



Annual Governance  
& House of Delegates  
Meeting 2024



# Program at a *Glance*

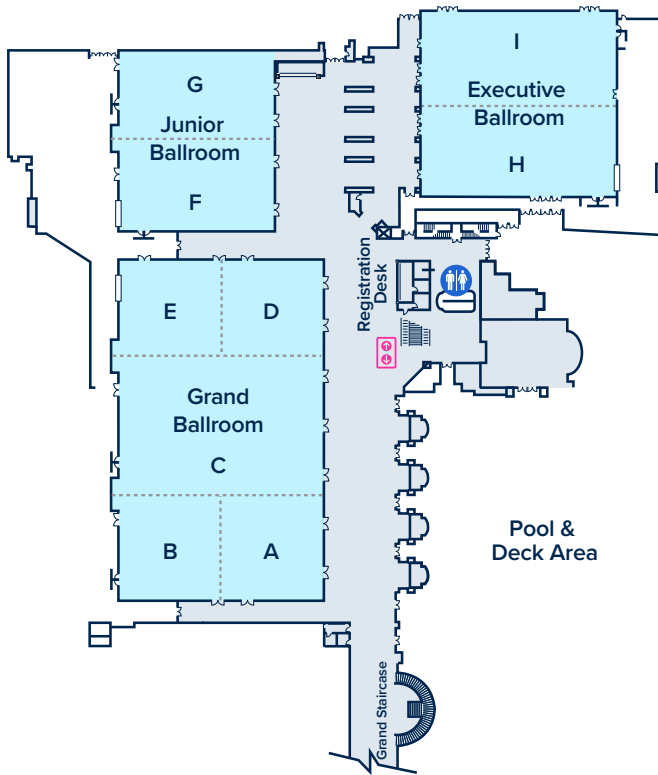
June 28-30

TIME	EVENT	ROOM
<b>Friday, June 28</b>		
7 a.m.	ASRT-sponsored Breakfast	Executive Ballroom
7 a.m.-1 p.m.	Registration and Tote Bag Pickup	Registration Desk
7-11 a.m. and 1:45-3 p.m.	ASRT Foundation Donor Lounge	Salon 13
8-10 a.m.	<b>DELEGATE</b> First House of Delegates Meeting	Executive Ballroom
10:15-11:15 a.m.	<b>DELEGATE</b> ASRT Update	Executive Ballroom
11:15 a.m.-1:15 p.m.	Expo Hall — Lunch Provided	Grand Ballroom C
11:15 a.m.-1 p.m.	Fellows Luncheon Meeting (Invitation Only)	Salon 3
1:15-1:45 p.m.	ARRT Report	Executive Ballroom
2-2:30 p.m.	JRCERT Report	Executive Ballroom
5:30-7:30 p.m.	Honors Evening (Reception to Follow) Corporate Sponsor <b>PHILIPS</b>	Jr. Ballroom F
<b>Saturday, June 29</b>		
7 a.m.	ASRT-sponsored Continental Breakfast	Executive Ballroom
7 a.m.-1 p.m.	Registration and Tote Bag Pickup	Registration Desk
7 a.m.-1 p.m.	ASRT Foundation Donor Lounge	Salon 13
8-10 a.m.	<b>DELEGATE</b> Bylaws Open Forum and Commission Hearing	Executive Ballroom
10:15-11 a.m.	<b>DELEGATE</b> Speaker/Vice Speaker Election Open Forum	Executive Ballroom
11 a.m.-1 p.m.	Lunch on Own	
<b>DELEGATE Chapter Meetings</b> <i>Chapter Delegates: Attend the chapter meeting of the chapter you represent. Affiliate Delegates: Attend a chapter meeting of your choice.</i>		
1-2:15 p.m.	Bone Densitometry	Salon 2
1-2:15 p.m.	Computed Tomography	Executive Ballroom
1-2:15 p.m.	Management	Salon 1
1-2:15 p.m.	Quality Management	Salon 12
1-2:15 p.m.	Radiologist Assistant	Salon 11
2:30-3:45 p.m.	Cardiac Interventional & Vascular Interventional	Salon 2
2:30-3:45 p.m.	Magnetic Resonance	Salon 1
2:30-3:45 p.m.	Mammography	Salon 12
2:30-3:45 p.m.	Medical Dosimetry and Radiation Therapy	Salon 11
2:30-3:45 p.m.	Radiography Chapter Meeting	Executive Ballroom
4-5:15 p.m.	Education	Executive Ballroom
4-5:15 p.m.	Military	Salon 1
4-5:15 p.m.	Nuclear Medicine	Salon 12
4-5:15 p.m.	Sonography	Salon 2
7-10 p.m.	ASRT Foundation Event: Rad Since 1984 Sponsored by the American Registry of Radiologic Technologists, Joint Review Committee on Education in Radiologic Technology and Philips	Grand Ballroom D
<b>Sunday, June 30</b>		
7 a.m.	ASRT-sponsored Breakfast	Executive Ballroom
8 a.m.	<b>DELEGATE</b> Second House of Delegates Meeting	Executive Ballroom
6:30-7:30 p.m.	ASRT Installation of Officers	Jr. Ballroom F
7:30-8:30 p.m.	President's Reception	Jr. Ballroom G

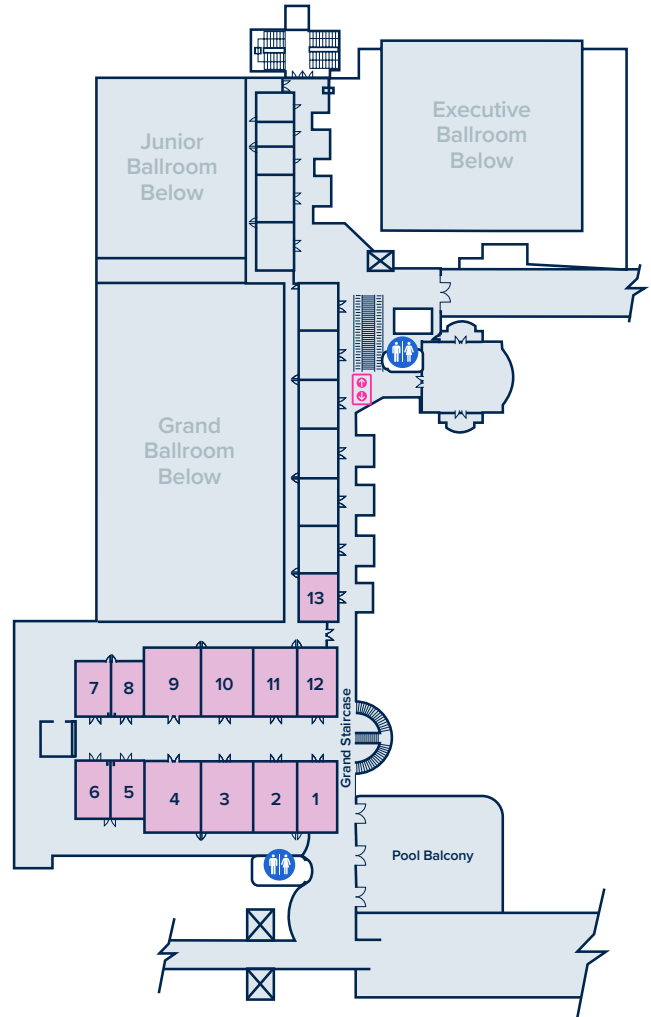


# Rosen Centre Hotel

## Level 1



## Level 2



# Who's Who on the ASRT Board of Directors

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## 2023-2024



**Daniel L. Gonzales,**  
M.S.R.S., R.T.(R), FASRT  
Chair of the Board



**Brandon A. Smith,**  
M.B.A., M.S.R.S., R.T.(R)(VI), CIIP  
President



**Heather Moore,**  
Ph.D., R.T.(R)  
President-elect



**Daniel DeMaio,**  
M.Ed., R.T.(R)(CT)  
Vice President



**Joseph Whitton,**  
M.S., R.T.(R)(CT)(MR), FASRT  
Secretary



**Marissa Mangrum,**  
M.S.R.S., R.T.(T)  
Treasurer



**Shellie Pike,**  
M.S.R.S., R.R.A., R.T.(R)(CT)  
She/Her/Hers  
Speaker of the House



**Ashley Perkins,**  
M.H.A., R.T.(R)(MR)  
Vice Speaker of the House



## Introducing Your 2024 Speaker and Vice Speaker of the House of Delegates



**Shellie Pike, M.S.R.S., R.R.A., R.T.(R)(CT)**  
**(She/Her/Hers)**  
**Speaker of the House**

Shellie is a registered radiologist assistant for Radiology Consultants of Iowa in Cedar Rapids, Iowa.

She has served in many ASRT capacities, including:

- Speaker of the House and Vice Speaker of the House, ASRT Board of Directors
- Delegate, Registered Radiologist Assistant Chapter
- Member, Committee on R.T. Advocacy Region 5 Subcommittee
- Member, Registered Radiologist Assistant Curriculum Revision Workgroup
- Member, Practice Standards Council Document Subcommittee
- Chair and Delegate, Registered Radiologist Assistant Chapter
- Chair, Practice Standards Council Radiologist Assistant Subcommittee
- Radiologist Assistant, Practice Standards Council
- Participant, Online Advocacy Academy
- Practice Standards Council Liaison, Commission
- Chair, Practice Standards Council

Contact Shellie at [spike@asrt.org](mailto:spike@asrt.org).

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**Ashley Perkins, M.H.A., R.T.(R)(MR)**  
**(She/Her/Hers)**  
**Vice Speaker of the House**

Ashley is a clinical imaging specialist for Franciscan Health in Indianapolis, Indiana.

She has served the profession in many capacities, including:

- Vice Speaker of the House, ASRT Board of Directors
- Member, International Speakers and Corporate Sponsored Programs Review Committee
- Member, Committee on the Student to Leadership Development Program
- Chair, Commission
- Delegate, Magnetic Resonance Chapter
- Delegate, Practice Standards Council Magnetic Resonance Subcommittee
- Delegate, Indiana Society of Radiologic Technologists, Inc.
- Professional Mentor, Professional Mentor Program
- Member, Student to Leadership Development Program Alumni Committee
- Member, Commission
- Mentor, Student to Leadership Development Program

Contact Ashley at [aperkins@asrt.org](mailto:aperkins@asrt.org).



Annual Governance  
& House of Delegates  
Meeting 2024

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## Welcome Letter & Delegate Requirements



## American Society of Radiologic Technologists

April 2024

Dear Delegate:

Welcome to the 2024 ASRT Annual Governance and House of Delegates Meeting!

This year's meeting will be held at the Rosen Centre Hotel in Orlando, Florida. Please read the Delegate Handbook and print any pages you need prior to your arrival. Please pay particular attention to the motions we will be discussing, using the links provided to access the necessary documents. If you have any issues accessing the most recent documents prior to the onsite meeting, please feel free to reach out to me via email or on the ASRT Communities.

Please use the information in the Agenda and Standing Rules sections to plan your personal meeting schedule. The Program at a Glance section lists room assignments, House of Delegates meetings and delegate check-in times. It also highlights the meetings you are required to attend as a delegate in order to fulfill your duties and qualify for airfare and hotel funding. The times listed for meetings are estimates; plan your travel to ensure you are able to attend all required meetings. Delegates are also required to complete an Annual Governance and House of Delegates report. You can review the Delegate Requirements document for more information. Also read the House of Delegates Procedure Manual which explains the check-in procedure and expectations for delegates as well as general House operations.

Delegates must be verified at the credentials desk before they can be issued delegate ribbons to attach to their badges and be seated as delegates. To obtain your ribbon, you will need a photo ID. If you need to provide your current ASRT membership card, affiliate membership card, American Registry of Radiologic Technologists or equivalent registration card, or an unrestricted state license, ASRT's governance staff will contact you prior to the meeting.

Delegates will use a secure web-based voting platform to conduct business during the meetings that requires voting. All registered delegates participating in the meetings will be verified by their use of this secure voting platform for participation in the House meetings. As a registered delegate, you will receive unique login credentials for the voting platform by email and text messages prior to each House session. The voting system requires you to use your own smart device or laptop. If you have any concerns, please feel free to reach out.

While in Orlando, take advantage of opportunities to network with new and old friends, visit with exhibitors and attend the Reception and Pin Exchange that will be held at the ASRT Expo on Thursday evening.

We have a full agenda. I have total confidence that we can complete our business in an expeditious manner if everyone comes prepared.

If you have questions, please email me at [SPike@asrt.org](mailto:SPike@asrt.org) or contact Jason Bradley, ASRT vice president of governance and public policy, at 800-444-2778, Ext. 1350.

I look forward to seeing each of you and to your active participation in the 2024 House of Delegates.

Sincerely,

A handwritten signature in black ink, appearing to read "Shellie Pike", with a long horizontal line extending to the right.

Shellie Pike (She/Her/Hers)  
Speaker of the House



## **American Society of Radiologic Technologists 2024 Delegate Requirements**

### **Delegate Funding**

To qualify for airfare and hotel funding from the ASRT, delegates must arrive at the Rosen Centre Hotel in Orlando, Florida, no later than 7 a.m. Eastern time on Friday, June 28. This will allow you time to check in and pick up meeting materials, such as your identification badge. For meeting times and locations, please refer to the Program at a Glance document found in this handbook.

### **Delegate Check-in**

Delegates must pick up their ID badges at the ASRT registration desk on Thursday, June 27, from 7 a.m.-7 p.m. Eastern time, or Friday, June 28, from 7-8 a.m. Eastern time. Please note that delegates will be asked to reimburse ASRT for travel and hotel funding if they do not pick up their IDs during the times outlined above. There are *no exceptions*. Please plan your travel accordingly.

### **Event Attendance**

Attendance at mandatory events will be verified for each event via the automatic attendance verification system. The times listed for all events are estimates. Please plan accordingly to ensure you are on time and in attendance through the conclusion of all mandatory events.

#### **Mandatory Events**

1. Pre-meeting online delegate orientations for all delegates.
2. First House of Delegates meeting on Friday.
3. ASRT Update.
4. All open forums:
  - a. Bylaws Open Forum and Commission Hearing.
  - b. Speaker/Vice Speaker Election Open Forum.
5. Chapter meeting of the chapter you represent. Affiliate delegates may attend the chapter meeting of their choice.
6. Second House of Delegates meeting on Sunday.

### **Funding**

The ASRT will provide funding for chapter and affiliate delegates, the sergeant-at-arms, and chair of the Committee on Bylaws, Practice Standards Council and Commission to attend the Annual Governance and House of Delegates Meeting in accordance with the guidelines in the House of Delegates Procedure Manual.

ASRT will pay for airfare and hotel costs up front.

To qualify for full funding of airfare and hotel, delegates must:

1. Make travel reservations through ASRT's official travel agency no later than May 10, 2024, if you are a delegate, and no later than May 17, 2024, if you are an alternate delegate needing to be seated for an absence or vacancy. Hotel registration has been completed for you.
2. Attend all mandatory events at the meeting. Delegates must be on time and present through the completion of all events to qualify for funding for airfare and hotel. Attendance tracking is monitored through gates located in each room. Official conference

badges must be worn at all times while attending meetings. Please enter and exit through gates to ensure tracking is accurate.

3. Complete the post-meeting delegate report. The delegate report must be completed and submitted to the ASRT Governance Department within 60 days of the conclusion of the Annual Governance and House of Delegates Meeting. Instructions for completing and submitting the report will be posted to the Delegate Private Community after the close of the second House of Delegates meeting. It is the delegate's responsibility to confirm that the ASRT Governance Department received a report.
  - The ASRT delegate report will be completed via electronic survey.
  - The ASRT will post the link to the survey to the Delegate Private Community immediately after the second seating of the House of Delegates meeting.
  - The report, accessed via the link provided, is the only report form that will be accepted.
  - Complete the report. For affiliate delegates, the ASRT office will send a copy of the report to the affiliate board of directors. For chapter delegates, ASRT will upload a composite report from all chapter delegates to the appropriate ASRT Community.
  - Select the submit button. The report will be sent to the ASRT office automatically.
  - If there are any problems with the electronic report, it is the delegate's responsibility to immediately contact the ASRT Governance Department for assistance.
  - The deadline to submit a report is 11:59 p.m. Mountain time on Aug. 29, 2024.
4. Delegates not meeting all requirements for funding will be asked to reimburse prepaid airfare and hotel expenses incurred by ASRT.

#### **Annual Governance and House of Delegates Report Requirement**

All delegates are required to complete a post-meeting delegate report. See number 3 in the section above for more information.



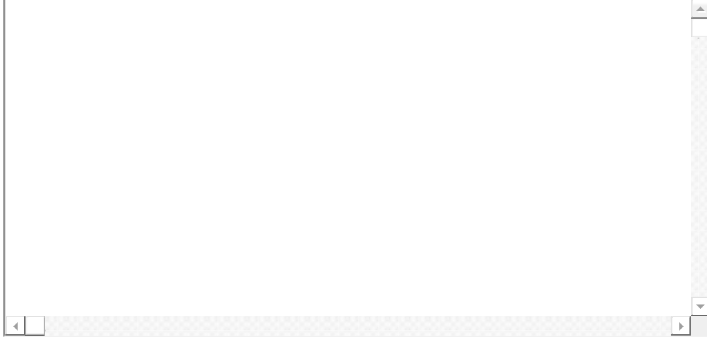
## Delegate report for the 2024 Annual Governance and House of Delegates Meeting

Please share your feedback regarding the meeting. We appreciate your candid responses.

1. Your Name

2. Which ASRT chapter, affiliate, committee or program did you represent during the meeting?

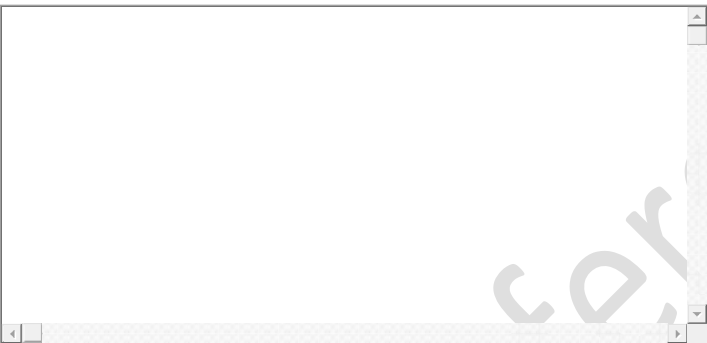
Please provide feedback regarding your overall experience below:

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3. Did you attend both business sessions of the 2023 House of Delegates?

- Yes
- No

Please provide feedback about the session(s) you attended below:

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4. Did you use the voting platform through Survey & Ballot Systems?

- Yes
- No

If yes, did you encounter any difficulties using the system? Please provide feedback below:

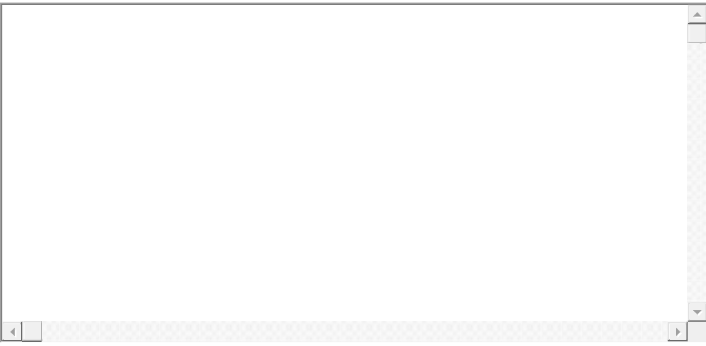
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## 5. Which of these events did you attend?

- ASRT Update
- Bylaws Open Forum and Commission Hearing
- Speaker/Vice Speaker Open Forum
- None

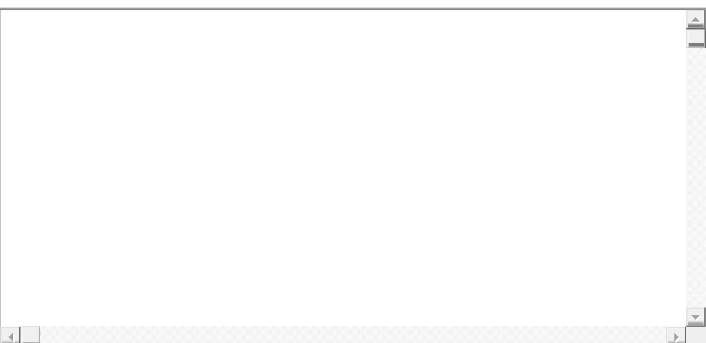
Please provide any comments and feedback you have for each of the events attended below:



## 6. Which chapter meeting(s) did you attend?

- Bone Densitometry
- Cardiac Interventional and Vascular Interventional
- Computed Tomography
- Education
- Magnetic Resonance
- Mammography
- Management
- Radiation Therapy/ Medical Dosimetry
- Military
- Nuclear Medicine
- Quality Management
- Radiography
- Registered Radiologist Assistant
- Sonography
- None

Please provide any comments and feedback regarding each of the chapter meetings attended below:



7. Would you like us to email a copy of your completed report to you?

Yes

No

8. Please provide any additional comments that you would like to submit on behalf of the chapter, affiliate, committee or program you represent.

**Submit**

For Reference Only



Annual Governance  
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## Agendas & Standing Rules

**2024 ASRT House of Delegates Meeting  
House Agenda**

**First Business Meeting of the House  
Friday, June 28, 2024**

- A. First Business Meeting of the House
  - 1. Call to Order
  - 2. Opening Ceremony
  - 3. Introductions
  - 4. Credentials Report
  - 5. Delegate Orientation
  - 6. Adoption of House of Delegates Standing Rules
  - 7. Adoption of Agenda
  - 8. Memorial Resolution
  - 9. Courtesy Resolutions
  - 10. ASRT Annual Report (President)
  - 11. Awards
  - 12. Consensus Committee Report for Motion BOD-23.01
  - 13. Introduction of Late Main Motions
  - 14. Nominations for Speaker and Vice Speaker
  - 15. Announcements
  - 16. Recess

**Second Business Meeting of the House  
Sunday, June 30, 2024**

- B. Second Business Meeting of the House
  - 1. Call to Order
  - 2. Credentials Report
  - 3. Committee on Bylaws Report
  - 4. Consent Calendar
  - 5. Commission Report
  - 6. Unfinished Business
  - 7. New Business
    - a. Introduction of Late Main Motions
    - b. Courtesy Resolutions
  - 8. Election of Speaker and Vice Speaker
  - 9. Announcements
  - 10. Adjournment



## 2024 ASRT House of Delegates Meeting Chapter Agenda

Chapter	Chair	Vice Chair	ASRT Board Member	ASRT Staff
Bone Densitometry	Cheryl Travelstead	Karen Prouty	Heather Moore	Craig St. George
Cardiac Interventional and Vascular Interventional	Jennifer Mashburn	Laurie Coburn	Brandon Smith	Craig St. George
Computed Tomography	Kendall Youngman	Dustin Ward	Daniel DeMaio	Ame Allen
Education	James Murrell	Joy Cook	Heather Moore	Melissa Culp/Craig St. George
Magnetic Resonance	Jeffery Jenkins	Kimberly Onstott	Daniel Gonzales	Melissa Culp
Mammography	Pamela Fulmer	Erin Zubia	Daniel DeMaio	Meredith Gammons
Management	Amanda Garlock	Nicholas Gimmi	Marissa Mangrum	Melissa Culp
Radiation Therapy and Medical Dosimetry	Benjamin Morris	Cheryl Young	Marissa Mangrum	Ame Allen
Military	Danielle Ishmael	Paul Ellis	Brandon Smith	Meredith Gammons
Nuclear Medicine	Ryan Smith	Barbara Hente	Daniel Gonzales	Ame Allen
Quality Management	Julie Gill	Donita Shipman	Brandon Smith	Bill Brennan
Radiography	Steve Cohen	Diane Hutton	Heather Moore	Bill Brennan
Registered Radiologist Assistant	Susan Wertz	William Bryan	Daniel Gonzales	Meredith Gammons
Sonography	Diana Mishler	Katherine Peak	Joseph Whitton	Bill Brennan

- I. Introduction: Current Delegates and Alternates
- II. Introduction: Newly Elected Chapter Delegates and Alternates
- III. Motions Relevant to the Chapter -- [ASRT Delegate Materials](#)
- IV. Campaign Recognition of [Be Seen | Learn About Medical Imaging and Radiation Therapy Professionals \(asrt.org\)](#)
- V. Chapter-specific Items
  - A. **Bone Densitometry**
    1. Legislative update: House Resolution bills presented regarding increasing Medicare reimbursement.
    2. Chapter support/nonsupport for ASRT position that in any setting performing bone densitometry, there be at least one technologist with the American Registry of Radiologic Technologists BD credential.
    3. Call for eligible and qualified technologists to serve as chapter leaders.
    4. Q&A.

## **B. Cardiac Interventional and Vascular Interventional**

1. Chapter strategy to encourage postprimary credentials (i.e., ARRT CI and VI exams). Discuss available incentives.
2. Chapter project: volunteers needed to create a resource list for posting as a document without our chapter community.
3. Increasing use of ultrasound in the suite and educational options, along with new technologies in the suite.
4. Suggestions to resolve ongoing concerns of staffing shortages and burnout without wage increase.
5. Q&A.

## **C. Computed Tomography**

1. Remote CT imaging prevalence, legislation, regulations, vendor input, along with ARRT and American College of Radiology stance.
2. Administration of contrast with direct supervision transition to telemedicine communication instead of in-house. Rural and off-site locations with no radiologist or doctor onsite.
3. Update regarding Military Chapter inquiry to make a CT certification pathway for military technologists.
4. New and emerging technologies in CT - to include artificial intelligence.
5. Q&A.

## **D. Education**

1. Status of program enrollment.
2. Data regarding number of medical imaging and radiation therapy educators presently teaching vs. those planning to retire within five years.
3. Ideas and volunteers for chapter project. Project facilitators: chair and vice chair 7/1/2024 - 6/30/2025.
4. Motion for the baccalaureate degree as entry-level education.
5. Q&A.

## **E. Magnetic Resonance**

1. Standardization of MR safety education for promoting MR scanning as a safe and viable means of diagnostic testing.
2. Remote scanning: proliferation, required training and liability of those onsite/off site, inpatient/outpatient, involvement of ASRT/ARRT/Association for Medical Imaging Management (AHRA)/ACR/others and best practices. Remote MR technologists/MR steering technologists/Radiology Operations Command Center (ROCC)/MR technologist assistants.
3. Q&A.

## **F. Mammography**

1. Discussion on Mammography Quality Standards Act changes effective September 2024.
2. Discussion on direct/indirect correlation in daily volume of patients related to positioning quality.
3. Suggestions to address ongoing concerns of staffing shortages and burnout without wage increase.
4. Length of time dedicated to a mammography examination.
5. Is there an increase in American College of Radiology failures?
6. Q&A.

## **G. Management**

1. Recruitment and retention opportunities related to staffing shortages with discussion to include both staff vs. limited technologist and permanent vs. travel technologist utilization.
2. Internal growth and investment programs (higher bonuses or incentives).
3. Developing programs that enhance patient and employee safety.
4. Chapter project: benchmarking as a joint venture with AHRA.
5. Q&A.

## **H. Medical Dosimetry - See Radiation Therapy Chapter Agenda**

## **I. Military**

1. Relationship between schoolhouse leadership and ASRT regarding Student to Leadership Development Program participation.
2. Potential future proposals for [ASRT Bylaws](#) revisions relative to the chapter.
3. Call for eligible and qualified technologists to serve as chapter leaders.
4. Q&A.

## **J. Nuclear Medicine**

1. New and emerging technologies relevant to the chapter.
2. Chapter project: create NM Directed Readings ([ASRT Publications](#)). Project facilitators: chair and vice chair 7/1/2024 - 6/30/2025.
3. Call for eligible and qualified technologists to serve as chapter leaders.
4. Q&A.

## **K. Quality Management**

1. Upcoming QM Practice Standards revision, [ASRT Practice Standards](#).
2. QM certification requirements for QM chapter delegate.
3. Call for eligible and qualified technologists to serve as chapter leaders.
4. Q&A.

## **L. Radiation Therapy and Medical Dosimetry**

1. Professional workforce survey radiation therapy and advanced practice section.
2. [ASRT Practice Standards](#).
3. ASRT curriculum revision, [Radiation Therapy \(asrt.org\)](#).
4. Physics encroachment and advanced practice radiation therapist update. Balance of APRT scope without encroaching into the practice of medical dosimetry.
5. Marketing for radiation therapy programs. Upon graduation, radiation therapy students now have an additional modality. This has created a shortage in radiation therapy.
6. Technology driven radiation safety and continuing education.
7. Q&A.

## **M. Radiography**

1. Limited license scope.
2. [ASRT Patient Shielding Task Force](#) update -- four years later.
3. Discussion: diagnostic radiography as a career vs. a gateway to another modality.
4. Job market challenges.
5. Remote scanning/imaging.
6. Supervision of contrast media administration.
7. Q&A.

## N. Registered Radiologist Assistant

1. Proposed Advisory Opinion Statement (AOS) -- “Supervision of Contrast Material Administration by Radiologist Assistants.”
2. Legislative update. State issues. Encroachment. Billing and reimbursement.
3. Social media avenues for the RA profession.
4. Recognition of the "RA 101" presentation and discuss ideas for future affiliate conference presentations.
5. Collaboration opportunities with other RA groups (e.g., Certification Board for Radiology Practitioner Assistants, Society of Radiology Physician Extenders).
6. Patient shielding reminder/discuss motions.
7. Q&A.

## O. Sonography

1. Staffing shortages.
2. Education.
3. Chapter project: create sonography Directed Readings ([ASRT Publications](#)).  
Project facilitators: chair and vice chair 7/1/2024 - 6/30/2025.
4. Q&A.

## VI. Status of Chapter

### A. In compliance or on probation.

1. Number of delegates elected and seated.

### B. Individuals eligible for nomination for next election.

1. Need to elect two delegates and two alternates.
2. Need to nominate more than four people, if possible.
3. Some may not meet eligibility criteria.
4. Some may not accept nomination.
5. Some may not turn in candidate information on time.
6. Nominations must be submitted on the ASRT website via the delegate nomination form.

## VII. ASRT Education Update

### A. Curriculum revision projects completed 2023-2024:

1. [Radiation Therapy \(asrt.org\)](#) (currently pending Joint Review Committee on Education in Radiologic Technology Board of Directors adoption during April meeting).
2. [Cardiac-Interventional and Vascular Interventional \(asrt.org\)](#). Web posting in summer 2024.

### B. Curriculum revision projects for 2024-2025:

1. [Magnetic Resonance \(asrt.org\)](#).
2. [Limited X-Ray Machine Operator \(asrt.org\)](#).

### C. Completed educational module series revision projects:

1. Patient-centered Care for Diverse Populations is now relaunched as [ASRT Diverse Patient Populations: The Series - Credit](#).
2. Sectional Anatomy Essentials is scheduled to be relaunched in June as Cross-sectional Anatomy.
3. MR (Magnetic Resonance) SEAL (Student Exam Assessment Library) launching in summer 2024.

D. Next department projects:

1. [ASRT Safety Essentials: The Series - Credit](#) module series revision.
2. Mammography SEAL (Student Exam Assessment Library).

E. [ASRT Educator Institute](#) applications open Sept. 1-30, 2024.

F. Portal open until Sept. 30, 2024, to accept presenter abstract proposals for the 2025 Educational Symposium. Apply online at [ASRT Call for Conference Speakers](#).

VIII. Other Business

A. Were discussed items that need follow-up assigned a timeline?

B. Other topics.

IX. Announcements

X. Adjournment and Completion of Chapter Report

# **ASRT House of Delegates**

## **Standing Rules**

Approved by the ASRT Board of Directors  
April 2024

### **Credentials**

1. Verification of identification and credential status for members of the House of Delegates must be presented and available during all annual governance meeting activities and cannot be transferred. Delegates who arrive after the credentials report has been adopted are entitled to vote on any matters coming before the house.
2. Identification badges issued to House of Delegates members must be worn for all official annual governance meeting activities and cannot be transferred.
3. The vice speaker shall report the number of credentialed delegates at the first business meeting of the House.
4. The vice speaker shall present a supplemental credentials report at the beginning of the second business meeting of the House or at any time upon the request of the speaker or 20 members of the House of Delegates.
5. A registered alternate delegate can, upon proper credentialing prior to the annual governance meeting, be transferred to delegate status. To be seated, this transfer must take place prior to the beginning of the business meeting at which the delegate will be seated, and the duration shall be for the appropriate term in accordance with an absence or vacancy.

### **Motions and Debate**

6. The names of makers and seconders of any motion will not be included in the minutes unless specifically requested.
7. A consent calendar may be used for this meeting. When the consent calendar is called up, upon the request of a single delegate, a motion shall be removed from the consent calendar. After all motions that the house desires to remove from the consent calendar have been removed, the remaining items on the consent calendar are thereby approved without a vote. All items removed from the consent calendar will then be considered in the order they would have otherwise been considered on the agenda.
8. All main motions and late motions submitted by delegates, chapters and affiliates shall be submitted electronically through ASRT's online motion form and signed by the maker and seconder. Electronic signatures are accepted.
9. All main motions submitted by the Practice Standards Council shall be considered made by inclusion in the mid-year committee report.
10. All main motions submitted by the Committee on Bylaws and Commission shall be considered made by inclusion in the committees' final reports to the House of Delegates.
11. All amendments to main motions may be amended during the second business meeting of the House.

12. Delegates wishing to speak must wait to be recognized by the speaker and shall state their name and delegate status.
13. Delegates wishing to speak who are ASRT appointees to accreditation and certification agencies or who are members of boards of other radiologic science organizations shall state their name and delegate status and identify the organization they represent.
14. Sergeants-at-arms shall identify members who wish to make a motion that can interrupt.
15. For each debatable motion, a delegate shall be allowed to speak for two minutes. The delegate may speak a second time to the same question after all other delegates wishing to do so have had the opportunity to speak once.
16. Motions to amend by striking out and/or inserting language in different locations within the motion will be processed as a single amendment. In all forms of amendment, the speaker may waive the “settled” rule for amendments at the discretion of the speaker.
17. Because all main motions are presented electronically, motions to amend by striking out and/or inserting the same language in multiple documents may be processed as a single amendment.
18. If the desired purpose of calling a caucus is to relax the rules of debate, a member must move to consider the business informally. If the desired purpose of a caucus is to instruct a portion of the body on how to vote, a member must move to recess. A delegate may request a caucus with other delegates and non-delegate attendees with the support of 20 delegates on any issue to be voted on, provided the request is made prior to the vote to be taken. The duration of the caucus shall be at the discretion of the speaker and shall be subject to the following rules:
  - 18.1. Caucus rooms will be provided if available and practicable.
  - 18.2. The proponents of a measure under consideration shall designate a caucus co-moderator. Opponents of the measure under consideration shall designate a caucus co-moderator.
  - 18.3. If either co-moderator desires separate caucuses, they may declare so and each will caucus in a different location and not be subject to 18.4
  - 18.4. Time for discussion shall be divided equally among proponents and opponents with the co-moderators keeping time with no delegate being allowed to speak more than 90 seconds, excluding the moderators.
  - 18.5. One request for an extension of no more than 15 minutes may or may not be granted by the speaker.
  - 18.6. No caucus may be called for a second time on the same main motion.
19. The Committee on Bylaws, Commission and Practice Standards Council are authorized to correct article and section designation, punctuation and cross-references and to make such other editorial and conforming changes as may be necessary to reflect the intent of the Society in connection with the adopted amendments to bylaws, position statements and practice standards documents. Changes will be reported to delegates.

### **Voting**

20. Delegates may cast votes by any method as prescribed by the speaker. The speaker shall determine the best method for casting votes and may select different methods for different votes.

### **Nominees**

21. Nominees for speaker and vice speaker shall participate in the Speaker/Vice Speaker Election Open Forum, where they will be allowed two minutes to speak on behalf of their candidacy before answering questions from ASRT members.

### **Information Distribution**

22. All non-ASRT information or materials distributed during the annual governance meeting shall have prior approval from the ASRT. All non-ASRT information or materials distributed to the House of Delegates shall be identified by the author and have prior approval from the speaker.
23. During the annual governance meeting, when additional information is requested, it shall be at the discretion of the speaker of the House of Delegates.

### **Audible Electronic Devices and Recording Equipment**

24. During House meetings, all personal electronics (e.g., laptop computers, tablets, cellphones) shall have their audio turned off or be placed in silent mode, and any capabilities to record video or audio **shall not be activated**. Video cameras and other recording devices **shall not be activated** other than for ASRT official use. Photography is permitted.





Annual Governance  
& House of Delegates  
Meeting 2024

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## Board, Bylaws & Commission Reports

**ASRT Board of Directors Report  
Feb. 17, 2024**

**Those participating in the meeting were members of the Board of Directors:**

Daniel L. Gonzales, M.S.R.S., R.T.(R), FASRT	Chair of the Board
Brandon A. Smith, M.B.A., M.S.R.S., R.T.(R)(VI), CIIP	President
Heather Moore, Ph.D., R.T.(R)	President-elect
Daniel DeMaio, M.Ed., R.T.(R)(CT)	Vice President
Joseph Whitton, M.S., R.T.(R)(CT)(MR), FASRT	Secretary
Marissa Mangrum, M.S.R.S., R.T.(T)	Treasurer
Shellie Pike, M.S.R.S., R.R.A., R.T.(R)(CT)	Speaker of the House
Ashley Perkins, M.H.A., R.T.(R)(MR)	Vice Speaker of the House

Agenda Items

A. Operational Motions

The ASRT Board of Directors had no operational motions to report for 2024.

**This document is accepted as written.**



Daniel L. Gonzales, M.S.R.S., R.T.(R), FASRT  
**Chair of the Board**

**American Society of Radiologic Technologists  
Committee on Bylaws Report  
2024**

The 2023-2024 ASRT Committee on Bylaws met three times in 2023 via virtual conference: Nov. 7 and 21 and Dec. 19. In addition, the committee met via virtual conference on March 8, 2024. Committee on Bylaws members participating in the meetings were:

Robin Cornett, M.A.Ed., R.T.(R)(CV), Chair  
Tracy Parent, M.H.L., R.T.(R)(CT)  
Kristi Moore, Ph.D., R.T.(R)(CT)  
Sarah Barnes, M.B.A., R.T.(R)(CT)  
Rebecca Hamm, Ed.D., R.T.(R)(CT)  
Kate Cheney, B.A., R.T.(R)  
Debra Schultz, M.S.H.A.

In this full review year, the 2023-2024 Committee on Bylaws is pleased to present the following motions along with editorial changes to amend the ASRT Bylaws for consideration by the ASRT House of Delegates. Included below is general information about how the House of Delegates will handle the motions:

- The chair of the Committee on Bylaws will present the consent calendar at the Bylaws Open Forum on June 29, 2024, and ask for discussion.
- Only the language proposed for change in the articles, sections and numbers of the proposed amendments presented are open for amending.
- During the second business meeting of the House, the Committee on Bylaws chair will present the proposed amendments, the speaker will ask for a final vote on each proposed amendment and the delegates will vote.
- Adoption of the proposed amendments requires a two-thirds vote of the House.

The following pages describe the motions being presented by the Committee on Bylaws. We encourage delegates to familiarize themselves with this information.

**This document is accepted as written.**



Robin Cornett, Chair

**Committee on Bylaws  
Consent Calendar**

- B-24.01 Amend Article III. Membership; Section 2. Categories of Membership; A. Voting; H.
- B-24.02 Amend Article V. House of Delegates; Section 3.
- B-24.03 Amend Article V. House of Delegates; Section 9. Nominations and Elections of Speaker and Vice Speaker; D.
- B-24.04 Amend Article VI. Nominations and Elections; Section 1. Composition and Responsibilities of the Committee on Nominations; A.

## Proposed Bylaw Amendments 2024 House of Delegates

A copy of the current ASRT Bylaws and a copy of the marked-up version with proposed revisions are available on the ASRT website at:

<http://www.asrt.org/main/about-asrt/asrt-governance/asrt-bylaws>

- **Insertions and additions are shown as highlighted.**
- **Deletions are shown as ~~strikethroughs~~.**

**Main Motion B-24.01**

**Amend Article III. Membership; Section 2. Categories of Membership; A. Voting; H.**

The Committee on Bylaws moves to amend Article III. Membership; Section 2. Categories of Membership; A. Voting; H by striking, “ship including the right to vote, hold office and serve as a delegate.”, and then inserting “Active” before the word “member.”

**Current Wording:**

H. Active Military members are those who are registered or certified in a primary modality by certification agencies recognized by the ASRT and are actively serving in the United States Armed Forces. They shall have all rights, privileges and obligations of membership including the right to vote, hold office and serve as a delegate.

**Proposed Wording:**

Strike and insert.

H. Active Military members are those who are registered or certified in a primary modality by certification agencies recognized by the ASRT and are actively serving in the United States Armed Forces. They shall have all rights, privileges and obligations of **Active** members ~~hip including the right to vote, hold office and serve as a delegate.~~

**Rationale:**

Change removes redundancy. The information removed is tacit knowledge.

<b>Your Delegate Vote</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>House of Delegates Vote</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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**Comments**

**Main Motion B-24.02**

**Amend Article V. House of Delegates Section 3.**

The Committee on Bylaws moves to propose a substitution for Article V. House of Delegates Section 3. by striking and replacing the section and renumbering accordingly to include an update of the Table of Contents.

**Current Wording:**

Strike the following.

~~Section 3. Delegate Requirements and Qualifications~~

~~A. Affiliate delegates~~

- ~~1. Two delegates and at least two, but no more than four alternate delegates shall be elected or appointed by each ASRT affiliate in accordance with affiliate procedures.~~
- ~~2. Affiliates shall complete and submit all qualifying documentation to the ASRT for the delegates and alternate delegates by the end of the last business day of January. Delegate and alternate delegate positions not filled with qualified members by the last business day of January shall remain open until after the annual meeting of the House of Delegates.~~
- ~~3. A delegate shall be a voting member of the ASRT and the affiliate being represented for two years immediately preceding nomination.~~
- ~~4. For affiliates who have not had active status with ASRT for a minimum of 24 months, delegates shall be a voting member of ASRT for two years immediately preceding nomination and a member of the affiliate being represented at the time of nomination.~~
- ~~5. A delegate shall have served as an officer, or on the Board of Directors or as a committee member in the affiliate being represented.~~
- ~~6. A delegate shall practice in the medical imaging and radiation therapy profession or health care.~~
- ~~7. A delegate may serve concurrently on the board of any national medical imaging or radiation therapy certification or national accreditation agency.~~
- ~~8. A delegate shall have the time and availability for necessary travel to represent the ASRT.~~
- ~~9. A delegate shall attend the annual meeting of the House of Delegates and all meetings required of delegates.~~

~~B. Chapter delegates~~

- ~~1. Two delegates and two alternate delegates shall be elected annually by a plurality vote of the voting members of the ASRT.~~
- ~~2. Delegates shall be elected for a term of two years. The term shall begin at the close of the annual meeting of the House of Delegates in the year the delegate is elected.~~
- ~~3. A delegate shall be limited to two, two-year consecutive terms unless there is not a full slate of qualified candidates nominated.~~
- ~~4. The delegate candidates receiving the third and fourth highest number of votes on the ballot are the elected alternate delegates.~~
- ~~5. An alternate delegate shall serve a one-year term. The term shall begin at the close of the annual meeting of the House of Delegates in the year the alternate delegate is elected.~~
- ~~6. If an alternate is not elected, this position remains open until the next regular election.~~
- ~~7. A delegate shall be a voting member of the ASRT for two years~~

~~immediately preceding nomination.~~

~~8. A delegate, excluding a military delegate, shall be a member of an affiliate or have served as a Military Chapter delegate for two years immediately preceding nomination.~~

~~9. A delegate, excluding a military delegate, shall have served as an officer, delegate or an elected or appointed ASRT position, or as an officer on the Board of Directors or as a committee member in an affiliate.~~

~~10. In chapters where certification and/or post primary examination offered by an ASRT recognized organization exists, the delegate shall show proof of current credential and documentation of current practice in the discipline or specialty being represented.~~

~~11. In chapters where certification and/or post primary examination offered by an ASRT recognized organization does not exist, the delegate shall show proof of documentation of current practice in the discipline or specialty being represented.~~

~~12. Military delegates shall be on active duty in the United States Armed Forces.~~

~~13. A delegate, excluding a military delegate, shall only be elected to represent a chapter of which the delegate is a member for the two years immediately preceding nomination.~~

### **Proposed Wording:**

Replace with the following.

### **Section 3. Affiliate Delegates**

#### **A. General Information**

1. Two delegates and at least two, but no more than four, alternate delegates shall be elected or appointed by each ASRT affiliate in accordance with affiliate procedures.
2. Affiliates shall complete and submit all qualifying documentation to the ASRT for the delegates and alternate delegates by the end of the last business day of January. Delegate and alternate delegate positions not filled with qualified members by the last business day of January shall remain open until after the annual meeting of the House of Delegates.
3. A delegate who met qualification requirements at the time of nomination shall be permitted to complete the term regardless of employment status changes.
4. A delegate shall attend the annual meeting of the House of Delegates and all meetings required of delegates.
5. A delegate may serve concurrently on the board of any national medical imaging or radiation therapy certification or national accreditation agency.

#### **B. Qualifications**

1. A delegate shall be a voting member of the ASRT for two years immediately preceding nomination.
2. A delegate shall be a current member of the affiliate being represented.
3. For affiliates who have not had active status with ASRT for a minimum of 24 months, delegates shall be a voting member of ASRT for two years immediately preceding nomination and a member of the affiliate being represented at the time of nomination.

4. A delegate shall have served as an officer, or on the Board of Directors or as a committee member in the affiliate being represented.
5. A delegate shall practice in the medical imaging and radiation therapy profession or health care.
6. A delegate shall have the time and availability for necessary travel to represent the ASRT.

#### **Section 4. Chapter Delegates**

##### **A. General Information**

1. Two delegates and two alternate delegates shall be elected annually by a plurality vote of the voting members of the ASRT.
2. Delegates shall be elected for a term of two years. The term shall begin at the close of the annual meeting of the House of Delegates in the year the delegate is elected.
3. A delegate shall be limited to two, two-year consecutive terms unless there is not a full slate of qualified candidates nominated.
4. The delegate candidates receiving the third and fourth highest number of votes on the ballot are the elected alternate delegates.
5. An alternate delegate shall serve a one-year term. The term shall begin at the close of the annual meeting of the House of Delegates in the year the alternate delegate is elected.
6. If an alternate is not elected, this position remains open until the next regular election.
7. A delegate who met qualification requirements at the time of nomination shall be permitted to complete the term regardless of employment status changes. A military delegate who met qualification requirements at the time of nomination shall be permitted to complete the term in the event of retirement or honorable discharge from active duty.
8. A delegate may serve concurrently on the board of any national medical imaging or radiation therapy certification or national accreditation agency.
10. A delegate shall attend the annual meeting of the House of Delegates and all meetings required of delegates.

##### **B. Qualifications**

1. A delegate shall be a voting member of the ASRT for two years immediately preceding nomination.
2. A delegate, excluding a military delegate, shall be a member of an affiliate or have served as a Military Chapter delegate for two years preceding nomination.
3. A delegate, excluding a military delegate, shall be a current member of an affiliate.
4. A delegate, excluding a military delegate, shall have served as an officer, delegate or an elected or appointed ASRT position, or as an officer on the Board of Directors or as a committee member in an affiliate.
5. In chapters where certification and/or post primary examination offered by an ASRT-recognized organization exists, the delegate shall show proof of current credential and documentation of current practice in the discipline or specialty being represented.
6. In chapters where certification and/or post primary examination offered by an ASRT-recognized organization does not exist, the delegate shall show proof of documentation of current practice in the discipline or specialty being represented.
7. Military delegates shall be on active duty in the United States Armed Forces.
8. A delegate, excluding a military delegate, shall only be elected to represent a chapter of which the delegate is a member for the two years immediately preceding nomination.



<p>9. A military delegate shall be a member of the Military Chapter at the time of nomination.</p> <p>10. A delegate shall have the time and availability for necessary travel to represent the ASRT.</p>	
<p><b>Rationale:</b>          Cleans up Article V to separate qualifications from general information. Also, strikes immediately before preceding regarding affiliate membership length requirement. This will assist both affiliates and chapters in finding qualified delegates, while maintaining a two-year membership sometime prior to nomination, but will not be restricted due to unintentional lapses. Affiliates could still restrict the membership requirement within their own bylaws without conflict with ASRT Bylaws.</p>	
<p><b>Your Delegate Vote</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p><b>House of Delegates Vote</b> <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p><b>Comments</b></p>	

<p><b>Main Motion B-24.03</b>  <b>Amend Article V. House of Delegates; Section 9. Nominations and Elections of Speaker and Vice Speaker; D.</b></p> <p>The Committee on Bylaws moves to amend by striking “election may be by voice vote” and inserting “presiding speaker may declare the candidate elected.”</p>	
<p><b>Current Wording:</b></p> <p>D. When there is only one candidate for speaker or vice speaker, the election may be by voice vote.</p>	
<p><b>Proposed Wording:</b></p> <p>Strike and insert.</p> <p>D. When there is only one candidate for speaker or vice speaker, the presiding speaker may declare the candidate elected <del>election may be by voice vote.</del></p>	
<p><b>Rationale:</b>          Consistency with Robert’s Rules of Order and conformity with House rules.</p>	
<p><b>Your Delegate Vote</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p><b>House of Delegates Vote</b> <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p><b>Comments</b></p>	

**Main Motion B-24.04**

**Amend Article VI. Nominations and Elections; Section 1. Composition and Responsibilities of the Committee on Nominations; A.**

The Committee on Bylaws moves to amend Article VI. Nominations and Elections; Section

- 1. Composition and Responsibilities of the Committee on Nominations; A. by striking "six."

**Current Wording:**

- A. The Board of Directors shall appoint a chair and six members to the Committee on Nominations, none of whom may be members of the Board of Directors.

**Proposed Wording:**

- A. The Board of Directors shall appoint a chair and ~~six~~ members to the Committee on Nominations, none of whom may be members of the Board of Directors.

**Rationale:**

This change gives the Board greater latitude in the bylaws for forming the Committee on Nominations. The makeup of this committee is outlined in documents which are more easily updated with the needs of the organization.

<b>Your Delegate Vote</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>House of Delegates Vote</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

**Comments**

**Notification to the House of Delegates of Editorial Change:**

The Committee on Bylaws identified two places where the same editorial change was warranted. The change was then referred to the appropriate staff members. This editorial change dealt with utilizing gender-neutral language within Articles V and IX. This editorial change, noted below, is not presented for individual vote but is being reported to you as an edit that does not change the intent of the document. All applicable ASRT documents will be updated to reflect this change.

For your review, the editorial change includes:

**Article V, Section 12, Subsection A, Item 2: Replace "his or her" with "their."**

(Rationale: This is gender-neutral language.)

**Article IX, Item D: Replace "his or her" with "their."**

(Rationale: This is gender-neutral language.)

## Commission Report

### American Society of Radiologic Technologists 2024 House of Delegates

The 2024 Commission met virtually on Feb. 5, 12, 20, 26 and March 7 and 25.

Commission members:

Amanda Grocott, M.B.A., R.T.(R)(CT), Chair

Jillian Connolly, M.H.A., R.T.(T)

Shemarva Fluellyn-Davis, B.M.S.C., R.T.(R)

Carmen George, M.S.R.S., R.T.(R)

Nancy Godby, M.S., M.A., R.T.(R)(M)

Dustin Ward, R.T.(R)(MR)(CT), MRSO

The Commission was assigned one main motion, which was received by the first business day of February. Main motions can be assigned to the Commission, ASRT Board of Directors or the Committee on Bylaws.

The Commission used an online survey tool for its work, which offered members the opportunity to provide feedback on the ASRT position statements and the Practice Standards Council motion **C-24.01** prior to making recommendations during the virtual meetings.

The Commission accomplished the goals as follows:

2/5/2024	Reviewed the 2023-2024 Practice Standards Council's proposed changes to the Table of Contents, Preface, Format, Definition, and Scope of Practice for Medical Imaging and Radiation Therapy Professionals.
2/12/2024	Reviewed revisions to standards 1-7 of the Practice Standards for Medical Imaging and Radiation Therapy.
2/20/2024	Reviewed revisions to standards 8-13, through the end of the document to include the Advisory Opinion Statements & Glossary of the Practice Standards for Medical Imaging and Radiation Therapy.
2/26/2024	Reviewed ASRT position statements.

On March 7, 2024, the Commission met virtually to finalize its recommendations on House motions **C-24.01** and **C-24.02**.

The Commission met again virtually on March 25, 2024, to make recommendations to the Board-referred motion **C-24.03**.

Based on the committee's review, the Commission presents the following to the 2024 House of Delegates for consideration:

**C-24.01** Adoption of the amended ASRT Practice Standards for Medical Imaging and Radiation Therapy.

**C-24.02** Adoption of the amended ASRT position statement - Federal Minimum Standards for Medical Imaging and Radiation Therapy.

**C-24.03** Adoption of the ASRT advisory opinion statement - Supervision of Contrast Material Administration by Radiologist Assistant.

This document is accepted as written.

A handwritten signature in black ink that reads "A. Grocott M.B.A. R.T.(R)(CT)". The signature is written in a cursive style.

Amanda Grocott, M.B.A., R.T.(R)(CT), Chair

**Commission Motions**  
2024 House of Delegates

<p><b><i>Main Motion C-24.01</i></b>  <b>Amend The ASRT Practice Standards for Medical Imaging and Radiation Therapy.</b>            The Practice Standards Council moves to amend “The ASRT Practice Standards for Medical Imaging and Radiation Therapy” as proposed by the 2023-2024 Practice Standards Council.</p>	
<p><b>Current Wording:</b> The current document is located at:  <a href="https://www.asrt.org/main/standards-and-regulations/professional-practice/practice-standards">https://www.asrt.org/main/standards-and-regulations/professional-practice/practice-standards</a></p>	
<p><b>Proposed Wording:</b> The document with proposed language is located at:  <a href="https://www.asrt.org/main/standards-and-regulations/professional-practice/proposed-changes">https://www.asrt.org/main/standards-and-regulations/professional-practice/proposed-changes</a></p>	
<p><b>Rationale:</b>            In keeping with its charges, the 2023-2024 Practice Standards Council, addressed the ASRT Practice Standards for Medical Imaging and Radiation Therapy Professionals for practice trends, emerging technology, language, and format consistency, as well as those items that had been held over for future review. The subcommittees scheduled for this review cycle included Bone Densitometry, Mammography, Radiation Therapy, and Sonography. Collectively the PSC and the above-mentioned subcommittees have provided recommendations for consideration. The proposed revisions can be reviewed in the following sections of <b>The ASRT Practice Standards for Medical Imaging and Radiation Therapy:</b> Table of Contents, Preface, Format, Definition, Scope of Practice, Standards 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12 and 13, Advisory Opinion Statements and Glossary.</p>	
<p><b>Conforming Amendments:</b>            Within this motion, there is a conforming amendment regarding the statement in Standard Five, <i>Radiation Therapy</i>. The conforming amendments are to be observed. The proposed changes would result in the striking of the glossary term fiducial markers.</p>	
<p><b>Amended language</b></p> <p>Compares verification images to <del>simulation reference images using anatomical landmarks or fiducial markers.</del></p>	<p><b>Conforming amendment</b></p> <p><del>fiducial markers—Fixed reference points against which other objects can be measured. They may be placed internally, at skin surface or fixed externally to the patient.</del></p>
<p><b>The Commission is in support of motion C-24.01</b></p>	
<p><b>Your Delegate Vote</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p><b>House of Delegates Vote</b> <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p><b>Comments</b></p>	

**Main Motion C-24.02**

**Amended ASRT Position Statement**

The Commission moves to amend the “**Federal Minimum Standards for Medical Imaging and Radiation Therapy**” statement that is located in the ASRT Position Statements document.

**Current Wording:**

<https://www.asrt.org/main/standards-and-regulations/professional-practice/position-statements-online>

**Proposed Wording:**

<https://www.asrt.org/main/standards-and-regulations/professional-practice/proposed-changes>

**Rationale:**

The 2024 Commission evaluated the ASRT position statements for language and professional relevancy.

**Federal Minimum Standards for Medical Imaging and Radiation Therapy** statement has been amended to reflect professional inclusion by striking the word ~~radiation~~ before the word therapy. Currently, *therapy* is delivered by an increasing number of modalities within the medical imaging profession.

The amended statement will read as:

It is the position of the American Society of Radiologic Technologists that the U.S. Congress should enact federal minimum standards of education and certification for all individuals performing, planning or delivering therapy or medical imaging.

**The Commission is in support of motion C-24.02**

**Your Delegate Vote**     YES     NO

**House of Delegates Vote**  YES     NO

**Comments**

**Main Motion C-24.03**

**ASRT Advisory Opinion Statement**

The Board of Director’s proposes an advisory opinion statement titled, “**Supervision of Contrast Material Administration by Radiologist Assistants**”.

**Current Wording:**

<https://www.asrt.org/main/standards-and-regulations/professional-practice/position-statements-online>

**Rationale:** On February 26, 2024, the ACR released an updated statement from the Drugs and Contrast Media Committee on Supervision of Contrast Material Administration which is broader than their previous practice parameter. This statement as worded, will now allow for the radiologist assistant to participate in this task. The proposed Advisory Opinion Statement further defines the parameters for the radiologist assistant to participate in the supervision of contrast media.

**The Commission is in support of motion C-24.03**

**Your Delegate Vote**       YES     NO

**House of Delegates Vote**  YES     NO

**Comments**

**Notification of Editorial Changes:** The Practice Standards Council identified several minor editorial changes that were referred to the appropriate staff members. These editorial changes noted below will not be presented for an individual vote but are being reported to you as edits that do not change the intent of the document. All applicable ASRT documents will also be updated to reflect these changes. For your review, the editorial changes are as follows in the practice standards document:

**Following ASRT style guide recommendations, all uses of practice standards as a proper noun have been corrected to read as Practice Standards. Those changes can be located at line numbers:**

**Preface**

Line Number 2: ~~These~~ The ASRT ~~p~~Practice ~~S~~Standards for Medical Imaging and Radiation Therapy serve as a guide...

Line Number 8: The Practice ~~S~~Standards can be used by...

**Format**

Line Number 28: The ~~Practice~~ ~~S~~Standards define the activities...

Line Number 33: ... explanations of the ~~P~~practice ~~S~~Standards and are...

Line Number 35: ... throughout the ~~P~~practice ~~S~~Standards.

Line Number 37: The ~~Practice~~ ~~S~~Standards are numbered...

**Radiologist Assistant**

Line Number 225: ...of the ~~P~~practice ~~S~~Standards should be consulted...

**Advisory Opinion Statement**

Line Number 1601: ... provide explanations of the ~~P~~practice ~~S~~Standards.

**For document continuity, the phrase *the licensed practitioner* has been updated to a *licensed practitioner*. Those updates can be located at line numbers:**

**Magnetic Resonance**

Line Number 463: Assisting ~~the~~ licensed practitioner or radiologist assistant...

**Radiography**

Line Number 542: Assisting ~~the~~ licensed practitioner or radiologist assistant...

**Following ASRT style guide recommendations, the following uses of and/or have been updated and can be reviewed at line numbers:**

**Radiologist Assistant**

Line Number 227: ...regulations, ~~or~~~~and~~ lawful institutional policies.

**Scope**

Line Number 415: ... compounding, preparing ~~and~~/or administering medications...

**Radiation Therapy**

Identifies ~~and~~/or removes objects that...

Line Number 1133: ...calculations ~~and~~/or treatment plan...



**Advisory Opinion Statement**

Line Number 1746: ...compounding, preparing ~~and~~/or administering...

Line Number 1810: ...compounding, preparing ~~and~~/or administering...

**Standard Four**

Line Number 914: remove the parenthesis from the word device(s).

... radiation monitoring device(s) as indicated...

**Standard Ten**

Line Number 1425: insert a hyphen between vendor and specific.

...participates in vendor-specific applications training...

Line Number 1428: remove the comma after the word strengths.

...applies personal strengths, and recognizes opportunities...

**Standard Thirteen**

Line Number 1563: remove the parenthesis from the word area(s).

...accreditation standards affecting area(s) of practice.

**Guidance for the Communication of Clinical and Imaging Observations and Procedure Details by Radiologist Assistants to Supervising Radiologists**

Line Number 1685: insert an a after Performs and before history.

Performs a history and physical examination, analyzes data, and reports findings as part of a radiologist-led team. (Standard One, radiologist assistant only)

**Medication Administration in Peripherally Inserted Central Catheter Lines or Ports With a Power Injector\*\*†***Curricula*

Line Number 1725: Computed Tomography Curriculum (ASRT, 2018~~23~~)

Line Number 1727: Nuclear Medicine Technology Competency-Based Curriculum Guide (SNMMI, 2022)

Line Number 1728: ~~2015 Amended April 2020~~)

*Certification Agency Content Specifications*

Line Number 1737: 2021~~3~~)

Line Number 1738: Vascular-Interventional Radiography (ARRT, 2017~~23~~)

## **Medication Administration Through New or Existing Vascular Access\*†**

### *Current Literature*

Line Number 1773: American College of Radiology; 202~~2~~3.

### *Curricula*

Line Number 1785: Computed Tomography Curriculum (ASRT, 20~~18~~23)

Line Number 1787: Mammography Curriculum (ASRT, Revised 20~~18~~23)

### *Certification Agency Content Specifications*

Line Number 1800: Positron Emission Tomography (PET) Specialty Examination Content Outline (NMTCB,

Line Number 1801: 202~~13~~

Line Number 1804: Vascular-Interventional Radiography (ARRT, 20~~17~~23)

## **Placement of Personnel Radiation Monitoring Devices**

### *Curricula*

Line Number 1848: Bone Densitometry Curriculum (ASRT, Revised 20~~19~~23)

### *Certification Agency Content Specifications*

Line Number 1856: Cardiac-Interventional Radiography (ARRT, 20~~17~~23)

Line Number 1863: Vascular-Interventional Radiography (ARRT, 20~~17~~23)

Line Number 1866: remove the parenthesis from the word device(s).

... radiation monitoring device~~(s)~~ as indicated...

## **Use of Postexposure Shuttering, Cropping and Electronic Masking in Radiography**

### *Current Literature*

Line Number 1919: Carter C, Vealé B. *Digital Radiography and PACS*. ~~3rd~~ 4th ed. Elsevier; 20~~19~~23

**Notification of Editorial Changes:** The Commission identified several minor editorial changes that were referred to the appropriate staff members. These editorial changes are noted below and will not be presented for an individual vote but are being reported to you as edits that do not change the intent of the document. All applicable ASRT documents will also be updated to reflect these changes. For your review, the editorial changes are as follows in the position statements document:

### **Documentation of Digital Images to Maintain the Patient Dose Record**

...interpretation, documented ~~and~~/or archived as part...

### **Federal Minimum Standards for Medical Imaging and Radiation Therapy**

...certification for all individuals performing, ~~or~~ planning ~~and~~/or delivering therapy or medical imaging.

### **Opposition to Medical Imaging and Radiation Therapy Professionals Supervising ~~and~~/or Training Unlicensed or Uncertified Individuals**

The American Society of Radiologic Technologists opposes ~~any~~ medical imaging or radiation therapy professionals being required to supervise ~~and~~/or train ~~any~~ individuals...



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## Reports & References

## THE PROFESSION

### *Goal/Outcome:*

Our profession is valued, influential and shapes the future of health care.

### *Strategies:*

- S1:** Develop and deploy a PR initiative that will elevate the profile of radiologic technologists among a variety of interested parties by emphasizing their value on the health care team and their role in optimizing patient outcomes. (2022-2024)
- S2:** Educate new technologists to be better advocates for the profession. (2022-2023)

## THE PROFESSIONALS

### *Goal/Outcome:*

ASRT represents educated, highly skilled health care professionals and leaders, whose practice is evidence based, resulting in optimized patient safety and high-quality care.

### *Strategies:*

- S3:** Adopt the mindset of futurists in creating innovative curricula and other programs that will prepare R.T.s to meet the challenges of new technologies and an evolving profession in the 21st century. (2023-2024)
- S4:** Promote diverse academic and professional pathways in the medical imaging and radiation therapy profession. (2022-2023)



## THE ASRT

### *Goal/Outcome:*

Our Society is indispensable to an evolving profession; engaging diverse constituencies and providing unparalleled resources and experiences that elevate the profession.

### *Strategies:*

- S5:** Attract and retain members by identifying and enhancing the value proposition for ASRT membership at each point along the professional journey. (2023-2024)
- S6:** Strategically target and recruit a diverse audience to the profession with programs that meet their individual needs. (2023-2024)
- S7:** Enhance ASRT's reputation as the essential provider of continuing education by developing educational products and services to meet all discipline-specific Continuous Qualifications Requirements (CQR). (2020-2021)
- S8:** Create leadership development programs and opportunities for all members with an emphasis on diversity, equity and inclusion (DE&I). (2021-2022)

## MISSION

The mission of the American Society of Radiologic Technologists is to advance and elevate the medical imaging and radiation therapy profession and enhance the quality and safety of patient care.

## VISION

The American Society of Radiologic Technologists will be the premier professional association for the medical imaging and radiation therapy community through education, advocacy, research and innovation.

**American Society of Radiologic Technologists  
Comparison of Inflation, Cost of Member Services and Dues**

The 2005 House of Delegates adopted Resolution 05-1.02, “Dues Review and Update.” The resolution requires the ASRT Board of Directors to review and report annually to the House the effect inflation has on the cost of providing member services and its relationship to membership dues.

The ASRT Board provides the following update to the 2024 House of Delegates:

The U.S. inflation rate as of December 2023 was 3.4% annually. The current budgeted cost to provide services to each member is \$140.68. If the current rate of inflation is applied to the current budgeted cost of providing member services, the cost of providing member services in the 2024 fiscal year beginning Oct. 1, 2023, and ending Sept. 30, 2024, is projected to be \$149.82 per member.

# ASRT Practice Resources



## Practice Standards

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The practice standards define the practice and establish general and specific criteria to determine compliance.

Practice standards are authoritative statements established by the profession for judging the quality of practice, service and education. Professional practice constantly changes as a result of a number of factors including technological advances, market and economic forces, and statutory and regulatory mandates.

For all medical imaging and radiation therapy professionals, aspects of professional practice can vary throughout the United States. Community custom, state statute or regulation may dictate local practice parameters. *Wherever there is a conflict between these standards and state or local statutes and regulations, the state or local statutes and regulations supersede these standards.* Recognizing this, the profession has adopted standards that are purposely broad in nature.

Practice standards and scopes of practice can be the documents that states, institutions and legal advisors use to assess the appropriateness of practice.



## Scopes of Practice

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Scopes of practice delineate the parameters of practice, identify the boundaries for practice and typically are formatted as lists of tasks that are appropriate to include as part of the work of an individual who is educationally prepared and clinically competent for that profession.

Each scope of practice is limited to that which the law allows for specific education, experience and demonstrated competency. Many states have laws, licensing bodies and regulations that describe requirements for education and training and define scopes of practice for professions.

It is important to note that even though scopes of practice are often lists of tasks, they should be worded broadly. A scope of practice may include the statement: Starting and maintaining intravenous (IV) access. This is a broad statement and does not say how to do the task or which devices to use. Those specifics may be determined by the institutional policy and may vary from facility to facility.

If the ASRT House of Delegates decides there is a need for further clarification about a specific type of IV access, then an advisory opinion statement can be developed.



## Advisory Opinion Statements

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Advisory opinion statements are interpretations of the practice standards. They are intended for clarification and guidance for specific practice issues.

These statements allow the organization to address *practice specific* issues that are not addressed in practice standards or scopes of practice. An example of an issue that ASRT considered issuing an advisory opinion statement for was the administration of medications by medical imaging and radiation therapy professionals.

Even though the practice standards indicate that administering medications was within the scope of practice for individuals who are educationally prepared and clinically competent, when the task is performed, it was often questioned. The decision was made to provide an opinion statement with evidentiary documentation that supports the performance of this task.



## Position Statements

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Position statements reflect the beliefs or standing of the American Society of Radiologic Technologists. In reviewing the position statements, one must take into account existing state statutes and institutional policy.

Position statements address issues **outside of practice**. Typically, they are not considered as strong as practice standards and scopes of practice.

When a practice issue is addressed in multiple documents — such as a position statement **and** a practice standard or a scope of practice — the organization runs the risk of inconsistency in defining practice for the profession. **Practice-specific issues** are best addressed in scope of practice, practice standards or by issuing an advisory opinion statement.

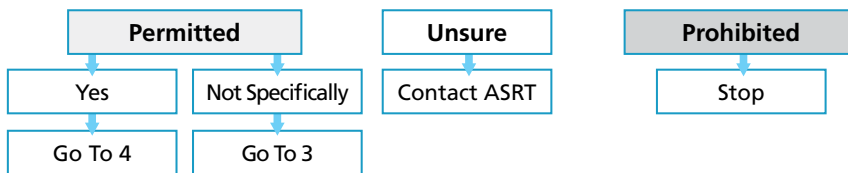
# Decision Tree for Determining Scope of Practice

Decision trees are flowchart graphs or diagrams that help explore decision alternatives and their possible outcomes.

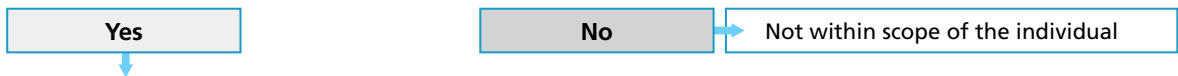
- This tool allows someone to describe a medical imaging or radiation therapy procedure, walk it through some steps and determine if it is within scope of practice.
- This tool is oftentimes included with responses to practice questions.

*This information should not be considered legal advice nor should it be accepted as a substitute for advice by a licensed attorney in your state.*

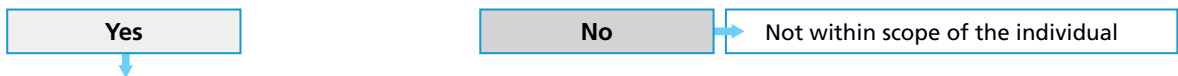
1. Describe the medical imaging or radiation therapy procedure, hereinafter "act," being performed.
2. Is the act expressly permitted or prohibited by the federal or state laws for the license you hold? Is the act expressly permitted or prohibited by the certification you hold? Is the act expressly permitted or prohibited by the policies and procedures of the institution by which you are employed?



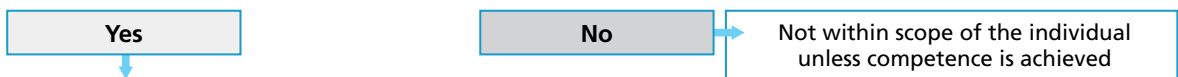
3. Is the act consistent with the scope of practice based upon at least one of the following factors?
  - a. National professional organization's standards of practice.
  - b. Professional literature and research supporting evidence-based practices.
  - c. Appropriately established policies and procedures of employing facility.



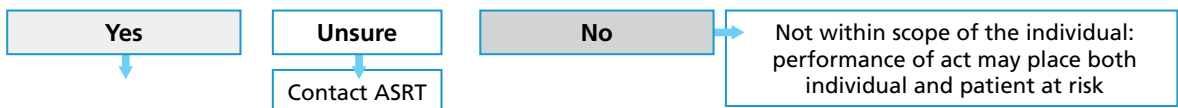
4. Do you personally possess the depth and breadth of knowledge to perform the act safely and effectively as demonstrated by knowledge acquired in a basic educational program, postbasic program or continuing education program?



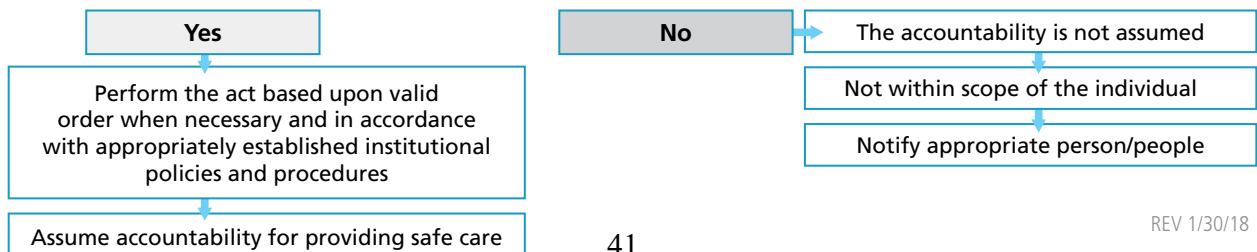
5. Do you personally possess current clinical competence to perform the act safely?



6. Is the performance of the act within the accepted "standard of care" that would be provided in similar circumstances by reasonable and prudent individuals who have similar training and experience?



7. Are you prepared to accept the consequences of your actions?













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