

## ICANL Live Chat

The following were questions asked during the ICANL's February 17, 2010 live chat. *Note: The entries below are linked to the corresponding questions.*

- What happens if I start my application using the old 2007 *Standards* but submit after July 1, 2010 when the new *Standards* go into effect?
- What are the requirements for BLS and ACLS for lab personnel?
- What are the specific hours required and time frames for CE/CME?
- What is the CE/CME waiver?
- How do you indicate that a staff member meets the CE/CME waiver on the online application?
- What are the requirements for physician medical licenses?
- What are the new requirements for the amount of time the technical director must work in the laboratory?

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**Question: What happens if I start my application using the old 2007 *Standards* but submit after July 1, 2010 when the new *Standards* go into effect?**

**Answer:** Once you start an application you are “locked” into that version of the application and *Standards*. We don't change things mid stream. We will continue to accept online applications based off of the old *Standards* for 3-4 months after the July 1, 2010 effective date. Any new applications started in June or July will be based off of the new *Standards*. In general, if there is something in the new *Standards* which is more lenient than the old *Standards*, we will hold the lab to the more lenient *Standard*.

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**Question: What are the requirements for BLS and ACLS for lab personnel?**

**Answer:** All technologists and all staff supervising stress tests must have BLS certification, this includes physicians. There must be at least one ACLS trained person on site and immediately available in case of an emergency during stress testing. Facilities should have more than one person ACLS certified to make sure that an ACLS trained person is always available. If a staff member is ACLS certified, they do not have to submit documentation of BLS certification as well. ACLS certification trumps BLS certification. *Note: BLS or ACLS courses may not be used to fulfill the CE/CME requirements because these courses are not AMA Category I or Voice (or other RCEEM) approved.*

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**Question: What are the specific hours required and time frames for CE/CME?**

**Answer:** All staff, whether interpreting physician or technologist, must obtain 15 CE/CME within 3 years of the date of application submission. For instance if a lab is going to submit on March 15, 2010 then the CE/CME must have been obtained on or after March 16, 2007. Our reviewers check the date of submission when assessing the CE/CME.

**Question: What is the CE/CME waiver?**

**Answer:** Any staff that completed a fellowship or accredited education program within three years of application submission are exempt from the CE/CME requirements. If a physician passed an initial board certification they are also exempt. The only recertification examinations that are applicable are those relevant to nuclear medicine and include: the ABNM, ABR and the CBNC. Technologists who pass an initial certification exam or registry or one of the advanced examinations such as the PET, NCT or CT exam are also exempt. In the past, there was an allowance for new staff members who joined the practice less than one year from submission. That exemption was rescinded in July 2009. All new staff are required to meet the CE/CME requirements.

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**Question: How do you indicate that a staff member meets the CE/CME waiver on the online application?**

**Answer:** On the “Manage Staff” profile page, there is a section where the CE/CME courses and dates must be listed. To guarantee that the waiver is recognized, you should enter the reason for the waiver in this section and then indicate 15 hours in the box provided.

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**Question: What are the requirements for physician medical licenses?**

**Answer:** All valid medical licenses for the states in which the physician practices medicine must be submitted. If a medical license expires soon after submission, the laboratory must be prepared to submit the valid medical license upon ICANL staff request.

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**Question: What are the new requirements for the amount of time the technical director must work in the laboratory?**

**Answer:** The 2010 ICANL *Standards* require the technical director to work in the laboratory a minimum of 20% of the normal business hours. So if a laboratory is open 5 days a week, the technical director must work at least 1 day a week or 1 week a month.