to determine the minimum passing level (MPL); and to conduct an item writing workshop in order to maintain, review and revise the exam item data bank. Additionally, at each meeting old business is reviewed and new business matters are debated. Reports of the various committees are given and discussed.

Committee Structure

The MDCB maintains several standing committees. All committees are chaired by the members of the board of directors.

Bylaws/Ethics/Scope of Practice Committee: This committee refines and updates the MDCB bylaws, addresses ethical issues as outlined in the *Ethical Standards of the Medical Dosimetry Certification Board*, and reviews the Scope and Standards of Medical Dosimetry Practice.

Maintenance of Certification Committee: The board responsibilities of this committee focus on implementing the MDCB policies governing the mechanism for Certified Medical Dosimetrists to demonstrate knowledge and experience. This entails assigning credits to sponsor produced educational offerings and updating and refining the credit valuation criteria.

Eligibility Committee: The members of this committee review credentials submitted by applicants for certification and determine if the applicants have met the eligibility criteria to sit for the MDCB Certification Exam.

Finance Committee: This committee is an oversight committee that is responsible for assisting the treasurer in financial matters.

Nominating Committee: The committee shall be responsible for reviewing applicant qualifications, interviewing appropriate candidates and recommending the most qualified candidates.

Test Development Committee: The Committee's responsibilities include refining test items submitted by item writers and conducting content reviews on the examinations.

BOARD MEMBER JOB DESCRIPTIONS & RESPONSIBILITIES

President

The President is the executive head of the board; this individual holds the CMD credential. The president presides at all board meetings.

Specific Responsibilities

The president, at the direction of the board:

1. Assures that each officer, committee member and board member completes his/her respective duties.
2. Schedules and conducts regularly called meetings.
3. Coordinates elections of officers.
4. Appoints committee chairs and members for standing and ad hoc committees.
5. Prepares an annual report of board activities.
6. Corresponds annually with each sponsoring organization.
7. Supervises the administration, evaluation and reporting of the certification examination.
8. Supervises the execution of the maintenance of certification documentation programs.
9. Completes, or delegates, responses to inquires, problems and other issues.
10. Signs, with the Secretary, any contracts, agreements or other documents authorized by the board
11. Notifies, in writing, the Board's decision regarding the MPL to the testing company and management company.
12. Represents the MDCB to other organizations or meetings as needed.

Term of Office

The president is elected annually. The term extends from September 1 to August 31. Specifics of election and removal of office are contained in the Bylaws of the Medical Dosimetrist Certification Board.

Other

1. Review and sign Annual Update sheet (This is inserted into the test application package)
2. Upon assuming office, the president is to purchase and forward to management company a signature template, which is to be used on letters, communication, etc. The president before distribution must approve any other use.

3. When the ACR liaison is unable to deliver the MDCB's annual report to the ACR/ASTRO conjoint committee on Human Resources and Allied Health Manpower, the president will write the report (#5 above) and attend the meeting to both represent the MDCB and deliver the report. This committee meets annually at the ASRTO convention.
4. Review annual reports representatives prepare for their respective organizations
5. Initiate and coordinate search for the replacement of at-large board members
6. Ensure that organization representatives initiate replacement process
7. Distribute CVs of potential replacement board member(s) to existing board members for review
8. Upon election of new board members, initiate contact with the new member and forward informative materials (By-laws, policy and procedure manual, past meeting minutes, any other pertinent information; item writer's guide and testing handbook from the management company) for said member's review.
9. Sign, with the Secretary, the certification and re-certification certificates; a cover letter is included.
10. Coordinate with the Maintenance of Certification committee chair notification of expiration of certificates for those CMDs who allowed their certificates to expire.

President Elect

Introduction

The major duties of the President-elect are preparatory for assuming the office of President at the completion of terms. The individual holding this office should hold the CMD credential.

Specific Responsibilities

The President-elect, at the direction of the board:

1. Becomes familiar with all duties of the President.
2. Performs the duties of the President at the President's request or in the event of the President's absence or disability.
3. Completes tasks as requested by the President.
4. Assumes the office of President upon completion of the President's term.
5. Maintains knowledge of all Board activities through correspondence with the President.
6. Serves on the Maintenance of Certification and Eligibility committees.
7. Represents the MDCB to other organizations or meetings as needed.
8. Reviews and oversees strategic planning process.

Term of Office

The President-elect is elected annually. The term extends from September 1 to August 31. Specifics of election and removal of office are contained in the Bylaws of the Medical Dosimetrist Certification Board.

Other

As of the March 1996 meeting, it was decided that the president-elect has a standing position on the CCDP committee.

Past President

Introduction

The past president serves as a mentor to the President, assisting with the providing for a seamless transition into office. This individual should hold the CMD credential.

Specific Responsibilities

The past president, at the direction of the board:

1. Completes tasks begun during tenure as president.
2. Provides guidance to president and president-elect of activities conducted during his/her tenure of office.
3. Represents the MDCB to other organizations or meetings as needed.
4. Holds the position of Chair of the eligibility committee.

Term of Office

This office is not an elected office; the President assumes this position at the end his/her presidency. The term extends from September 1 to August 31.

Secretary Treasurer

Introduction

The Secretary Treasurer position is combined position with two different scopes of responsibility. While the Secretary assists with capturing accurate records of board activities, the Treasurer is responsible for overseeing fiscal matters of the board. This individual should hold the CMD credential.

Specific responsibilities for the Secretary at the direction of the board:

1. Ensures the management company maintains custody of the corporate seal and articles of incorporation.
2. Oversees the recording and distribution of all board meeting minutes and documents representing the historical aspect of the board.
3. Has charge of documents and papers as deemed appropriate by the board.
4. Ensures the management company, records, keeps and distributes minutes of board meetings.
5. Retains a record of all board members' names and addresses. Signs, with the President, any contracts, agreements or other documents authorized by the board.
6. Sign, with the President, then seals and embosses the certification and re-certification certificates with the MDCB embosser.
7. Represents the MDCB to other organizations or meetings as needed.

Term of Office

The Secretary/Treasurer is elected annually. The term extends from September 1 to August 31. Specifics of election and removal of office are contained in the Bylaws of the Medical Dosimetry Certification Board.

Specific Responsibilities for the Treasurer, at the direction of the board

1. Oversees all funds, property, and securities of the corporation.
2. Reviews monthly financial reports generated by the management company to ensure proper transactions.
3. Oversees that operating funds and investment funds are allocated according to board policy.
4. Endorse, on behalf of the corporation, for collection checks, notes and other obligations.
5. Deposit these obligations to the credit of the corporation at the designated bank or depository.
6. Sign all receipts and vouchers as designated by the Board of Directors.
7. Sign all checks of the corporation and all bills of exchange and promissory notes issued by the corporation as required.
8. Make payments, as necessary, on behalf of the corporation.
9. Ensures all necessary information is provided to the accountant to facilitate the timely submission of income tax forms to the IRS.
10. Represents the MDCB to other organizations or meetings as needed.

Board Member

Introduction

The major board member duties are related to the development, delivery, evaluation and maintenance of the certification, credential renewal process and C.E. program maintenance.

Specific Responsibilities

Each board member is minimally expected to:

1. Attend scheduled and called board meetings.
2. Vote according to conscience, on board related bylaws, rules, policies and procedures.
3. Engage in general business associated with board functions.
4. Participate in annual examination development.
5. Assist with the review of each examination's minimum passing level (MPL).
6. Submit items to the item database as directed by the Chair of the Test Development Committee.
7. Serve on standing and ad hoc committees as directed by the President.
8. Volunteer for board offices that use their specific talents and interests.
9. Advise the officers and executive committee on board matters.
10. Represent board interests and policies in all communications, correspondences and decisions.
11. Transmit board interests, activities, procedures and policies to sponsoring organizations, as appropriate.
12. Represents the MDCB to other organizations or meetings as needed.
13. All communication sent on behalf of the Board is to be reviewed by the President before sending. The final document will be copied to the President

Term of Office

Board members are elected by nominations from the sponsoring institutions and CMD community at large. Terms are for five years beginning on September 1 for the year elected and ending on August 31 in the fifth subsequent year.

Other

As of 1996, it was decided that the rotation of terms would be staggered such that 2 physicians, 2 physicists, or 3 dosimetrists would not rotate off the Board at the same time or, preferable, not on consecutive years. The terms of office for all board members were evaluated and adjusted to maintain member continuity.

Board Member Public Forum Posting Policy

(Adopted November 2011)

Board members during their terms of service shall not post responses or comments on any public forum regarding the MDCB that is not a board consensus response.

Board Member Reimbursement Policy

(Adopted November 2011)

Procedure

1. Board members will provide completed reimbursement forms with receipts to the headquarters office within two weeks of travel.
2. Reimbursement requests for mileage must be accompanied by a Google Maps or Mapquest mileage report.
3. No reimbursements will be issued without valid third party receipts.
4. No flight reimbursements will be issued for board member guest attendance.
5. Board members will make flight arrangements at a minimum of six weeks prior to meeting dates to secure best economy/coach ticket rates.

Staff Responsibility

1. Maintain current reimbursement voucher on web confidential page.
2. Submit reimbursement vouchers to headquarters accounting department for immediate next voucher deadline date.

Board Member Responsibility

1. Secure flights either on own or through current travel vendor a minimum of six weeks in advance of meetings.
2. Download reimbursement form from web confidential page, complete reimbursement form and submit to headquarters office with receipts attached.

Board Member Responsibility Policy

(Adopted November 2011)

Staff Responsibility

1. Staff will circulate:
 - a. reminders for board meeting travel plans eight weeks in advance of in-person board meeting.
 - b. e-mails as needed for response outlining date by which response is needed.
 - c. requests for e-mail vote as needed outlining date by which response is needed

Board Member Responsibility

1. Attendance at in-person meetings. Exceptions will be made for illness or personal/family emergencies.
2. Prompt response to e-mails requesting response by date outlined.
3. Prompt response to request for e-mail vote by date outlined.

E-mail Voting (Adopted August 2010)

The business of the board may be conducted through e-mail. Prior to requesting an e-mail vote, the secretary will confirm the motion with a mover and a seconder. A deadline for response will be imposed. Board members will return votes to the Secretary and Executive Director. The Secretary will maintain a log of all the votes to report to the board. The Executive Director will maintain each individual vote and accompanying comments in PDF format. Board members who do not respond to the vote within the timeline outlined will be considered absent. The motion will be approved with a 2/3 majority vote.

Laptop Purchases (Adopted February 2011)

Board members are granted the authority to purchase a laptop with minimum requirements of MS Office & WiFi for the conduct of MDCB business. Reimbursement for laptop purchase will not exceed \$1,000.

GENERAL INFORMATION

I. AQUIRMT

The Alliance for Quality Medical Imaging and Radiation Therapy is a coalition of organizations supporting the need for federal educational and credentialing standards for medical imaging and radiation therapy professionals. Founding members of the Alliance are the American Society of Radiologic Technologists (ASRT) and Society of Nuclear Medicine-Technologist Section (SNMITS). Other members of the Alliance are the American Association of Medical Assistants (AAMA), American Association of Medical Dosimetrists (AAMD), American Association of Physicists in Medicine (AAPM), American College of Medical Physics (ACMP), American Registry of Radiologic Technologists (ARRT), Association of Educators in the Imaging and Radiologic Sciences (AEIRS), Association of Vascular and Interventional Radiographers (AVIR), Cardiovascular Credentialing International (CCI), Joint Review Committee on Education in Cardiovascular Technology (JRCCVT), Joint Review Committee on Education in Radiologic Technology (JRCERT), Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT), Medical Dosimetrist Certification Board (MDCB), Nuclear Medicine Technology Certification Board (NMTCB), Section for Magnetic Resonance Technologists (SMRT), Society of Diagnostic Medical Sonographers (SDMS), Society for Radiation Oncology Administrators (SROA) and the Society of Invasive Cardiac Professionals (SICP). Other organizations supporting the Alliance and attending Alliance meetings are the

Conference of Radiation Control Program Directors (CRCPD), American College of Radiology (ACR) and American Society for Therapeutic Radiation Oncology (ASTRO).

2. Core Curriculum

In 1998, the MDCB was invited by the ASRT to participate in the formation of the Medical Imaging and Radiation Oncology Core Curriculum. Representatives from various disciplines in the imaging and oncology fields participated.

3. Ethics Statement

In March, 2000, the Board adopted an ethics statement for Certified Medical Dosimetrists. It became effective as of January 1, 2001.

4. Incorporation Renewal

The MDCB is incorporated in the state of Maine (the secretary holds the articles of incorporation). Since 1990, Tom Persico, CMD is the registered agent who has taken on the responsibility (after Paul Klein, who was the original agent, left the state) of filing an annual report for incorporated/non-profit organizations and its associated fee on the MDCB's behalf. Tom is to send a copy of the report to MDCB Headquarters.

5. Pledge of Loyalty & Conflict of Interest Statement

Once a new Board member has been oriented and the issues of confidentiality are outlined, that member signs a Pledge of Loyalty and Conflict of Interest Statement. This is an agreement form between the Board and the individual Board member regarding these issues. Staff will maintain a file of all signed statements.

6. Liability Insurance & DO Insurance

Staff will secure and maintain General Liability and Directors & Operators Insurance.

7. MDCB exam as ARRT CE

In a letter dated February 3, 1995, from Thomas Kraker (Assistant Executive Director, ARRT) to James Naves (President, MDCB) stated:

“It was the consensus of the Board to accept successful completion of the MDCB certification examination as a continuing education activity. ARRT registrants will be awarded 24 CE credits on the date they successfully complete the MDCB certification examination. This certification will satisfy the CE requirements for the biennium.”

8. MDCB as ARRT RCEEM

As of February 11, 2008, the ARRT approved the CE activities that are approved by the MDCB and that are relevant duties and responsibilities of a Radiation Therapist/Dosimetrist to be awarded ARRT Category A credit.

9. MIRODA

In 1998, the ASRT invited us to participate in a group whose purpose was to collect data on individuals working in the radiologic science fields. This was a “grass roots” steering committee that decided to call itself the Medical Imaging and Radiation Oncology Data Alliance (MIRODA). We continue to participate on this committee; it meets 3-4 times per year coinciding with major organization's conferences. As of 2000, a compendium describing the participating organization has been published on the Web. During the spring/summer of 2000 a trial merge/purge of data will be conducted. Eventually, this group would like to serve in the capacity to conduct research regarding these groups of professionals. The compendium and more information can be found on our Web page (one the MIRODA button) and the MIRODA page at <http://www.miroda.org>.

To conduct the merge/purge, the MDCB needed to collect demographic information which we previously had not collected. To accomplish this, a separate form was designed and included with the 1999 Credit Claim Form (January, 2000). Modification will be necessary as the needs of MIRODA changes.

10. New Board Member Orientation

Upon election of new board members, staff will provide a board orientation and forward copies of past meeting minutes, the by-laws, the procedure manual, and item writing guide, and any other information deemed helpful in orienting the individual to the process of the board and testing, in general. The topics of this orientation are outlined as follows:

1. Certifying Boards
 - Purpose
 - Structure
 - Evaluation
2. Continuum of Credentialing
 - Professional School
 - Certification
 - Re-certification
3. Psychometric Concepts
 - Assessment Approaches
 - Types of Validity
 - Minimum Passing Level (MPL)
4. Psychometric Statistics
 - Difficulty
 - Discrimination
 - Internal Consistency
5. Confidentiality ("Letter of Understanding" is signed)

11. Non-Discrimination Statement

In March, 2000, the Board adopted a non-discrimination statement. It reads as follows:

The Medical Dosimetrist Certification Board does not discriminate against any applicant for examination, certification or re-certification because of disability, race, color, religion, creed, age, gender, national origin, ancestry, or any other protected classification under state or federal law.

12. Scope of Practice/Standards of Practice

In 1997, the MDCB organized and began to work on developing the Scope of Practice and Standards of Practice for Medical Dosimetrists. The survey instrument was distributed during the fall of 1999 and analyzed over the winter. The Scope of Practice Research Committee met during March, 2000 to draft the documents. .

13. Tax Exempt/Nonprofit Status

In 1994, the MDCB was awarded tax exempt status; level 501 (c) (3). Staff has the responsibility of ensuring the appropriate forms are filed with the Internal Revenue Service (IRS).

14. Web Page

The MDCB Web site is located at URL: <http://www.mdcb.org>. The page went “live” the fall of 1998

MEDICAL IMAGING AND RADIATION ONCOLOGY PROFESSIONAL CORE CURRICULUM

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Sponsoring Organizations

The following organizations supported the development of and endorse the core curriculum document:

*American Association of Medical Dosimetrists
American Society of Radiologic Technologists
Association of Collegiate Educators in Radiologic Technology*

*Association of Educators in Radiological Sciences
Medical Dosimetrist Certification Board
Society of Nuclear Medicine – Technologist Section*

The sponsoring organizations acknowledge the efforts of the project team.

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- I. Anatomy – Gross and Sectional**
- II. Physiology**
- III. Medical Terminology**
- IV. Pathology**
- V. Algebra**
- VI. Computer Competency**
- VII. Philosophy of Health Care**
 - A. Health Care approaches
 - 1. Holistic health care
 - a. Physical
 - b. Psychosocial
 - c. Spiritual
 - 2. Disease/injury specific care
- VIII. Health Care Accreditation and Regulation**
 - A. Continuous Quality Improvement
 - 1. Goal of quality improvement
 - 2. Quality control
 - 3. Quality assurance
 - B. Accreditation/regulatory issues
 - 1. Purpose of accreditation
 - 2. Education program accreditation
 - a. Programmatic accreditation
 - b. Regional accreditation agencies
 - c. National proprietary agencies
 - d. State agencies and others
 - 3. Health care facilities accreditation
 - 4. Health care professional credentialing
 - a. Certification
 - b. Licensure
 - c. Registration
 - 5. Credentialing agencies
 - a. National organizations
 - b. State agencies
 - c. Medical Dosimetrist Certification Board (MDCB)
 - d. Nuclear Medicine Technologist Certification Board (NMTCB)
 - e. State agencies and others

6. Regulatory agencies
 - a. Food and Drug Administration (FDA)
 - b. Nuclear Regulatory Commission (NRC)
 - c. Occupational Safety and Health Administration (OSA)
 - d. U.S. Department of Transportation (DOT)
 - e. State agencies
7. Advisory agencies
 - a. International Commission of Radiation Units and Measurement (ICRU)
 - b. National Council on Radiation Protection and Measurement (NCRP)

IX. Health Care Economics and Deliver Systems

- A. Payment systems
- B. Current issues in U.S. health care: cost, quality and accessibility
 1. Conflicting factors
 2. Disease/accident prevention vs. treatment
 3. Education and distribution of health professionals
- C. Problems facing U.S. health care
 1. Lifestyle choices
 2. Indigent care and social inequities
 3. Child health issues
 4. AIDS
 5. Sexually transmitted diseases
 6. Physical and mental abuse
 7. Aging population
 8. Availability of government funding
 9. Escalating costs
 10. Fraud and abuse
- D. Health care delivery systems
 1. Hospitals
 2. Outpatient clinics
 3. Public health
 4. Home health
 5. Nursing/extended care facilities
 6. Emergency medical system
 7. Mobile clinics
 8. Others
- E. Health care consumer services
- F. Community education
 1. Purpose
 2. Providers
 3. Recipients
 - a. Patient/family/advocate
 - b. Other health care providers
 - c. Community

- G. Health care facilities
 - 1. Philosophy/mission/vision/culture
 - 2. Organizational structures

X. Medical Imaging and Radiation Oncology Professionals

- A. Bone Densitometry technologists
- B. Computed tomography technologists
- C. Cardiovascular-interventional technologists
- D. Health physicists/medical physicists
- E. Magnetic resonance technologists
- F. Mammographers
- G. Medical Dosimetrists
- H. Nuclear medicine technologists
- I. Quality managers
- J. Radiation therapists
- K. Radiographers
- L. Radiology nurses/oncology nurses
- M. Sonographers/vascular technologists/echocardiographers
- N. Others

XI. Health Care Communications

- A. Elements of communication
 - 1. Nature of communication — verbal/nonverbal/written/electronic
 - 2. Perception and motivation in communication
 - 3. Sensitivity to diverse populations
 - 4. Barriers to communication
- B. Skills
 - 1. Nonverbal and verbal codes and cues
 - 2. Active and empathetic listening
 - 3. Understanding the audience
 - 4. Delivery and visual enhancements
 - 5. Facilitation through silence, reinforcement, questioning
- C. Communication skills
 - 1. Team building
 - 2. Conflict resolution
 - 3. Negotiation
 - 4. Patient documentation

XII. Professional Ethics and Law

- A. Codes of ethics
 - 1. Examples of professional codes
 - 2. Ethical theories
 - 3. Ethical principles
 - 4. Employee responsibilities

5. Work ethic
- B. Patient Bill of Rights
- C. Patient confidentiality and privacy
 1. Medical records
 2. Teaching files
 3. Ethical behavior
 4. Modesty and privacy
- D. Scopes of Practice
- E. Practice Standards
- F. Liability/legal issues
 1. Civil Liability
 2. Intentional torts
 3. Assault
 4. Battery
 5. False imprisonment
 6. Infliction of emotional distress
 - a. Intentional
 - b. Negligent
 7. Defamation
 - a. Slander
 - b. Libel
 8. Vicarious Liability
 9. Elements of torts
 10. Jurisdiction
 11. Negligence
 - a. Elements
 - b. Contributory
 - c. Comparative
 12. Medical Standards of care
 13. Burden of proof
 14. *Res ipsa loquitur*
 15. *Respondeat superior and personal liability*
 16. Documentation of errors and other problems
 17. Consent
 - a. Informed
 - b. Uninformed
 - c. Implied
 18. Patient directives
 - a. Living wills
 - b. Do not resuscitate orders (DNR)
 - c. Health care surrogate (health care power of attorney)
- G. Employer/employee responsibilities
 1. Labor laws and unions
 2. Employment discrimination laws

- a. *Quid pro quo*
 - b. Hostile work environment
 - c. Protected persons
 - d. Unwelcome conduct
 - e. Employer's liability
 - f. Sexual harassment
 - g. Harassment
 - h. Employer's responsibility for prevention and prompt remedial action
 - i. Assault and battery
 - j. Infliction of emotional distress
 - k. Invasion of privacy
 - l. Wrongful discharge
- 3. Conditions of employment
 - a. Position descriptions
 - b. Drug screening
 - c. Background checks
 - d. Misrepresentation
 - 4. Liability coverage
 - a. Employer
 - b. Personal
 - 5. Equipment safety regulations
 - 6. Safety
 - a. Hazard identification and control
 - b. Policies and procedures
 - 1) OSHA
 - 2) Centers for Disease Control (CDC)
 - 3) Facility
 - 4) State
 - c. Employee training
 - d. Fire, Electrical and chemical safety
 - e. Injury prevention
 - f. Safety/quality improvement committees
 - 7. "Whistleblower" protection

XIII. Patient Assessment, Monitoring and Care

A. Assessment

- 1. Introduction to the medical record
- 2. History and Physical
- 3. Laboratory values
- 4. Vital signs
- 5. Electrocardiogram (ECG)
- 6. Pulse oximetry
- 7. Communication needs
- 8. Age, gender and cultural factors

- B. Patient physical assistance
 - 1. Body mechanics
 - 2. Dressing and undressing patients
 - 3. Transferring patients
 - 4. Safety devices
 - 5. Assistance with body functions
- C. Infection control and aseptic technique
 - 1. Asepsis
 - 2. Cycle of infection
 - 3. Standard (universal) precautions
 - 4. Wound care
 - 5. Isolation precautions
 - 6. Surgical asepsis/sterile technique
- D. Tubes, catheters and vascular access lines
 - 1. Urinary catheters
 - 2. Oxygen therapy/suction therapy
 - 3. Tubes: nasogastric (NG), feeding, chest
 - 4. Venipuncture/IV administration
 - 5. Vascular access lines: Hickman, Port-A-Cath
- E. Medication administration
 - 1. Medication classifications
 - 2. Pharmacodynamics/pharmacokinetics
 - 3. Routes of administration
 - 4. Commonly used medications
 - 5. Drug reference guides
- F. Medical emergencies
 - 1. Nausea and vomiting
 - 2. Vertigo/fainting/syncope
 - 3. Seizures
 - 4. Diabetic reactions
 - 5. Shock
 - 6. Respiratory distress/arrest
 - 7. Cardiac arrest
 - 8. Choking/aspiration
- G. Emergency care
 - 1. Cardiopulmonary resuscitation (CPR)
 - 2. Heimlich maneuver
 - 3. First aid
 - 4. Respiratory support
 - 5. Equipment and drugs
 - 6. Code coordination/management

XIV. Professional Development

- A. Professional organization: purpose, function and activity
 - 1. National/international
 - 2. State
 - 3. Local
- B. Continuing education
 - 1. Purpose
 - 2. Sources
 - 3. Benefits
 - 4. Ethical considerations (fraud)
 - 5. Agencies requiring continuing education
- C. Career planning and development
 - 1. Educational opportunities
 - 2. Career opportunities and practice settings
- D. Employability skills
 - 1. Resume/curriculum vitae
 - 2. Cover letters
 - 3. Portfolios
 - 4. Search process
 - 5. Application process
 - 6. Interviewing skills
 - 7. Negotiating skills.

POLICY AND POSITION STATEMENTS

Distribution of Board Materials

(Adopted November 2011)

Procedure

1. Board meeting materials will be distributed to board members via e-mail one week prior to the board meeting.
2. Board meeting minutes and action item document will be distributed to the board no later than two weeks following a board meeting.
3. Approved minutes will be posted to the board confidential page.
4. Call for agenda topics to all board members with deadline date outlined for response.

Staff Responsibility

1. Provide draft agenda for review and approval by President.
2. Following board meeting finalize minutes and distribute to board within two weeks of the meeting.
3. Post approved board meeting minutes and action items to board confidential web page.

President Responsibility

1. Provide input regarding preparation of draft agenda.
2. Approve final draft agenda.

Contract Policy

(Adopted October 2010)

The following procedures will be followed for all contracting with vendors:

The following policy for contract review is being recommended for approval:

1. Executive Director to request contract from vendor
2. Executive Committee/board to review draft contract for fees, payment schedules, emergency planning
3. Executive Director to provide draft contract and concerns outlined by Executive Committee/board to legal counsel
4. Legal counsel to revise draft and provide back to Executive Director for Executive Committee/board review
5. Upon board review, additional changes may be outlined
6. Upon board approval contract to be signed by president, secretary treasurer, Executive Director.
7. A minimum of two signatures will be required.
8. Forward contract to vendor
9. All renewal contracts will be requested to be received 90 days prior to expiration of current contract.
10. Vendor is to sign contract prior to the MDCB.

Credentialing Process

Medical dosimetrists become certified by the MDCB upon passing the examination and are eligible to use the credential of Certified Medical Dosimetrist, CMD. Annually, each CMD must pay a registration fee to have their credential registered. This registration process permits use of the CMD credential. A wallet identification card and a seal for the wall certificate will be issued upon receipt of the annual registration fee.

Along with being registered each year, every five years, a CMD must show proof of continuing competency by documenting 50 continuing education credits.

In order to maintain the status of CMD, annual registration fees must be paid by December 31st. A 30-day grace period, with monetary penalty, will be allowed until January 31st. Dosimetrists who have not paid the registration fee will not be allowed to use the credential "CMD" and will not be listed in the registry of Certified Medical Dosimetrists. The only way to reinstate the credential is by passing the MDCB Certification exam.

Document Retention Policy
(Adopted August 2008)

Policy

MDCB HEADQUARTERS shall retain documents of legal and historical significance in a safe place and in an organized fashion to ensure that necessary records are retained and are readily retrievable.

Procedure

- A. The following will be retained in **perpetuity** and a copy contained in an off-site location:
 - 1. Articles of Incorporation
 - 2. IRS Letter of determination
 - 3. Hard copy of current bylaws, and previous 2 iterations
 - 4. Employer Tax Identification Number

- B. The following will be retained in **perpetuity** in chronological order and separated by category in office files in either short or long-term storage.
 - 1. Meeting Minutes
 - a. Board of Directors' meetings
 - b. Council meetings
 - c. Committee meetings
 - d. Task force / other official society business meetings
 - 2. Trademark Registrations and copyrights
 - 3. Training manuals

- C. The following will be retained for seven years with the past two year's filed in short term (office space), the remainder in long-term (secured) storage.
 - 1. Legal Correspondence
 - 2. Insurance Records /accident reports / claims / policies
 - 3. Annual membership lists with join date
 - 4. Accident reports / claims
 - 5. Contracts (expired)
 - 6. Inventories of products, materials, supplies
 - 7. Sales records
 - 8. Financial records of the MDCB including
 - a. Annual financial statements (audited)
 - b. Audit reports
 - c. General Ledgers
 - d. Tax returns
 - e. Year-end general journal entries
 - f. Chart of accounts
 - g. Checks (canceled for important payments, i.e., taxes, special contracts and filed with the underlying transaction)
 - h. Contracts still in effect
 - i. Accounts payable ledgers / schedules
 - j. Accounts receivable ledgers and schedules

- k. Cancelled checks
- l. Invoices (to customer, from vendors)
- m. Expense reimbursement requests (employee, member) – filed with check stub

D. To provide a history of the Society meetings and programs, at least 3 copies of all meeting materials (Call for proposals, call for abstracts, registration brochure, final program) will be retained in **perpetuity**. All copies of the printed Transaction Book and electronic CD will be retained for **seven years**. 10 copies of the Society’s printed Transactions Book and 25 copies of the electronic CDs shall also be kept in **perpetuity**.

E. The following shall be retained in **perpetuity** in files in multiples* and in chronological order by document classification to serve as an historical record of the Society's development and progress.

- 1. Copies of publications: Newsletters and Journals
- 2. Membership or other brochures

*At least 3 copies of materials more than three years old shall be archived if available. Documents less than three years old shall be retained in total.

F. All other document/records shall be retained and filed by document classification in chronological order for a period of at least **three years**, or until disposal or destruction is authorized by the Board of Directors. This includes, but is not limited to:

- 1. Financials
 - a. Bank reconciliations
 - b. Bank statements
- 2. General correspondence between MDCB HEADQUARTERS and members or vendors
- 3. Insurance policies, expired
- 4. Internal reports
- 5. Purchase orders

G. Any documents/records authorized by the Board of Directors to be disposed of, deleted, or otherwise discarded shall be removed systematically and destroyed (shredded and recycled) by the office staff.

Following is a record retention summary according to the above procedures:

Retention Period	Document Type
Permanent Records	1. Articles of Incorporation 2. IRS Letter of determination 3. Hard copy of current bylaws, and past two iterations 4. Employer Tax Identification Number 5. Meeting Minutes: Board of Directors' & Council meetings; Committee meetings; Task force / other official society business meetings 6. Trademark Registrations and copyrights 7. Training manuals 8. 3 copies of Meeting Materials: Call for proposals, call for abstracts, registration brochure, final program 9. 3 copies of publications: Newsletters and journals, membership or other brochures more than 3 years old.

	<p>10. Annual Meeting Transactions (10 print and 25 electronic)</p> <p>11. Photos of MDCB Members and meetings</p>
Seven Years	<ol style="list-style-type: none"> 1. Legal Correspondence 2. Insurance Records /accident reports / claims / policies 3. Annual membership lists with join date 4. Accident reports / claims 5. Contracts (expired) 6. Inventories of products, materials, supplies 7. Sales records 8. Financial records of the Society including: Annual financial statements (audited); Audit reports; General Ledgers; Tax returns; Year-end general journal entries; Chart of accounts; Checks (canceled for important payments, i.e., taxes, special contracts and filed with the underlying transaction); Contracts still in effect; Accounts payable ledgers / schedules; Accounts receivable ledgers and schedules; Cancelled checks; Invoices (to customer, from vendors); Expense reimbursement requests (employee, member) – filed with check stub. 9. All copies of Annual Meeting Transactions (print and electronic).
Three Years	<ol style="list-style-type: none"> 1. Financials (Bank reconciliations, Bank statements) 2. General correspondence between MDCB HEADQUARTERS and certifiants or vendors 3. Insurance policies, expired 4. Internal reports 5. Purchase orders 6. All publications: Newsletters and journals, membership or other brochures less than 3 years old.

Meeting Venue Contracting
(Adopted November 2011)

Procedure

1. Meeting venues should be secured approximately one year in advance of meeting date upon determination of cities in which meetings are to be held.
1. RFPs will be circulated by staff to headquarters hotel corporation contacts outlining dates, complimentary function space and food & beverage requirements, room rate range, AV requirements, complimentary internet access in board and sleeping rooms, and executive board chairs in meeting rooms.
2. Responses to RFP will be circulated to the board of directors for review.
3. Final meeting venues to be approved by consensus vote of board.

Staff Responsibility

1. Prepare RFP as outlined.
2. Circulate proposals received to the board for review.
3. Confirm venue with hotel property.
4. Advise properties that are not selected.
5. Review and finalize contract to ensure fees outlined are same or less (based on further negotiation) than outlined in proposal and low/no risk in regard to attrition and cancellation fees.
6. Select menus for breaks and buffet breakfast.

7. Review banquet and event orders (BEOs) to assure menus and pricing are correct and all beverages included in BEOS are on consumption basis.
8. Following meeting review invoice provided by hotel to insure charges for catering, room function space (if applicable), room accommodations and additional charges are correct. Provide hotel of any negative feedback which may result in reduction of fees.

Board Responsibility

1. Provide feedback regarding meeting locations.
2. Review response to proposals from board members.
3. Select venue for which majority has responded.

Newsletter Policy (Adopted November 2011)

Procedure

1. An electronic newsletter will be provided to the membership semi-annually for timely distribution of information.
2. Staff will circulate a content list to the board for review and comment.
3. Content to include but is not exclusive to:
 - a. President's Letter and Photo
 - b. News related to the MDCB
 - c. Statistics on the exam
 - d. Welcome to new CMDs
 - e. New and departing board members with photos
 - f. Article from the AAMD
 - g. Board roster with non-work email address.
4. Staff will circulate draft of newsletter to board for review and address any requested changes.
5. Finalized newsletter will be posted to the MDCB website and announcement via broadcast e-mail regarding posting will be circulated to the CMDs and providers.

Staff Responsibility

1. Request content from the AAMD.
2. Develop content list with feedback from board.
3. Circulate content list for review.
4. Provide articles and photos for layout and design.
5. Design and layout newsletter.
6. Provide draft of newsletter to board for review.
7. Make any requested changes.
8. Post to website.
9. Circulate notice of posting to members.

Board Responsibility

1. Review content list by deadline requested.
2. Provide content as needed by deadline requested.
3. Review draft by deadline requested.

Release of Mailing List (Adopted August 2008)

Policy

The Board maintains total control and authority regarding release of CMD names and addresses. In general, this information is released only for

educational purposes. Lists are not released to professional recruiters, employers or vendors.

Procedure

Requests should be made to the MDCB headquarters office.

The MDCB headquarters office will assure that each request is accompanied by:

1. A written statement indicating the individual or group making the request and the intended purpose.
2. A copy of any proposed mailing to be used with the list.

The MDCB headquarters office will forward all requests for Board approval.

The President and Secretary will be responsible for approving the request, the list format and for establishing fees.

The President will provide the MDCB headquarters office with written approval notification. The MDCB headquarters office will supply the list and recover fees only after Board approval.

Requests for Disability Accommodation Under the Americans With Disabilities Act

The Medical Dosimetrist Certification Board (“MDCB”) complies with the Americans with Disabilities Act of 1990 (“ADA”). The MDCB accommodates reasonable and properly documented special testing requests from a qualified applicant who is otherwise eligible to take the Medical Dosimetrist Certification Exam (“Exam”) but, due to a diagnosed disability, cannot demonstrate under standard testing conditions that he/she possesses the essential skills and competencies that the MDCB has determined are appropriate for certification in the practice of medical dosimetry.

The ADA defines “reasonable accommodations” as an adjustment or modifications(s) of the standard testing conditions that mitigates the impact of the applicant’s disability without doing any of the following: 1) fundamentally altering the nature of the examination or the MDCB’s ability to determine through the Exam whether the applicant possesses the essential skills and competencies that the MDCB has determined are appropriate for certification in the practice of medical dosimetry; 2) imposing an undue burden on the MDCB; 3) compromising the integrity, the reliability, or the validity of the Exam; or 4) jeopardizing the security of the Exam.

Requests for such accommodations are due by the normal application deadline and must be submitted on the appropriate forms in the Exam materials for the certification program. Alternatively, the applicant may provide in writing all the information that is on each of the forms. If accommodation is required for the application process, contact MDCB for assistance.

Requests for accommodations that are received after the deadline, or are not supported by necessary documentation will be denied, but the Exam application will be processed and reviewed as if the applicant did not request any accommodations. If the Exam application is subsequently approved, the applicant may register for the standard administration of the Exam.

Submission of an accommodations request does not automatically guarantee that testing accommodations will be made. The MDCB will review the application and professional recommendations to determine whether the request is reasonable and appropriate to the testing environment or whether it would fundamentally alter the nature of the Exam or jeopardize examination security.

Covered Disabilities - Definitions

If the applicant is requesting special testing accommodations because of disability, the disability must be one that is covered by the ADA, and the applicant must have documented physical or mental impairment that substantially limits one or more major life activities.

The ADA defines “major life activities” to include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. An individual must be unable to perform, or be significantly limited in the ability to perform, an activity when

compared to an average person in the general population. The assessment as to whether an individual is substantially limited is based on the effect of an impairment on that individual's activities.

The ADA defines "physical impairment" as any physiological disorders or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organ, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine.

The ADA defines "mental impairment" as any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Given the wide variety of possible disabilities, neither the law itself nor the regulations list all specific diseases or conditions that might constitute "physical or mental impairments."

Procedures

Information and Documentation Requirements for All Accommodations Requests

1. Applicant Request for ADA Special Accommodations

A disabled applicant must request special testing accommodations by completing this form and providing supplemental information if requested. The form is included in the in the Exam materials for the certification program. The candidate must initiate the request for accommodations. Requests for accommodations from third parties are not accepted.

2. Authorization for Release of Information and Confidentiality

A disabled applicant must complete an authorization for release of records from the applicant's medical and/or psychological provider for the purpose of determining whether the applicant is a qualified individual with a disability.

3. Professional's Documentation for ADA Special Accommodations

A disabled applicant must arrange for a physician, psychologist or other professional licensed to diagnose and treat his/her disability to complete this form or provide in writing all the information that the form requests. At a minimum, the professional must present recognized credentials and/or evidence of specialized training in the area of the disability. Further, the professional must be familiar with the functional limitations resulting from the disability that would impact the applicant's ability to complete the MDCB Exam under standard administration procedures. Accommodation recommendations made by professionals are considered by MDCB but are not guaranteed.

The professional's information must:

- appear on official letterhead;
- be signed by the evaluator or professional qualified to make the diagnosis;
- be current (within the last four years unless the disability is a permanent or unchanging physical or sensory disability);
- include the diagnosed disability and the date(s) on which the applicant was examined;
- describe the tests or procedures used to diagnose the disability and any educational, medical, or psychological records, including dates, and laboratory, clinical, or diagnostic test results (does not apply to permanent or unchanging physical or sensory disability); and
- state the recommended testing accommodations for the applicant and explain how the testing accommodations relate to the applicant's physical or mental impairment. If the recommendations for testing accommodations include an extension of the customary examination time, describe your rationale for the amount of time recommended.

4. School ADA Confirmation Form

If the applicant received testing accommodations during formal education in medical dosimetry, the applicant must have the school's administrator or coordinator of disability services complete this form or provide in writing all the information requested. A history of accommodations during formal education does not necessarily guarantee that MDCB will provide those same accommodations during its certification examinations.

MDCB reserves the right to request additional information at any time from applicants requesting ADA accommodations and/or from authorized third parties.

Retaking an Exam: Requests for Identical Accommodations

If the applicant is retaking the MDCB Exam for any reason, a previous request for testing accommodations was approved within the last four years, and the applicant still requires the same accommodations, only Part I of the “Applicant Request for ADA Special Accommodations” Form must be completed and attached to the Reactivation Form.

Retaking an Exam: Requests for Additional or Different Accommodations or Initial Request Approved More Than Four Years Ago

If the applicant is retaking the MDCB Exam and is requesting additional or different accommodations, or if his/her last request for accommodations was approved more than four years ago, all parts of the “Applicant Request for ADA Special Accommodations” Form must be completed and submitted, as well as the “Professional Documentation of Request” Form. These forms or the requested information in writing must be provided along with the Reactivation Form to the MDCB.

Approved Requests

If the applicant’s request for special accommodations is approved, MDCB will notify the applicant and confirm the accommodations approximately four weeks before the examination date. MDCB will make every effort to accommodate individuals with qualified disabilities and provide the approved accommodation(s) with its testing services provider. Only accommodations requests approved in advance by MDCB will be honored at the test site.

Appeals

If the applicant desires to appeal a decision involving an accommodation request by providing additional documentation regarding his/her disability, MDCB must be contacted in writing within ten days after notice of the accommodations decision is received. If the applicant desires to withdraw his/her application and/or request a refund, contact MDCB for more information on its refund and withdrawal policies.

Applicant Request for Minor Modifications to the Standard Testing Procedures

If an applicant requires minor modifications to the standard testing environment (e.g., wheelchair or elevator access) due to a temporary condition that is not covered by the ADA (e.g., pregnancy, a fracture, etc.), the applicant should submit a letter from the medical doctor or other qualified professional who is treating him/her describing the nature of the condition, dates of treatment, and the modifications requested. Send this letter along with the application for certification and the appropriate fees.

Whistleblower Policy
(Adopted August 2008)

Procedures for the Submission of Complaints or Concerns Regarding Financial Statement Disclosures, Accounting, Internal Accounting Controls, or Auditing Matters

To facilitate disclosures, encourage proper individual conduct and alert MDCB to potential issues before encountering serious consequences, the MDCB deems it appropriate to use Section 301 of the Sarbanes–Oxley Act of 2002 as a guideline for the Board of Directors to establish procedures for:

- (a) the receipt, retention, and treatment of complaints received by MDCB regarding its financial statement disclosures, accounting, internal accounting controls or auditing matters; and
- (b) the submission by staff and certificants, on a confidential and anonymous basis, of good faith concerns regarding questionable accounting or auditing matters.

The Board of Directors has adopted the following “whistleblower policy” (“Policy”) for implementation by MDCB:

1. The MDCB shall review any complaints that it receives regarding financial statement disclosures, accounting, internal accounting controls or auditing matters. Any complaint will first be evaluated to determine whether it falls within the scope of this Policy. If the complaint does not appear to involve financial statement disclosures, accounting, internal accounting controls or auditing matters, it will be forwarded to the MDCB general counsel to handle in a manner in which he or she deems appropriate.

2. Any staff person or member of MDCB may submit any good faith concerns regarding financial statement disclosures, accounting, internal accounting controls, or auditing matters in accordance with the following procedures:

- (a) on a confidential and anonymous basis, the concern should be submitted in writing and sent in a sealed envelope via certified mail to MDCB's general counsel. The envelope should be labeled: "To be opened by the Board of Directors only. This envelope is being submitted pursuant to the 'whistleblower policy' adopted by the MDCB." Any such envelope received by the general counsel shall be forwarded promptly and unopened to the President of MDCB. If a staff person or member would like to discuss any matter with the Board of Directors, the individual should indicate this in the submission and include a telephone number at which he or she might be contacted if the Board of Directors deems it appropriate.
- (b) on a non-anonymous or non-confidential basis, the concern should be reported to MDCB's general counsel using the contact information specified below. The general counsel shall keep a written record of all such reports and shall make monthly reports of the same to the President in any month in which a concern is reported. If the alleged violation relates to MDCB's financial statement disclosures, accounting, internal accounting controls, or auditing matters, the reported concern shall immediately be relayed by the general counsel to the President. The President shall immediately notify the complainant that the concern has been received and that procedures as outlined below will begin.

3. Following the receipt of a complaint or a concern within the scope of this Policy, the Board of Directors will investigate each matter reported and take necessary and appropriate corrective or disciplinary actions. The status of all pending complaints will be reviewed at each regularly scheduled Board of Directors meeting.

4. The Board of Directors may enlist committee members, staff, and/or outside legal, accounting or other advisors, as appropriate, to conduct any investigation of complaints or concerns regarding financial statement disclosures, accounting, internal accounting controls, or auditing matters. In conducting any investigation, and to the extent possible consistent with the need to conduct an adequate review of any complaint or concern, the Board of Directors shall use reasonable efforts to attempt to protect the confidentiality and anonymity of the complainant.

5. MDCB will not tolerate retaliation of any kind (including without limitation discharge, demotion, suspension, threatening, harassing, or in any manner discriminating against any such person in the terms or conditions of his or her employment) against staff or certificants for complaints or concerns submitted hereunder that are made in good faith. Should the identity of any person making a complaint or a reporting a concern hereunder be made known, the Board of Directors shall monitor any disciplinary action against such person. Additionally, no staff person or member shall be adversely affected because the staff person or member refuses to carry out a directive which, in fact, constitutes corporate fraud or is a violation of state or federal law.

6. The Board of Directors shall retain as a part of its records for a period of no less than seven (7) years all such complaints and reported concerns, together with the proceedings of the Board with respect thereto. All such records will be treated as confidential information.

BYLAWS/ETHICS/STANDARDS OF PRACTICE COMMITTEE

Bylaws Policy and Procedures

Objectives and Goals

1. Maintain custody of the MDCB bylaws and rules and the Special Testing Policy.
2. Write, incorporate, and document amendments and addenda.
3. Make recommendations to the Board regarding pertinent decisions on topics encompassed in the bylaws.

Procedures

Optimal Composition of the Committee:

A minimum of one (1) member and a maximum of three (3) members. At least one (1) member is a CMD.

Responsibilities of the Committee Chair:

Hold and maintain the original bylaws

Distribute bylaws to new Board members/provide to president for new Board member information

Write and present suggested changes to the Board for approval

Ensure any changes are accurately recorded

Maintain the Special Testing Policy (ADA)

Maintain the Bylaws Committee Policy and Procedure Manual ensuring modifications are forwarded to the secretary

Responsibilities of Committee Members:

1. Assist the chair as necessary
2. Discuss and revise Bylaws Committee policies and procedures as needed
3. Attend scheduled and called committee meetings
4. Perform any additional tasks as requested by the committee chairperson

Responsibilities of the Board of Directors:

1. Have a working knowledge of the bylaws and rules
2. Suggest changes as necessary

Procedure of Bylaw or Rule Change

1. Any Board member may make suggestions concerning changes, amendments, or addenda to the bylaws or rules of the MDCB.
2. This individual is to discuss the situation in question with the President.
3. If the President confirms the need, he/she will contact the Bylaws committee chair to discuss the situation with him/her.
4. The Bylaws chair will draft the proposed change, distribute it to the Board before the subsequent Board meeting and be prepared to discuss the issue in question at the Board meeting.
5. If the proposal is approved, the committee chair will register the change in the appropriate document and distribute the modified document to all Board members in a timely manner.

ETHICAL STANDARDS AND ETHICS COMPLAINT PROCEDURES

Preamble

The Medical Dosimetrist Certification Board (“the MDCB”) seeks to promote the provision of safe, competent medical care for all patients requiring medical dosimetry services. To that end, the MDCB administers a certification program, leading to the Certified Medical Dosimetrist credential. The certification program includes experience requirements, a certification examination and periodic re-certification, and compliance with these Ethical Standards.

The Ethical Standards apply to persons holding certification credentials from the MDCB and to persons applying for examination and certification by the MDCB in order to become Certified Medical Dosimetrists. These Ethical Standards are intended to be consistent with the MDCB’s Mission, Purposes and Objectives.

The Certified Medical Dosimetrist or candidate for certification (hereinafter collectively referred to as “CMD”) shall comply with, and bear responsibility for demonstrating compliance with, all existing and future rules and Ethical Standards of the MDCB. An individual is eligible to apply for certification or re-certification only when in compliance with all MDCB rules and Ethical Standards.

From time to time the MDCB may make changes to these Ethical Standards. In the event of such changes, the MDCB will notify the medical dosimetrist community through newsletters, the appropriate journals or electronic means. Copies of the current version of these Ethical Standards may be obtained by visiting the MDCB web site at www.mdc.org or by contacting the MDCB.

Ethical Standards

1. A CMD shall always promote the safety and welfare of his or her patients by performing medical dosimetry procedures safely and with reasonable skill. A CMD shall not engage in conduct likely to deceive, defraud, or harm the public. Irrespective of whether a patient is actually injured or otherwise harmed, a CMD shall not demonstrate a willful or reckless disregard for the health, welfare, or safety of a patient.
2. A CMD may not be convicted of, or enter a plea of nolo contendere to, regardless of adjudication, a crime, in any jurisdiction, which crime either directly relates to the provision of patient care or involves fraud, dishonesty or moral turpitude, including without limitation in the context of the CMD’s employment.
3. A CMD shall not, without the express, prior written consent of the MDCB, use or reproduce, in whole or in part, or aid another in using or reproducing, in any manner or fashion, any MDCB examination materials (or the contents thereof), certificates, logos, abbreviations, emblems or other documents or property of the MDCB.
4. A CMD shall not misuse the MDCB name or any MDCB certificate, title, logo or emblem.
5. A CMD may not be under suspension, revocation or other disciplinary action by any professional medical dosimetry organization, certifying body, licensing board or credentialing agency.
6. A CMD shall not, without authorization to do so, possess, use or have access to any MDCB examination documents or materials, nor shall a CMD receive any unauthorized assistance prior to or during the conduct of any portion of a CMD examination. A CMD shall not divulge to others information gained from his or her CMD examination experience.

7. A CMD shall not make any material misrepresentation of fact during application for MDCB certification or re-certification, and shall not fail to disclose any material fact the disclosure of which is necessary to avoid having other statements be misleading. A CMD shall not engage in any act or omission to obtain or assist another in obtaining MDCB certification or re-certification by fraud, misrepresentation or deception.
8. A CMD having knowledge and evidence of a violation of any Ethical Standard by another CMD shall report such violation promptly by filing a written complaint with the MDCB. Any such complaint shall include specific detail and documentation regarding the identity of the person(s) involved in the alleged ethical violation. The identity of the complainant must be disclosed, as well as the identities of others known to have knowledge of the facts and circumstances surrounding the alleged ethical violation.
9. A CMD shall not, knowingly, falsely accuse another CMD of violating these Ethical Standards.
10. A CMD shall not make or file any report in connection with patient care, which report he or she knows to be false.
11. A CMD's ability to practice medical dosimetry with reasonable skill and safety shall not be materially impaired by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition.
12. A CMD shall not practice beyond the scope he or she is competent to perform as defined in the Medical Dosimetry Scope and Standards of Practice Document.
13. A CMD shall cooperate with, and shall not obstruct, the MDCB in connection with any investigation or hearing under the Ethical Standards.

Sanctions

The MDCB may deny, revoke or suspend certification or re-certification when a CMD is found to be not in compliance with MDCB rules, regulations and/or the foregoing Ethical Standards. In addition, the MDCB may censure a CMD, issue public or private reprimands, place a CMD on probation for up to 5 years, or impose other sanctions related to the ethical violation. A CMD placed on probation may continue to use the certification credential, but shall be subject to revocation of his or her certified status in the event of another ethical violation during the period of probation. If an applicant for certification is not in compliance with these Ethical Standards, the MDCB may refuse to allow the applicant to sit for the certification examination, or, in the event that the examination has been taken, the MDCB may refuse to release the examination results.

Ethics Complaint Procedures

These Ethics Complaint Procedures provide for the structure and operation of the MDCB Ethics Committee; they set forth procedures to be followed by the Ethics Committee and by the Board of Directors of MDCB in handling complaints filed under the Ethical Standards. All CMDs and applicants are required to comply with these Ethics Complaint Procedures; the failure to cooperate with the Ethics Committee or the Board of Directors in a proceeding under these Ethics Complaint Procedures is a violation of the Ethical Standards.

I. Ethics Committee

- (a) **Membership on and Responsibilities of the Ethics Committee.** The MDCB President, with the approval of the MDCB Board of Directors, shall appoint at least three (3) MDCB Directors to serve as members of the Ethics Committee, each such person to

serve on the Committee until removed and replaced by the President, with the approval of the Board of Directors, at any time, with or without cause. Subject to these Ethics Complaint Procedures, the Ethics Committee is responsible for (1) investigating each complaint alleging a violation of the Ethical Standards; (2) determining whether a violation has occurred; and (3) determining an appropriate sanction when a violation is found. The Ethics Committee shall also be responsible for periodically reviewing the Ethical Standards and the Ethics Complaint Procedures and recommending any necessary amendments to the Board of Directors.

- (b) **The Chair of the Ethics Committee.** The President, with the approval of the Board of Directors, shall appoint one (1) member of the Ethics Committee to serve for a term of one (1) year as the Committee's Chair. The Chair of the Committee, who may be removed from such position by the President, with the approval of the Board of Directors, at any time, with or without cause, shall be responsible directly and exclusively to the Board of Directors. The Chair shall work together with other members of the Committee, staff, legal counsel and other resources necessary to fulfill the responsibilities of administering the Ethical Standards and these Ethics Complaint Procedures. The Chair shall preside at and participate in all meetings of the Ethics Committee.
- (c) **Confidentiality.** Proceedings under these Ethics Complaint Procedures shall be treated confidentially, except to the extent required to complete any investigation, and except as provided in the event that certain sanctions are imposed.

2. Summary Disposition

- (a) **Preliminary Screening of Complaints Alleging Violations of the Ethical Standards.** The Chair of the Ethics Committee shall review each complaint alleging a violation of the Ethical Standards which is filed with the Ethics Committee by a CMD.
- (b) **Summary Dismissal.** If in the sole discretion of the Chair there is (1) insufficient information upon which to base a charge of a violation of the Ethical Standards, or (2) the allegations against the respondent CMD or applicant are patently frivolous or inconsequential, or (3) the allegations if true would not constitute a violation of the Ethical Standards, the Chair may summarily dismiss the complaint. Staff and/or legal counsel of the MDCB may assist the Chair. The Chair shall advise the complainant in writing that the complaint has been dismissed and shall report each such summary dismissal to the Ethics Committee, without identifying the respondent.
- (c) **Summary Suspension.** If an alleged violation of the Ethical Standards is supported by clear and convincing evidence which on its face suggests that a violation has occurred and involves the violation by a CMD of standard 1, 2, 5, 6, 7, 10, 11 and/or 12 of the Ethical Standards, the Ethics Committee may give immediate written notice to the CMD of the alleged violation and further notice that, in the absence of a request by the CMD for an expedited hearing, which request must be received within five (5) working days of the date of the notice, the Committee shall, effective on the sixth working day following the date of notice to the CMD, summarily suspend the certification of the CMD pending a final determination under these Ethics Complaint Procedures with respect to the alleged violation of the Ethical Standards. Within five (5) working days after the Ethics Committee summarily suspends the certification of a CMD in accordance with this provision, the Ethics Committee shall, by certified mail, return receipt requested, give to the CMD written notice that describes (1) the summary suspension, (2) the reason or reasons for such suspension, and (3) the right of the CMD to request a hearing with respect to the summary suspension by written notice to the Ethics Committee, which written notice must be received by the Ethics Committee not later than fifteen (15) days after the date the CMD received notice of the summary suspension. If the CMD timely requests a hearing either before or following a summary suspension, the hearing shall be held before the Ethics Committee or a panel comprised of no fewer than three (3) members of the Ethics Committee as promptly as practicable, but in any event (a) within ten (10) days of the Ethics Committee's receipt of a request for same prior to a summary suspension, or (b) within thirty (30) days after the Ethics Committee's receipt of a request

for same following summary suspension. The applicable provisions of Paragraph 5 of these Ethics Complaint Procedures shall govern all hearings with respect to the summary suspensions, except that a determination of the Ethics Committee, in the absence of a timely request for a hearing by the affected CMD, and a determination by the Ethics Committee or the panel, as the case may be, following a timely requested hearing, shall not be appealable.

3. Investigation

If the Chair of the Ethics Committee determines, based on an initial review of the complaint, that there is evidence of a violation of the Ethical Standards but that summary suspension of the CMD credential is not warranted, the Chair shall inform the respondent in writing, by certified mail addressed to the last known address of the respondent, that a complaint of ethical misconduct has been filed and that the Committee has determined to initiate a formal investigation of the matter. The Chair shall provide a copy of the complaint and all accompanying supporting documentation and evidence to the respondent. The identity of the complainant shall be revealed. The respondent shall have thirty (30) days from the date of receipt of the notification letter to prepare and submit a response in writing, along with whatever affidavits and documentary evidence the respondent feels support the response. The Committee shall have the right to seek additional information regarding the matter from the complainant, the respondent and/or relevant third parties. In conducting its investigation and evaluating all evidence, the Ethics Committee shall presume at the outset of its investigation that the respondent acted ethically and shall determine that an act of ethical misconduct has occurred only if it finds clear and convincing evidence of such misconduct.

4. Committee Determination

The Ethics Committee shall evaluate all documentation pertaining to the matter and, within ninety (90) days of receiving all relevant evidence, determine whether the complaint is substantiated by clear and convincing evidence. If it is not, the complaint shall be dismissed, and both the complainant and the respondent shall be so notified by the Committee Chair in writing. If the Ethics Committee finds clear and convincing evidence of a violation of the Ethical Standards and proposes to impose a sanction, it shall give the respondent an opportunity to appear before the Committee at a hearing.

5. Hearings

Whenever the Ethics Committee proposes to take action in respect to the denial of an application for examination (for reasons other than failure to meet the criteria for eligibility as established by the MDCB, in which case, there is no right to a hearing) or of an application for renewal or reinstatement of a certificate, or in connection with the revocation or suspension of a certificate, a public or private reprimand of a CMD, the placing of a CMD on probation, or the imposition of any other sanction for an alleged violation of the Ethical Standards, it shall give written notice thereof to such person specifying the reasons for such proposed action. A CMD or an applicant to whom such notice is given shall have thirty (30) days from the date the notice of such proposed action is mailed to make a written request for a hearing.

Failure to request a hearing within such period shall constitute consent to the action taken by the Ethics Committee pursuant to such notice. A CMD or an applicant who requests a hearing in the manner prescribed above shall advise the Ethics Committee of his or her intention to appear at the hearing. A CMD or an applicant who requests a hearing may elect to appear by a written submission.

Failure to appear at the hearing or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary measures the Ethics Committee determines to take. Hearings, which may be held telephonically, shall be held at such date and location as the Ethics Committee shall designate. Except as otherwise provided herein, the CMD or the applicant shall be given at least thirty (30) days' notice of the date, time and location of the hearing.

The hearing shall be conducted by the Ethics Committee with any three (3) or more of its members participating, other than any member of the Ethics Committee whose professional activities are conducted at a location in the approximate area of the CMD or the applicant in question. In the event of disqualification, the President may appoint a director to serve on the Ethics Committee for the sole purpose of participating in the hearing and rendering a decision. At the hearing, the CMD or applicant in question, by legal counsel or other representative if he or she desires (at the sole expense of the CMD or applicant in question), shall have the right to call witnesses, present testimony and be heard in his or her own defense, to hear the testimony of and cross-examine any witnesses appearing at such hearing, and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do substantial justice. Any information may be considered which is relevant or potentially relevant. The Ethics Committee shall not be bound by any state or federal rules of evidence. A transcript or an audio recording of the hearing shall be made. The CMD or applicant in question shall have the right to submit a written statement at the close of the hearing.

In the case of alleged violations of the Ethical Standards, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly; the Ethics Committee shall prepare written findings of fact and its determination as to whether there has been a violation of the Ethical Standards and, if so, the appropriate sanction. The Ethics Committee shall promptly transmit the same to the Board of Directors and to the CMD in question by certified mail.

Unless a timely appeal from any findings of fact and determination by the Ethics Committee is taken to the Board of Directors in accordance with Paragraph 6 below, the Ethics Committee's findings of fact and determination in any matter (including the specified sanction) shall be final and binding upon the CMD or applicant in question.

6. Appeals.

Within thirty (30) days after the decision of the Ethics Committee is mailed, the CMD or applicant may appeal to the Board of Directors from any decision of the Ethics Committee. In the event of an appeal, those Directors who participated in the hearing at the Ethics Committee shall not participate in consideration of the appeal. The Board of Directors shall consider the decision of the Ethics Committee and the files and records of the MDCB and the Ethics Committee with respect to the CMD or applicant in question (including without limitation the transcript or recording of the hearing), and shall determine whether to affirm or to overrule the decision of the Ethics Committee, or to remand the matter to the Ethics Committee for further consideration. The CMD or applicant in question may provide additional information in such manner, on such issues, and within such time as the Board of Directors may prescribe. The written decision of the Board of Directors, which shall not be subject to further appeal, shall be communicated to the respondent by certified mail.

All investigations, hearings and appeals provided for herein shall be private at all stages. It shall be considered an act of professional misconduct for any CMD or applicant to make an unauthorized publication or revelation of the same, except to his or her attorney or other representative, immediate superior or employer

7. Publication of Adverse Decisions.

While all hearings and appeals provided for herein shall be confidential at all stages, final decisions which are adverse to the CMD or applicant shall, if appropriate, be communicated to the appropriate authorities of all states and shall be provided in response to inquiries into a person's certification status. MDCB shall also have the right to publish any adverse final decision and the reasons therefore. For purposes of this paragraph, a final decision shall include the following: a decision of the Ethics Committee to suspend certification if the affected CMD does not timely request a hearing; a nonappealable decision of the Ethics Committee relating to a summary suspension that is issued before or after a hearing on the matter; a decision of the Ethics Committee from which no timely appeal is taken; and, in a case involving an appeal of a decision of the Ethics Committee in a matter, the decision of the Board of Directors in the matter.

8. Effect of Suspension or Revocation of Certification or Resignation from the MDCB.

Upon revocation or suspension of MDCB certification or resignation from the MDCB, or as otherwise directed by the MDCB, a CMD shall immediately relinquish, refrain from using, and correct at the CMD's expense any outdated or otherwise inaccurate use of the MDCB name and/or related abbreviations and any MDCB certificate, title, logo or emblem, including without limitation the CMD credential. The CMD shall provide to MDCB evidence sufficient for MDCB to conclude that the CMD's employer has been informed of any revocation or suspension of the CMD credential; absent the receipt of such evidence, MDCB shall so inform the employer in writing.

The MDCB shall be entitled to obtain injunctive relief, damages, costs, and attorney's fees incurred in obtaining such relief in the event that said CMD refuses, when requested, to immediately relinquish or refrain from using the MDCB name and/or related abbreviations and any MDCB certificate, title, logo or emblem, including without limitation the CMD credential.

MAINTENANCE OF CERTIFICATION COMMITTEE MDCB Credentialing Process

Medical Dosimetrists become certified by the MDCB upon passing the examination and are eligible to use the credential of Certified Medical Dosimetrist, CMD. Five year cycles commence and CMDs can begin accumulating continuing education credits January 1st following the year in which the CMD passed the exam. Annually, each CMD must pay a registration fee to have their credential registered. This registration process permits use of the CMD credential.

In order to maintain the status of CMD, annual registration fees must be paid by December 31st. A 30-day grace period, with monetary penalty, will be allowed until January 31st. Dosimetrists who have not paid the registration fee will not be allowed to use the credential "CMD" and will not be listed in the registry of Certified Medical Dosimetrists. The only way to reinstate the credential is by passing the MDCB Certification exam.

Along with being registered each year, every five years, a CMD must show proof of continuing competency by documenting 50 continuing education credits.

Duplicate Packet/Certificate Policy

Each new CMD will receive a new certificant packet to include a welcome letter, registration of credential form, certificate, press release template and certificant handbook. New certificants will be advised to notify the MDCB office of change of address with their exam packet and via follow up e-mails. Certificants who have not notified the MDCB office of change of address and request a new packet will incur a packet replacement fee of \$25.

Any current CMD can request a duplicate copy of a certificate by completing the online Duplicate Certificate Request Form and submitting a \$25.00 fee for processing and shipping/handling charges.

Continuing Education

Purpose

The MDCB is responsible for establishing and managing credentialing and renewal processes for Certified Medical Dosimetrists. Credential renewal is granted to those CMDs who have demonstrated current cognitive capability in the field of medical dosimetry by appropriately documenting participation in continuing education activities.

Definition

The MDCB defines continuing medical dosimetry education as activities that are planned, structured and related to the practice of medical dosimetry. *The Scope of Standards of Medical Practice* will define relevance to the practice of medical dosimetry for the medical dosimetrist. Each activity must be designed with clearly stated objectives and must be organized to impart information, which is representative of the depth outlined by activity objectives.

How to Report Credit to MDCB

1. Beginning January 1, following certification, CMDs may begin accumulation of continuing education credits provided the annual registration fee has been paid.
2. All continuing education activities must be pre-approved by the MDCB.
3. Credit will be recorded by updating transcripts in the CE Center at www.mdcb.org. CMDs must maintain all certificates of attendance, grade transcript or other proof of completion of approved activities provided by the activity sponsor for five years. MDCB will audit throughout the year.
4. Continuing education credits may be updated and tracked continuously as a benefit of active MDCB registration.
5. Documentation of credits must be updated in the year earned.
6. At the end of five years the CMD must prove completion of 50 MDCB approved/accepted continuing education credits to remain actively credentialed.

Continuing Education Activities

Guidelines for credit evaluation request:

Sponsors may be any individual or organization that plan and organize continuing education activities. Sponsors must submit completed request for credit evaluation form included in this document to the MDCB a minimum of 30 business days before the proposed date of the activity. **A request for credit evaluation should include:**

1. Program brochure or schedule. If the activity is longer than two hours, the CMD must submit a schedule that includes start times, breaks, lunch and end times. Time should be allowed for change of speakers.
2. Course objectives and course outlines
3. Completed faculty credential form or abbreviated curriculum vitae
4. Speakers presenting continuing education programs should possess expertise in the field that encompasses their topic.

The MDCB evaluates an activity for CE credit, assigns a reference number and determines the amount of credit. Incomplete information may be returned to sponsors for corrections before the MDCB processes the request for credit evaluation. **Evaluation begins once all materials are received.**

Activities Eligible for Continuing Education Credit

Courses, Lectures or Seminars that are relevant to the practice of medical dosimetry are acceptable for continuing education credit when pre-approved by the MDCB. Lectures less than 30 minutes will not be considered for continuing education credit. A contact hour is based on 50 minutes. Presentations lasting 30 to 49 minutes will be assigned one-half credit. *As of September 1, 2009 a maximum of 12 credits will be allowed for medical dosimetry review courses. Review courses submitted for credit prior to September 1, 2009 will receive full credit assigned to the course (see credit assignment).*

Academic Courses: Courses taken for transferable academic credit are eligible for continuing education credits provided they are relevant to the practice of medical dosimetry. The CMD must receive a passing grade in a pass/fail system or a grade of C or better in an approved course to receive knowledge and experience credit. Credit assignment is based on the semester or quarter credit hour. Effective January 2012, the CMD will earn five (5) continuing education credits per academic course. A maximum of 15 continuing education credits per cycle will be assessed for academic course work.

Examples of acceptable courses related to the practice of dosimetry are: Math, Physics, Anatomy, Physiology, Computer Science, Biology, Chemistry and research courses related to the content above.

Examples of courses **that are not** recognized include but are not limited to: Management, Business, Music, History, Literature, Art, Physical Education, Astronomy, English and Religion.

The Maintenance of Certification Committee has right of final approval on courses submitted.

Speakers: Formal presentations related to the practice of medical dosimetry or scientific research given in the form of lectures is eligible for continuing education credit. Activities must be approved and credit assigned prior to the presentation. Presenters will be awarded credit two times the approved amount for the lecture. A request for credit evaluation form must be submitted.

Authors: Authors may earn MDCB continuing education credit through a published article in a peer-reviewed scholarly journal that meets the definition of a journal as outlined by the National Library of Medicine's journal selection criteria for Index Medicus/Medline. The first listed author shall receive ten continuing education credits. Second listed author will receive five continuing education credits. Third listed author will receive three continuing education credits. Fourth and other listed authors will receive one continuing education credit. A request for credit evaluation form must be submitted.

Directed Readings: Credits may be obtained for completion of Directed Readings for articles, which are pre-approved by the MDCB. Credit can only be received once for any given article. Any single directed journal reading covering one subject will have a maximum of ten (10) continuing education credits.

Applications Training Courses: Pre-approved dosimetry related equipment applications training courses are eligible for credit. CE credit for equipment applications training is based on didactic lecture and demonstration time only. Credit will not be assigned for hands on practice sessions. Effective January 2012, a maximum of eight (8) continuing education credits per day will be accepted. A maximum of sixteen (16) continuing education credits will be accepted for applications training courses per cycle.

Certification Exam: The certification exam is a continuing education option that may be taken any time within the five-year cycle. 50 credits will be awarded for passing the exam.

Journal Editors: Journal editor or article reviewer may submit documentation for proof of articles reviewed within their respective CE cycle period. 2.5 CEs will be awarded for each article with a completed review status with documentation provided as outlined. (Adopted February 2011.)

Examples of Ineligible Continuing Education Activities:

Examples of educational activities that **do not** conform to the MDCB definition of continuing medical dosimetry education and will not be considered for approval are:

- I. Attendance at departmental meetings, which are considered a requirement of employment. These include, but are not limited to, chart rounds, tumor boards, and ground rounds.

2. Business sessions of meetings sponsored by professional societies.
3. 'Site visits' at hospitals, clinics, and other institutions.
4. Equipment demonstrations and exhibits.
5. Educational sessions, which are not directly related to the practice of medical dosimetry.
6. Activities conducted for professional societies, which are non-educational in nature. Examples include serving in positions such as elected officer, board member, committee member, chairperson, or ad hoc participant.
7. Activities that have no mechanism for learning outcome measurements, such as reading professional journal articles that do not contain a post-test, posters or exhibits.
8. Presentations given by students.

Credit Assignment:

The following table provides a summary of the credits assigned to specific categories of continuing education activities. For more detailed information, please refer to the previous section.

CATEGORY	CREDIT ASSIGNMENT*												
Courses, Lectures or Seminars**	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">< 30 minutes</td> <td style="width: 50%;">0 credit</td> </tr> <tr> <td>30 – 49 minutes</td> <td>.5 credit</td> </tr> <tr> <td>50 – 74 minutes</td> <td>1.0 credit</td> </tr> <tr> <td>75 – 99 minutes</td> <td>1.5 credit</td> </tr> <tr> <td>100 – 129 minutes</td> <td>2.0 credits</td> </tr> <tr> <td>> 130</td> <td>to be determined</td> </tr> </table>	< 30 minutes	0 credit	30 – 49 minutes	.5 credit	50 – 74 minutes	1.0 credit	75 – 99 minutes	1.5 credit	100 – 129 minutes	2.0 credits	> 130	to be determined
< 30 minutes	0 credit												
30 – 49 minutes	.5 credit												
50 – 74 minutes	1.0 credit												
75 – 99 minutes	1.5 credit												
100 – 129 minutes	2.0 credits												
> 130	to be determined												
Academic Courses	5 credits per academic course, with a maximum of 15 continuing education credits per cycle.												
Publications	Authors: 1) 10 credits for primary author. 2) 5 credits for secondary author. 3) 3 credits for third author. 4) 1 for fourth and all other authors.												
Speakers	Presenters will be awarded credit equal to two times the credit approved for attendees.												
Directed Readings	Credit will be assigned based on evaluation of material. All Directed Readings must be pre-approved by the MDCB.												
Applications Training Courses	Credit given for didactic lecture and demonstration time only. No credit will be assigned for hands on practice sessions.												
Certification Exam	50 credits												
Journal Editing	2.5 credits for each completed article												

**All MDCB approved CEU are approved for ARRT Category A credits.*

New CMD Member Credit Accumulation

New CMDs will begin accumulating credits in January following the year the exam is taken. Any activities in which the CMD participates between the exam date and December 31 of the same calendar year cannot be applied to the first 5 year cycle. (For example, if a candidate writes the exam in

June 2009 and attends the ASRT conference in the fall of 2009, those credits will not be counted towards the 50 credits for the initial five year cycle.)

Audit Policy

(Revised November 2011)

It is required to upload proof of attendance at the time of submission of the CE credit. The proof of attendance will be verified before credit is granted. MDCB HQ will forward a notice to all CMDs who are within the final quarter of their CE cycle and have not achieved the five year/50 credits needed to maintain certification.

Temporarily Disabled CMD Policy

1. Certified Medical Dosimetrists (CMD) who are temporarily disabled and therefore unable to be employed as a medical dosimetrist or to complete required continuing education (CE) to maintain CMD status may apply for temporarily disabled status in writing addressed to the MDCB President.
2. Verification of disabled status by a licensed physician must be provided.
3. The CMD will be required to sign an agreement not to engage to any extent whatsoever in the provision of medical dosimetry services during the disabled status period.
4. During the period of disabled status, the CMD must continue to maintain the CMD credential fee.
5. If during the disabled status period, the CMD is unable to complete the five-year/50 credits requirement, an extension of time to complete the requirement shall be provided. The length of any such extension of time shall be at the discretion of the MDCB Board of Directors. Any extension of time due to temporary disability shall not impact the CMD's next following five-year period for completion of an additional 50 CE credits.
6. Verification by a licensed physician of ability to return to employment will be required.
7. Temporarily disabled CMDs who are granted extensions under this policy but who fail to complete the CE requirement by the extension date shall have their certification revoked and will be required to retake and pass the CMD certification examination and meet all other eligibility requirements in order to regain CMD status.

Lapsed Credential for Non-payment of Fee Policy

(Revised November 2011)

Certification renewal fees must be submitted by December 31 of each calendar year. Renewal fees submitted after December 31 will be subject to a \$50 late fee. Failure to submit the renewal and penalty fees by March 1 of any calendar year will result in loss of the CMD credential. A CMD whose credential has lapsed can apply for reinstatement in writing to the MOC Chair if the period of lapse is greater than two weeks. CMDs will be considered for reinstatement based on the following criteria:

Period of Lapse	Fee	Required Documentation
January 1 to 31	Annual Certification Renewal Fee + late fee (\$50)	None
February 1 to 28 (29)	Annual Certification Renewal Fee + late fee (\$50) + reinstatement fee (\$250)	-Evidence of ten (10) CE credits for each completed year of the current CE cycle, -Ten (10) new additional credits* -Written request to the MOC Chair
July 1	Recertify by exam	-Last MDCB # and year of previous certification -Evidence of ten (10) CE credits for each completed year of the current CE cycle -Ten (10) new additional credits* -Written request to the MOC Chair

*Any additional continuing education credits submitted during the payment lapsed period will not count toward the CE cycle minimum.

Decisions made by the MOC Chair may be appealed, in writing, to the MDCB Board of Directors c/o the President. Decisions of the MDCB Board of Directors are final.

Lapsed Credential for CE Non-compliance Policy

(Adopted November 2011)

Along with being registered each year, every five years, a CMD must show proof of continuing knowledge and skills by documenting 50 continuing education credits. Any CMD who is not compliant with all continuing education credit by the end of the CE cycle will be reinstated based on the following criteria

Period of Lapse	Fee	Required Documentation
January 1 to 31	Annual Certification Renewal Fee + late fee (\$50)	None
February 1 to 28 (29)	Annual Certification Renewal Fee + late fee (\$50) + reinstatement fee (\$250)	-Evidence of ten (10) CE credits for each completed year of the current CE cycle, -Ten (10) new additional credits* -Written request to the MOC Chair
July 1	Recertify by exam	-Last MDCB # and year of previous certification -Evidence of ten (10) CE credits for each completed year of the current CE cycle -Ten (10) new additional credits* -Written request to the MOC Chair

Speaker Conflict of Interest Disclosure Policy

(Adopted August 2010)

Any presenter of a course that has been approved for MDCB CE shall disclose any financial interest, arrangement of affiliation with one or more organizations/companies that could be perceived as a real or apparent conflict of interest in the context of the subject of the presentation, including but not limited to: consulting; a family member employed by the organization; a fiduciary responsibility; membership on a governing board; recipient of a grant or research support; a major stockholder; receiving other financial or material support (e.g., honorarium and/or travel expense reimbursement), membership on a speaker's bureau. This policy is not intended to prevent a speaker from making a presentation but merely to identify any potential conflict.

Disclosure of Commercial Support Policy

(Adopted August 2010)

Any presenter or provider of a course that has been approved for MDCB CE shall prior to the activity disclose whether or not there is: 1) any vested or financial interest(s) or relationship(s) with the manufacture(s) of commercial product(s) or provider(s) of commercial services or 2) any uses of unlabeled products under investigational use. Disclosure does not prohibit the provision of courses or the awarding of CE credit; merely, there must be proper planning, proper disclosure, and the proper documentation kept on file.

Fees for Requests for Evaluation

(Adopted February 2011)

Upon effective date the following fees will be assessed for submission of Requests for Evaluation:

Healthcare Institutions:

Education provided for employees – The institutional provider category encompasses:

- Hospitals, clinics, medical centers or physicians' offices that deliver direct patient care and provide educational activities for the exclusive benefit of their employees.
- Satellite facilities owned by the health care institution and located in the same geographic area, such as urgent care centers, outpatient clinics, imaging centers or attached physicians' offices.

Fees for Healthcare Institutional Provider:

\$250/year annual providership fee

\$475/2 year annual providership fee

Education provided to non-employees – Live activities provided by an institution that allows outside registrants

\$200/year for single lecture activities, one topic per CE hour

\$275 for 2 year approval/recurring activity

\$30/one time session/ 1 CE

\$50/per day seminar/multiple topics

Facility With 5 Or Less Dosimetrists

\$100/year annual providership fee OR \$20/ 1 CE session given

\$150/2 year providership fee OR \$15/CE session given

Vendors

Corporate providers must prepay a single, nonrefundable fee depending on the number of activities they intend to submit for review during a one-year agreement period. Activities may be submitted at any time during the 12-month corporate provider agreement year. This is for live activity learning. **Additional activities outside the prepaid cost/activity will be at \$115/activity hour.**

# Of Activities	Cost/activity	Total Prepaid Fee
25	\$120	\$3,000
50	\$100	\$5,000
100	\$ 90	\$9,000
150	\$ 85	\$12,750

Professional Affiliates

ABS, AAMD, AAPM, ASTRO, CAMRT, etc.

No fee will be assessed if submission is thirty (30) days or more prior to the activity. A late fee will be assessed for submissions received less than thirty (30) days prior to the activity.

ELIGIBILITY COMMITTEE

Objective

To determine candidates who are eligible to take the MDCB examination. All applicants will be bound by the policy in place at the time of application.

Policy and Procedures

Committee Composition

Recommended minimum of 4, usually 5 to 6 total are adequate with each application being reviewed by 3 members. The number of committee members may be adjusted depending on the expected number of applicants for a given test cycle.

General Responsibilities of the Committee

1. Review of candidate applications to confirm or deny an applicant's status to sit for the exam.
2. Conduct periodic review of the eligibility routes and criteria to make recommendations to the Board for changes of eligibility routes as necessary and appropriate.
3. Investigate written objections to an applicant's eligibility claims and/or application.
4. Conduct periodic review and revision of the application form as appropriate to simplify or improve the application and application review process.
5. Review written requests from individuals seeking amendment of their eligibility status.
6. Maintain the confidentiality of applicant information and status.
7. Recuse themselves in the event they know the candidate.

Committee Chair

Appointed by the president, traditionally the committee chair has been the past president.

Responsibilities of the Committee Chair

1. Work with the president to develop a Time and Task Schedule for the eligibility process to present to management company.
2. Compile the evaluations from reviewers and notify management company of each candidate's status in a timely manner.
3. Maintain the confidentiality of applicant information and status.

4. Provide a statistical report to the Board for each exam cycle.
5. Provide recommendations or improving the eligibility process.
6. Conduct the appeals process.
7. Maintain the eligibility committee Policy and Procedure Manual ensuring modifications are forwarded to the secretary.

Specific Responsibilities of Committee Members

1. To objectively evaluate each application for compliance with the established eligibility criteria and determine the applicant's eligibility status.
2. Maintain the confidentiality of applicant information and status.
3. Send the eligibility evaluation report to committee chair. Turn around time is important, should take no longer than 2 weeks. Retain all applications until the examination has concluded.
4. All questions regarding eligibility must be directed to the chair.
5. Return all incomplete applications to management company in consultation with the chair.
6. Make suggestions for improvement of the eligibility process.
7. Discuss and revise eligibility committee policies and procedures as needed.
8. Attend schedules and called committee meetings.
9. Perform any additional tasks as requested by the committee chairperson.

Management Company Responsibilities

1. Post the application and handbook online.
2. Review applications upon receipt for completeness.
3. If incomplete, notify applicant for any missing information.
4. Post applications for committee review.
5. Provide a list to the committee chair, of the applicant's names and to which committee member application were sent.
6. Receive notice of candidate's eligibility status from the committee chair.
7. Notify applicants of their status and request additional information as needed.
8. Maintain the confidentiality of applicant information and status.
9. Review and approve or deny CE credits submitted by candidate. Follow up with candidate regarding denied credits.
10. Confirm ARRT card is valid and through application deadline.
11. Confirm CE credits submitted were completed no more than 3 years prior to the year of the application.
12. Confirm Work History was completed no more than 6 years prior to the year of the application.

Time and Task Schedule

	Task	Time
1.	Applicant handbook and application available online.	Two weeks prior to application posting
2.	Applications are accepted. Deadline to receive international applications is three weeks prior to the U.S./Canada late deadline. CE Center staff reviews application for completeness. If application is complete, CE Center staff posts applications for review by eligibility committee. Eligibility committee reviews application against checklist. Each committee member determines the eligibility of the applicants and posts decision. Upon receipt of the decisions the chair notifies CE center staff of the eligibility status of each candidate. CE center staff receives the notification, the applicant is notified of their status. All candidates will receive notification of their eligibility status 4-6 weeks after submission of a completed application.	A minimum of six weeks prior to the application deadline.
3.	Applications denied. If any member denies eligibility the reason for denial is communicated to the chair. In the event that the decision is NOT unanimous (i.e. one or two members deny approval), the chair will request that all three members of the committee review the application. After review of the application is complete, the chair notifies CE Center staff of the applicant's eligibility status in the same manner as applications accepted.	Notification 4-6 weeks following submission of application.

Routes to Eligibility (2012 Exam Cycle)

Application Deadlines:

U.S & Canadian Early & International: November 10, 2011 & April 27, 2012

U.S & Canadian Late: November 30, 2011 & May 11, 2012 (late fee imposed)

All Eligibility Requirements (education, clinical experience, CE, etc) must be completed before:

U.S & Canadian: November 30, 2011 & May 11, 2012

International: November 10, 2011 & April 27, 2012

Three Attempt Rule

Starting in 2006, all exam candidates will be subject to a 3 attempt rule in which a candidate who has failed the exam on the third attempt will not be eligible for examination for two calendar years. After the two year waiting period the candidate may submit an application for examination. A minimum of 12 continuing education hours (MDCB approved) earned since the last attempt is required under this rule in order to submit an application for re-examination after three failed attempts. Candidates who fail the exam on the third attempt and subsequently apply to take the exam after the two year waiting period will be subject to the prevailing eligibility criteria.

Note: If a candidate misses the exam (i.e. no-show) it will NOT be a strike counted against him/her under the three attempt rule. Candidates who do not present for the exam will not receive a refund.

Route 1

Graduated from a JRCERT accredited program of at least 12 months. Applicants completing the application online, will be provided with further instructions. Applicants will need to obtain signatures on certain parts of the application — the online application will guide you through the process.

Route 2*

Have a Bachelors Degree (BS) in a related science** or hold an active registration with the ARRT in radiation therapy or foreign equivalent.

*** Transcripts will be reviewed to ensure evidence of minimum course work in general or medical physics, physiology, anatomy, precalculus or calculus mathematics. Related science degrees may include but are not limited to chemistry, mathematics, biophysics, dosimetry, radiation therapy or radiologic science, etc.*

AND

Completed at least 24 months clinical medical dosimetry experience* under the direction of a certified medical dosimetrist or medical physicist or radiation oncologist. Applicants completing the application online, will be provided with further instructions. Applicants will need to obtain signatures on certain parts of the application – the online application will guide you through the process.

**Clinical medical dosimetry experience is defined as full-time experience in a clinical setting treating patients, not concurrent with dosimetry schooling. This does not include corporate/vendor experience.*

AND

Completed 12 CE credits approved by the MDCB during your 24 months clinical experience. The proof of completion must display the MDCB course reference number.

Route 3

Have an Associates Degree (AAS or AS) or Have a Bachelors Degree (BA) in any subject (Arts, English etc.).

AND

Completed at least 36 months clinical medical dosimetry experience* under the direction of a certified medical dosimetrist or medical physicist or radiation oncologist. Applicants completing the application online, will be provided with further instructions. Applicants will need to obtain signatures on certain parts of the application – the online application will guide you through the process.

**Clinical medical dosimetry experience is defined as full-time experience in a clinical setting treating patients, not concurrent with dosimetry schooling. This does not include corporate/vendor experience.*

AND

Completed 12 CE credits approved by the MDCB during your 36 months clinical experience The proof of completion must display the MDCB course reference number.

Applicants completing the application online, will be provided with further instructions. Applicants will need to obtain signatures on certain parts of the application – the online application will guide you through the process.

Effective in 2013, Routes 2 & 3 will be combined into one eligibility route and will be required to have:

Have a Bachelors Degree in any field or hold an active registration with the ARRT in radiation therapy or foreign equivalent.

AND

Completed at least 36 months clinical medical dosimetry experience* under the direction of a certified medical dosimetrist or medical physicist or radiation oncologist.

AND

Completed 24 CE credits approved by the MDCB during your 36 months clinical experience. The proof of completion must display the MDCB course reference number.

Effective in 2015

Have a Bachelor of Science Degree

AND

Completed at least 36 months clinical medical dosimetry experience* under the direction of a certified medical dosimetrist or medical physicist or radiation oncologist

AND

Completed 24 CE credits approved by the MDCB during your 36 months clinical experience. The proof of completion must display the MDCB course reference number.

Effective in 2017

Have a minimum of BA Degree

AND

Graduated from a JRCERT accredited program of at least 12 months

The Medical Dosimetry Certification Board (MDCB) is the sole and only judge of each candidate's qualifications to sit for the MDCB Certification Exam. In consideration of individual exam candidate's application, the moral, ethical and professional standing will be reviewed and assessed by the board; the board may make inquiry of the persons named in the application form and of such persons as the Board deems appropriate with respect to moral, ethical and professional standing.

Eligibility Appeals Process

The eligibility committee will review only written requests from individuals seeking amendment of their eligibility status.

1. A written request for amendment must be submitted within thirty (30) days after the postmarked date of the status notification communication.
2. The written request must include the following:
 - a. Reasons for contending that the decision is erroneous
 - b. The results being sought
 - c. Notice of whether the individuals concerned will attend the hearing and the names of other individuals who will be present, and their role.

Supporting documentation must be supplied for consideration. All communications with the eligibility committee shall be confidential. Requests for amendment of eligibility decisions are to be provided electronically through the online application platform.

Hearings

1. Upon receipt of written notification of intent to seek amendment of an eligibility committee decision, a date and time for review will be established.
2. A hearing of a request for amendment of an eligibility committee decision shall occur during a regularly schedule eligibility committee meeting. Should the eligibility committee not receive the notice within the allotted time that the individual will attend the hearing in person or by counsel, the hearing will be permanently canceled.
3. The individual may at his/her own expense, elect to attend the meeting with or without counsel. The individual's appearance (with or without legal counsel) before the eligibility committee shall be limited to one (1) hour.
4. The eligibility committee reserves the right to have its own legal counsel present during review of a request for amendment.
5. If an individual chooses not to appear in person or by legal counsel at the hearing, the eligibility committee, at its own discretion, may consider the request at a meeting, by conference telephone call, or by mail referendum.
6. The request for amendment and supporting documentation will be evaluated according to the criteria in effect at the time of the individual entrance into the credentialing process.

Action on a Request for Amendment

1. The eligibility committee acts upon requests for amendment of a decision. Actions attend subsequent to a hearing are as follows:
 - a. Original decision upheld.
 - b. Original decision amended.
4. The eligibility committee shall notify the individual within thirty (30) days following the meeting at which the request for amendment was heard.
5. The decision of the eligibility committee following the hearing is final.

FINANCE COMMITTEE

Duties and Responsibilities of the Finance Committee

The MDCB Board grants authority to the finance committee to maintain the operation of the reserve funds. The finance committee is responsible for managing the investment process in a prudent manner with regard to preserving principal while providing a reasonable rate of return. In carrying out these duties, the finance committee may retain an investment advisor to assist in managing the assets of the Fund. The investment advisor's role is to provide guidance to the MDCB Board on matters pertaining to the investment of all reserve fund assets including investment policy, investment selection, monitoring fund performance and compliance with the investment policy.

The MDCB Finance Committee will carry out all decisions and guidelines approved by the board pertaining to the implementation of the investment policy. Individual duties and responsibilities are detailed below. In carrying out these duties, the board has delegated various duties to the finance committee. These duties include:

1. The finance committee is responsible for annually recommending the amount of money to be transferred to the emergency, operating and investment fund to meet objectives.
2. The finance committee is authorized to open and/or close accounts in the name of the society as deemed necessary by the executive committee.
3. The finance committee with MDCB Board approval shall make recommendations pertaining to changes in the investment policy and guidelines or the hiring or replacement of a qualified investment advisor.

The Goal of the Finance Committee of the MDCB is:

- to provide for the long term fiscal health of the organization;
- to provide resources for developing
- to provide educational objectives to promote ...

Finance Committee Chair Responsibilities

1. Can retain a qualified investment advisor to assist in the development and implementation of the investment policy, (e.g., goals, objectives, and guidelines).
2. Make recommendations to the MDCB Board of Directors regarding the operations of the reserve fund including allocation between equity and fixed income assets, selection of acceptable asset classes and investment performance expectations.
3. Regularly review investment performance of the reserve funds including the performance of the investment advisor to assure the policy is being followed and progress is being made toward achieving stated objectives.
4. Report investment results to the board of directors on an semi-annual basis.
5. Every five years, submit a written review summarizing to the board where the finance committee has performed a systematic and comprehensive review of each reserve fund's expectations, objectives, management experience and investment policies.

Investment Advisor Responsibilities

1. Define and review investment objectives and provide information required for investments into Certificate of Deposits (CDs), Mutual Funds, Securities, or any other investment.
2. Financial Planner / Advisor's Responsibilities: Investment information to be provided to the Finance Committee is noted in Items A & B. Finance Committee responsibilities are listed in Items C & D.

A. Traditional/Market Certificate of Deposits (CD)

1. Disclose interest rate and annual APY;
2. Provide the term / length of the CD;
3. Provide US Dollar Amount to be invested.

B. Purchase of Securities / Bond / Derivatives

(Includes all other non Traditional CD investments)

1. Provide name and type of security; i.e. stock / mutual fund / bond / derivative;
2. Provide disclosures, security information, analysis, reports, etc.
3. Inform Finance Committee if investment principle protected, risks, etc.
4. Determine price for purchase of the security; i.e. market order, limit order or purchase range;
5. Determine the security's "Sell Prices" at time of purchase;
 - a. Set Stop-loss price, i.e. (Stop loss order > 10% and < 35%)
 - b. Set the Sell price.
6. Disclose any / all fee; including brokerage fees, commission, etc.
7. Provide US Dollar Amount to be invested;
8. If securities are not purchased at a "limit" price, these funds are kept in a Money Market account until then next Finance Committee meeting.

C. Finance Committee Considerations / Disclosures

1. Determine any conflict of interest, review disclosures, analysis, etc. of the investments;
2. Determine any non-profit status conflicts with investments;
3. Determine any sales, or other miscellaneous liabilities of investments.

D. MDCB Disclosures / Membership Report

1. Provide at a minimum an annual financial summary review of MDCB's investments; including current "book value" and "paper" profit/loss.
2. An annual investment report provided in MDCB newsletter for membership. Report shall include: Amount in Reserve Fund, Investment Fund, Total Assets.

Check Approval Policy

Notification of any check cut from the MDCB checking account in excess of \$10,000 with the exception of regular contractual obligations will be forwarded to the MDCB Secretary Treasurer for review and approval.

Reserve Funds and Investment Policy January 2007

Date Established: January 2007

Portfolios:

Emergency Reserve Funds/Type: Bank CD's or Treasuries w/ maturites < 2-3 year

Operating Reserve Funds/Type: Money Market or Savings Accounts, CD < 6 mo.

Investment Reserve Funds/Type: Long-term CD's, Stocks, Mutual Funds, etc.

Investment Time Horizon: 10 to 20 years

Risk Tolerance: Conservative to Moderate Volatility Consistent with Portfolio Benchmark

Investment Purpose

This document establishes the Reserve Funds (Emergency, Operating and Investment) and Investment Policy Statement for the Medical Dosimetrist Certification Board (MDCB) and is designed to assist in effectively supervising, monitoring and evaluating the total reserve amount as well as the investment performance of the MDCB Reserves and Investment Fund's assets.

The MDCB will work toward maintaining the following:

- a. An ***Emergency Reserve*** account to maintain fiscal stability. The initial goal is to set aside an Emergency Reserve in the amount equal to the past year's operating budget. Emergency Reserves will be invested in secure Government Treasuries, CD, and fixed rate investments.
- b. An ***Operating Reserve*** account equal to one-half of the projected year's operating budget. The Operating Reserve covers the periods where expenses exceeding revenue for any given month. AH will provide guidance and request amounts needed for cash flow in the Operating Reserve. (Jan.-June and July-Dec. periods.) Investments are in short term CD's of 6 months or less.
- c. An ***Investment Reserve*** account where any excess funds above the Emergency and Operating Reserves can be placed into the Investment Reserve as a long-term investment vehicle to generate increased future program revenue.

These Reserve Funds will be reviewed and rebalanced annually to meet these criteria. The Finance Committee will report to the Board annually on the status of each Reserve Fund and their respective performance.

Statement of Objectives

The investment objective of the Reserves shall be defined as:

1. Emergency Reserves: To preserve the principle value and maintain the purchasing and earning power over time; tiered, short-term liquid investments in CD's and/or Government Treasuries of maturities of one-year or less.
2. Operating Reserves: Liquidity, Money Market or Savings account; minimum amount to meet AH requested expenses over a 6-month period.

3. **Investment Reserves:** To preserve and enhance the purchasing and earning value of the funds held in the MDCB portfolio by seeking long-term competitive investment vehicles. Seek an average annual real rate of return of 4% or total return of CPI plus 4%. This objective shall be measured over a 10-20 year time frame, with the intent of this objective to preserve, over time; the principal value of the assets as measured in real, inflation adjusted terms.

Guidance for Use of Funds

The MDCB Board of Directors will approve, at their discretion, expenditure of assets from the investment reserves. Emergency reserve funds will be available for only emergency needs as deemed by the board. It shall be the board's responsibility to periodically review the spending policy to make adjustments necessary to preserve the purchasing power of each reserve fund. Further, it shall be the responsibility of the finance committee to promptly communicate any changes in the spending policy to the investment advisor.

Investment Policy and Guidelines

Emergency Reserve Fund assets will be invested in tiered short-term CD's or treasuries laddered over one year. This portfolio will serve to preserve principle and liquidity; providing access and availability for emergency needs.

Operating reserves funds are available to cover months when expenses exceed revenue. Any short-term liquid assets will be used to cover any shortfalls that occur.

Investment reserve fund assets can be invested in indexed mutual funds and/or similarly structured funds (pooled investment vehicles) including exchange-traded funds or in tiered long-term CD's or Treasuries laddered over 3 to 5 years.

a. Time Horizon

Investment objectives are based on a 10-20 year investment horizon, so that interim fluctuations should be viewed with the appropriate perspective. The Medical Dosimetrist Certification Board has adopted this investment horizon such that the chances and duration of investment losses are carefully weighed against the potential for appreciation of assets.

b. Diversification

Investments shall be diversified with the intent to minimize the risk of large losses to the reserve fund. Consequently, the total portfolio will be constructed and maintained to provide prudent diversification with regard to the concentration of holdings in individual issues, corporations, or industries.

In addition, no mutual fund may purchase any securities which would cause more than 25% of its total assets to be invested in the securities of one or more issuers conducting their principal business activities in the same industry, provided that this limitation does not apply to investments in securities issued or guaranteed by the United States Government or its agencies.

c. Asset Allocation

The long-term asset allocation strategies of the Funds are to maximize total return within acceptable risk parameters. The strategic asset allocation targets and the accompanying tolerance ranges are set by the board. The finance committee shall allocate investment fund assets in accordance with the ranges set forth. The allocation of assets between equity and fixed income/cash may deviate from the strategic target within the permitted range when market conditions warrant. Any such deviations are designed primarily to reduce overall investment risk in the long term.

d. Risk Tolerances

The board of directors recognizes that the objectives of the portfolio cannot be achieved without incurring a certain amount of principal volatility. The portfolio will be managed in a manner that seeks to minimize principal fluctuations over the established time horizon and that is consistent with the portfolio's stated objectives.

e. Performance Expectations

Over the long-term, the investment objectives for the reserve funds shall be to achieve an average total annual rate of return, which consists of the Consumer Price Index (CPI) plus 4% for the aggregate investments under this investment policy statement. Individual returns may vary significantly from year to year.

The criterion used for evaluation of investment managers or mutual funds includes, among other factors, performance consistency relative to the manager's or mutual fund's specific benchmark over 1, 3 and 5 year periods and performance relative to the manager's or mutual fund's investment peer group. Managers and mutual funds are expected to remain above the median performance benchmarks to their peer group upon review.

Control Procedures

Review of Liabilities

The board of directors, with assistance from the finance committee will review all investment policies, objectives and guidelines annually. This review will focus on an analysis of major differences between the reserve fund's assumptions and actual experience.

Review of Investment Objectives

Investment performance will be reviewed annually by the finance committee to determine the continued feasibility of achieving the investment objectives and the appropriateness of the investment policy for achieving these objectives. In addition, the validity of the stated objective will be reviewed annually.

Review of Investment Advisor

Any Investment Adviser will report on a quarterly basis the total reserve fund investment performance. In addition, the investment advisor will be responsible for keeping the finance committee advised of the impact of any material change to spending policy, investment strategy, or other pertinent information potentially affecting performance of all investments.

Review of Investment Performance

Regular performance reviews will provide the following information:

Comparison of investment results to appropriate benchmarks;

Verify adherence to investment policy and guidelines;

Reserve Policy Recommendation

There are several considerations when developing a reserve policy for an organization.

1. What would happen if the major revenue source was to disappear for one year?
 - a. For MDCB – what would happen if the certification test was not given or if renewal fees didn't come in?
2. What would happen if there was a major event that needed emergency cash expenditures?
 - a. For MDCB – what would happen if you needed cash in advance for a new testing company?
3. What is the cash flow for the year – i.e. are there months where there are more operating expenses than revenue? For some organizations, especially those with a membership renewal that happens once a year, then this may be significant.
4. Can we generate enough interest or investment income to help pay for new or existing programs?

For most organizations, the reserve policy consists of several parts.

1. Emergency reserves – This is generally a 6-12 month reserve that covers the average monthly operating expenses. This would allow an organization to continue paying rent, salaries (or in MDCB's case – management fees) until new revenue could be found, or the organization could be shut down.
2. Operating reserves – This is an amount based on projected cash flow to cover those months where expenses exceed revenue.

3. Investments for programs – This is an amount that is set aside for investment income, or interest, to generate program revenue.

So in summary, the investment amount should be equal to all three parts listed above, or:

$$\text{Reserve amount} = \text{Emergency Reserve} + \text{Operating Reserve} + \text{Investment Reserve}$$

Reserves can be either “designated” or “undesignated”. The distinction becomes important to CPAs and auditors as designated funds require special board action, and sometimes donor action, if a need arises to use these funds from something else. For example, if a donor gives \$1,000,000 to establish an investment account where only the interest is used for funding a special position on dosimetry at a local university, this would be a “designated” account. Any change in the use of this \$1,000,000 would require a letter from the donor. This sometimes becomes difficult when the donor has been deceased for 10 years. I recommend that MDCB use the term “allocated” when setting aside reserve amounts and when noting the amounts of reserves in the minutes.

Investment methods vary across organizations. Some organizations keep reserves in savings account, some in CDs, some in government only bonds, and some in mutual funds and/or stocks. It all comes down to risk. What should be considered is how likely the cash would be needed and what risk the organization is willing to accept. I recommend a professional investment advisor assess the risk of the board before any policy is adopted. Also, keep in mind that the operation reserve portion of the total reserve should be easily accessible throughout the year as needed. Either savings accounts or CDs are a good vehicle for this segment.

Items to Address:

1. Emergency Reserve Funds: Secure funds; i.e. Treasury securities and CD's
 - a. Propose that the reserve fund be established. This amount should be equal to the current operating budget of the MDCB;
 - b. Start out: 6 mo, 1 year, 18 month and 2 year CD's or Treasury securities. On renewal, the new term to renew at 2 year. Stepped or laddered CD's.
 - c. Give authorization to the Sec/Treasurer to implement longer term CD's for “annual increase” in the reserve fund amount.
2. Operational Reserve Funds: Money Market and Treasury/CD's of less than 6 months.

Operational funds should be equal to one-half the current operating budget of the MDCB. Current available cash (Money Market/checking) should be maintained at the level for the upcoming 3 months operating budget. Consider treasury and CD's of less than 6 months as operational reserves.
3. Investment Funds:

Investment funds are excess funds above the emergency and operational reserved fund amounts. Accept Increase risk/reward for investment amounts. Need to decide on where and what to invest in?
4. Decision Making:
 - a. Guidance for investment provided by the finance committee
 - b. Annual accounting presented to the board, new investments, etc.
 - c. Authority given to the sec/treasurer and the current President or EXCOM to carry out directives.

Various Types of Reserve Funds:

1. Emergency Reserve Funds:
 - a. Goal is to build an emergency reserve fund equal to the current year's operating budget. Reviewed and adjusted on an annual basis.

- b. Invested in fixed income funds of maturities of 6 months or greater;
- 2. Operating Reserve Funds:
 - a. Goal is to build an operating reserve fund equal to half of the current year's operating budget. Reviewed and adjusted on a semi-annual basis.
 - b. Half of the operating reserve funds must be liquid; i.e. money market/checking;
 - c. Invested in fixed income funds of maturities of less than 6 months;
- 3. Investment Reserve Funds:
 - a. Excess funds after meeting emergency and operating reserves.

Reimbursement Policy for Organization Liaisons and Board Members

(Adopted August 2010)

- Executive Committee Members are reimbursed for travel related expenses to all MDCB/AAMD meetings. MDCB board members will seek reimbursement externally whenever possible.
- MDCB Board members who travel on MDCB business will be reimbursed for all incurred expenses.
- Liaisons for MDCB to other organizations will be reimbursed for budgeted related expenses. Requests for reimbursement must be submitted at the beginning of each budgetary year.
- MDCB does not pay for attendance at the following Annual meetings: AAPM, RSNA, ASTRO, SROA, ACMP, HPS, AAMD or other meetings that the Liaison would normally attend because of professional interest in the organization having the meeting.
- Invited Speakers on behalf MDCB; (MDCB Members/Non MDCB Members) —Will be provided a complimentary registration for the day of their presentation and the day after. They may purchase social tickets on their own.
- Executive Director — A room is provided by the hotel outside of the normal complimentary room quota. Transportation, social program (with events), and meals paid.
- Council, Committee, subcommittee and task group members will be reimbursed for budgeted related expenses requested of them by the MDCB.

Annual Audit Policy

(Adopted November 2011)

Procedure

1. An annual audit of MDCB Finances will be conducted at the end of each fiscal year.
2. An external auditor will be approved by the Executive Director and secured by the management company accounting staff to conduct the audit.
3. Following completion of the annual audit, a copy of the audit will be circulated to the Board of Directors.
4. The external auditor will conduct a teleconference with the Finance Committee to review the audit.
5. At the next regularly scheduled meeting following the completion of the audit, the audit will be reviewed for approval by the board.
6. The audit will be posted to board confidential page.

Administrative Financial Policy

(Adopted November 2011)

Procedure

1. A financial update will be provided to the board monthly.
2. The board will be advised that the financial statement has been posted to the MDCB board confidential page.
3. The financial update will include the monthly financial statement and summary, cash flow statement, investment summary, check registers, bank statement and quarterly the investment company statement.
4. Staff will monitor the expiration of any investment instruments.

5. Near the expiration date of any investment instruments, staff will contact the financial advisor to conduct a conference call with the Finance Committee to determine recommended reinvestments.
6. Finance Committee to make recommendations for reinvestment to the Board based on financial advisor recommendations.
7. Following a majority vote by the Board, staff will confirm reinvestment of funds with the financial advisor.

Staff Responsibility

1. Provide financial update monthly.
2. Post monthly financial update to the web confidential page.
3. Monitor expiration of investment instruments.
4. Schedule and participate on conference call with financial advisor and Finance Committee.
5. Confirm reinvestments with financial advisor and report back to chair reinvestment has been completed.

Financial Advisor Responsibility

1. Meet with Finance Committee upon request.
2. Make recommendations on reinvestments based on policy provided.
3. Make reinvestments as directed.

Finance Committee Responsibility

1. Review monthly financials and follow up with staff regarding any questions.
2. Conduct teleconference with financial advisor as needed.
3. Report to the board MDCB financial position.

Board Responsibility

1. Review monthly financials and follow up with staff regarding any questions.
2. Vote on recommended reinvestments.

NOMINATING COMMITTEE

(Adopted August 2008)

Objectives and Goals

1. Maintain consistent rotation of MDCB board members with no more than two board members rotating on or off the board in a year.
2. Select the most qualified candidates from applicant pool based on experience and ability.

Procedure

MDCB Management Responsibilities

1. Staff will announce call for applicants for MDCB board openings by using the MDCB newsletter, MDCB Web site and email blasts. Board qualifications and applications should be posted on the MDCB Web site.
2. Staff will confirm receipt of two letters of recommendation, paragraph expressing interest, application and resume from each candidate and forward to Nominating Committee.
3. Staff will organize conference calls for applicant interviews.
4. Staff will send acceptance/denial letters to applicants.

Responsibilities of Committee Members

1. Committee to consist of three members.
2. Committee will interview applicants by conference call utilizing sample questions in order that each candidate can be considered equally.
3. Committee will create summary for each applicant's conference calls to present to the board for vote.

Responsibilities of the Board of Directors

1. The board is to review applications for MDCB open board position.
2. The board is to form nomination committee comprised of Immediate Past President and two members of the board. An approval of a candidate will be made by a 2/3 majority of all board members present at an in-person board meeting or by a unanimous vote by the entire board via e-mail.

Timeline

1. MDCB management to send first call for nominations by November 1.
2. Deadline to receive all applications and accompanying documentation is February 1.
3. MDCB board is to review applicants at March board meeting.
4. Nominations committee to interview applicants by April 1st.
5. MDCB board to make final vote by April 15th.

Qualifications for Board Member at Large

1. Must be a CMD for a minimum of 5 years
2. Should have a minimum of a BS degree
3. Should have served in various societies (AAMD, ASRT etc)
4. Should be an examiner in any board
5. Should have some academic profile in teaching, question writing, professional development, publications, etc.
6. Should be a current practicing dosimetrist

Interview Questions for Board Candidates

1. Describe your current daily responsibilities?
2. What is your motivation for joining the MDCB?
3. What attributes do you feel you would provide to this position?
4. What is your expectation of your role on the board?
5. Do you have a principle goal that you would like to achieve while on the board?
6. What is your perception of the current MDCB and changes that have taken place in the last 2 years?
7. What past or current services did/do you have with other organizations and what was/is your role?
8. Why are interested in serving on the board?
9. What would you like to accomplish on the board? Please provide individual goals as well as group goals.
10. Do you currently are have you served on the MDCB or the AAMD?
11. How many years of dosimetry experience do you have?
12. How many years have you been a CMD?
13. What is your current employment status or job title?
14. What are your educational and academic interests, i.e, professional development or experience with question development, etc.
15. What hobbies or interests do you have outside of medical dosimetry?
16. Can you provide references?

The following information will be posted to the Web site:

Selection Criteria of a Board Member

MDCB board members can be a liaison member or an at large member. The following criteria can be applied in choosing a board member:

- ***Liaison Member:*** *There are 6 liaison members to the MDCB board from AAMD, AAPM, ACMP, ACR, ASRT and ASTRO. Present liaison board members in consultation with president of the MDCB should contact the society (the president or the president elect) for nominating a*

member. These societies then nominate a board member to be considered by the MDCB board. A formal MDCB board approval (2/3) vote will be needed for the confirmation.

- **Member at large:** Whenever a vacancy exists, MDCB through newsletter, Web or personal contacts will advertise the opening of a position. Interested candidates must provide the following:
 - A formal letter to the president indicating interest in serving on the board
 - Provide an updated resume/CV
 - 2 letters of recommendation
 - A written paragraph indicating service goal to MDCB

- **Qualifications for board member at large:**
 - Must be a CMD for a minimum of 5 years
 - Should have a minimum of a BS degree
 - Should have served in various societies (AAMD, ASRT etc)
 - Should be an examiner in any board
 - Should have some academic profile in teaching, question writing, professional development, publications, etc.
 - Should be a current practicing dosimetrist

- **Selection process of a member at large:**
 - Prospective board members download and complete the board application.
 - Each board member will evaluate the applicant credentials.
 - Current board members will interview all appropriate candidates.
 - A 2/3 vote is required to be elected as a new board member.

TEST DEVELOPMENT COMMITTEE

(Revised November 2011)

Objectives and Goals

1. Coordinate item writing through Test Development Chair and Executive Director. Review format, calculation and accuracy of content throughout the year.
2. All items written to be reviewed at the direction of the test development committee and double checked by a minimum of (2)CMDs, Physicist and by Radiation Oncologist as needed.
3. All approved questions will then be submitted to Test Vendor by the Executive Director.
4. Provide complete items (including graphics) for entry into the item bank.
5. Conduct a preliminary form review with Test Vendor, a Physicist and 2 CMD's prior to the final form which will be available for review by the entire board via teleconference (web ex) through a secure portal hosted by Test Vendor
6. Test Development Chair to perform the key validation after administration of the exam (review all flagged items).
7. Ensure that all items are linked to the appropriate content category of the test matrix, re-assign content categories if test matrix changes following a Job Task Analysis.
8. Ensure that a Job Task Analysis is conducted and the test matrix is updated every 5 years. This is to be completed every 5 years or sooner dependent on technological advancements or changes within the profession.

Optimal Composition of the Committee

4 members made up of 2 CMDs, 1 MD and 1 Physicist. Ideally, the committee members rotate off of the committee so that no two (2) members leave during the same cycle. Members may be added as necessary to ensure seamless transitions of committee members coming onto and off of the Test Development Committee.

Responsibilities of the Committee Chair

1. Develop an annual Project Plan for test development with the test vendor, the MDCB President, and the management company. Distribute the Project Plan to the entire board. Ensure that the MDCB and Test Vendor adhere to the plan deadlines or revise as appropriate.
2. Committee chair to act as a liaison between the Test Vendor, Management Company and board members in order to ensure consistent communication.
3. Assign tasks to committee and board members, as necessary, dealing with the review of items (edits, modifications, reviews, re-categorization, etc.).
4. Organize and conduct item writer workshops for board members and qualified individuals interested in item writing
5. Plan and organize an Item Writing meeting or web cast (usually conducted in early January so that new items can be utilized on the Spring exam). Solicit items from qualified individuals outside of the board and include them in item writing sessions if possible.
6. Check the number of questions in each content category in the bank and assign questions to be written in specific categories, if necessary.
7. Ensure that items are entered into the test vendor item bank within three weeks after the item writing meeting. Review items after entry in the bank and forward approved items to the Management Company (Management Company to retain a secured current copy of item bank).
8. Assure that test development activities occur in meeting rooms with no access by unauthorized individuals.
9. Communicate with test vendor to ensure that all necessary statistical/historical data is provided to the board for the selection of exam items
10. Maintain Test Development Committee Policy and Procedure Manual ensuring modifications are forwarded to the management company.
11. Be a keeper of the item bank in conjunction with Executive Director.
12. Conduct monthly meetings and provide a committee update to Executive Committee.
13. Ensure confidentiality statement has been signed before any questions are submitted by an outside item writer.

Responsibilities of Committee Members

1. Assist the chair, as necessary, in the total test development process.
2. Assist fellow board members with item writing and review.
3. Solicit new items from qualified individuals.
4. Review the accuracy of the draft exam (proofread).
5. Perform key validation after the test administration. (review all flagged items)
6. Discuss and revise Test Development Committee policies and procedures as needed.
7. Attend scheduled and called committee meetings.
8. Perform additional tasks as requested by the committee chairperson.

Responsibility of the Board of Directors

1. Write and review items as needed or requested by Test Development Chair or Executive Director.
2. Participate in review of the 1st and 2nd form reviews of the exam. Review the statistics/reports and the established minimum passing level (MPL) of the exam when provided by the test vendor.
3. Assure a minimum of 100 new questions are added each year to the bank.
4. Review and edit items.
5. Periodically check to ensure that all published materials (including the website) are accurate.
6. Approve scoring key (key validation).
7. Approve pass/fail level (MPL).
8. Direct Test Vendor to secure all necessary national and international test locations.

9. Coordinate and conduct item writing workshops when feasible.
10. Maintain security of the item bank in a secure site with access by authorized personnel only.
11. Maintain the confidentiality of the exam candidates' application and test results.
12. Review exam performance and statistics, and approve the MPL suggested by test vendor.
13. Discuss next test cycle time and task schedule (Project Plan).
14. Conduct a 3 year item review of all items for content relevancy, accuracy and clinical use.
15. A minimum of 20 new questions per exam form should be tested for statistics to enable implementation and use of the new test items. One hundred thirty five questions to be scored with an additional 20 pretest items per test. (100 candidates per form will be needed to ensure statistical validity)

Test Vendor Responsibilities

1. Test bank is the property of the MDCB and not the test vendor.
2. Update and maintain the item bank
3. Maintain item statistics on all items.
4. Conduct psychometric editing of the items, MDCB to review and approve all changes.
5. Assemble the examination(s) based on MDCB content matrix with an average p value of approximately .63,
6. Make necessary corrections, confirm corrections and prepare the exam(s) for administration.
7. Recommend a pass/fail level (MPL).
8. Provide and update test center locations
9. Score and conduct psychometric analyses.
10. Provide the MDCB with the test results and analyses in the specified format.
11. Maintain security of the item bank in a secure site with access by authorized personnel only.
12. E-mail score reports and maintain the confidentiality of the exam candidates' test results to the certification test participants after review with MDCB members.
13. Communicate concerns and recommendations to the Test Development Committee Chair and MDCB President.
14. Other tasks as requested/negotiated by the board.
15. Send score reports (test data and statistics) to the entire board.
16. Provide staff to conduct meeting, if requested.
17. A minimum of 20 new questions per exam form should be tested for statistics to enable implementation and use of the new test items. One hundred thirty five questions to be scored with an additional 20 pretest items per test. (100 candidates per form will be needed to ensure statistical validity)
18. Conduct a strategic planning meeting and report with implementation recommendations to the board annually.

Time and Task Schedule

1. Item writers, both MDCB board members and external item writing committee author approximately 100 new items to be developed throughout the year.
2. Announce upcoming examination date and begin accepting applications (Management Company).
3. Write, solicit, edit and review new items in assigned content areas.
4. Test Development Committee formed annually (minimum of 2 CMD's, Physicist and/or Radiation Oncologist depending on content expertise needed to review all items).
5. Update item bank annually.
6. Draft examination to include a minimum of 20 new questions per exam form to be tested for statistics to enable implementation and use of the new test items. One hundred thirty five questions to be scored and 20 pretest items to be developed (100 candidates per form will be needed to ensure statistical validity).

7. Test assembly and refinement (test vendor) bi-annually via web ex secure portal or test vendor site meeting.
8. Proofreading of the final draft(s) by Test Development Committee members and any other board members who volunteer.
9. Executive Director to provide applicant information to test vendor (Test Vendor) utilizing software system, currently Learning Builder.
10. Test Vendor to conduct psychometric analyses.
16. Board reviews, test reports and MPL determinations for each test administration.
11. Report examination results to candidates (Test Vendor) for each test administration
12. Staff to distribute wall certificates, certificant handbook, credential registration/dues fee to passing candidates.

Test Development Exam Review Policy

1. To ensure security of the MDCB certification exam, copies of the exam form will not be circulated for review.
2. In advance of the exam review meeting, the Test Development Chair and Committee will review the 1st form through a secure electronic portal. The date will be set by Test Development Chair and Test Vendor and published 3-4weeks in advance of review date.
3. The board will review the final exam form (2nd review) through a secure web portal
4. Subsequently, a final review (3rd form review), if needed will be conducted or the Test Development Chair will authorize Test Vendor via email that the form review is approved for administration.
5. The Executive Director should be included in all correspondence with any outside vendor.

Glossary of Terms

Angoff — Angoff proposed a systematic way to set minimum passing levels using a group of raters for making decisions. Items are evaluated individually. Each rater estimates the probability that a minimally capable candidate will select the correct answer. Thus, each item is given a rating that may range from 0 to 1. The MPL is the average rating over items and raters.

Blanked — An item that performed so poorly on an exam that it was removed from scoring and that the item will no longer be used in a test.

Closed - Items which have been determined to be outdated and should no longer be used, but are kept in the item bank for future reference.

Deleted from bank - Items which are determined to be unusable despite attempts at correction/revision. These items are permanently removed from the item bank.

DLS — Delete from scoring — an item was deleted from scoring for a given exam due to a problem with that item that was previously unseen (typographical errors, content errors, etc.).

Edited — Items which have undergone minor revision.

ID# - The item identification number. The code number given to each item as that item is entered into the item bank). Each segment of the number has significance for test specification matrix (major and minor categories), cognitive level, figure, item type and score able units. For example, item number 32AITK10 signifies (in order) category **III**, subcategory **B**, **A** type item, **I** score able unit, **T**ext (F = figure/graphic required), **K**nowledge cognitive level, and **10** = the tenth item in this configuration.

Item Difficulty — Is the proportion of examinees answering a dichotomously scored (right or wrong) item correctly.

Item Discrimination — is (a) the correlation between the score on that item and some criterion variable or (b) the difference in performance of that

item for examinees in different criterion groups.

Key edit – The answer key needed to be changed after the item was used.

KR20 (Hoyt Reliability) – Indicates reliability of the exam. Generally, tests with values of .90 or higher are considered to have excellent reliability and values of .8 or higher are considered to have good reliability; we have consistently maintained a value of .88 or higher.

Moved – The item was moved in the item bank due to a change in the category, subcategory, cognitive level, addition/deletion of a figure, or a change in the core able units.

MPL – Minimum passing level – The minimum total percent correct answers required in order to pass the examination.

Nedelsky – The procedure requires judgments about test items and can only be used with items in the multiple-choice format. A committee of subject matter experts review an examination and judge each item to determine the probability that a minimally capable candidate would answer it correctly. This is done by evaluating the difficulty of each option in an item. The average of the item probabilities constitutes the Minimum Passing Level (MPL) on the test.

p value - An index of item difficulty – The proportion of examinees in a particular sample who answered the item correctly. The p value depends on the sample of examinees responding to the item, is influenced by the opportunity to guess the correct answer, and is non-linearly related to the trait being measured by the item.

PIN - stands for “Problem Item Notification.” This occurs when the test vendor identifies items that didn't perform as expected on the exam. The test development committee reviews each of these items and lets Thomson know whether to keep the question or to delete it from scoring. Exam scores are not finalized until this has taken place.

r value - An index of item difficulty – Allows for differentiation among examinees. The index is based either on a correlation between whether or not the item was answered correctly and some criterion or on the differences among difficulty indexes for examinees in different groups. The numerical value of the index for any given item, depends on the sample of examinees for whom data are available, on the specific index used, and especially on what variable is taken to be the criterion. We use the top scoring 27% of the test candidates.

SU - score able units – The point value of the item, i.e. A or K type items have only one answer and, therefore, have a point value of one (1); whereas, B or S type items have multiple possible answers and, therefore, have a value for the number of answers (typically 3 or 4 answers are used).

Test Reliability - how consistent the results of an assessment are; if an assessment is reliable, it will yield the same or nearly the same information on retesting.

Test Equator - Items which are common to multiple tests. Equators are used to judge test difficulty and reliability.

Test Validity - The extent to which assessment information is appropriate for making the desired decision about pupils, instruction, or classroom climate; the degree to which assessment information permits correct interpretations of the desired kind; the most important characteristic of assessment information.