

**ACADEMY of VETERINARY TECHNICIANS in DIAGNOSTIC
IMAGING**

(AVTDI)

CONSTITUTION AND ARTICLES of INCORPORATION

ARTICLE

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This organization shall be known as the Academy of Veterinary Technicians in

Diagnostic Imaging (AVTDI) and hereinafter referred to as the “The Academy”.

ARTICLE II

INCORPORATION

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Section 1 The Academy shall be incorporated under the laws of the state of Rhode Island as a not-for-profit organization organized exclusively for educational purposes, within the meaning of section (501) (c)(6) of the Internal Revenue Code of 1986 (or the corresponding section of any future Federal Tax Code). Notwithstanding any other provision of these articles, The Academy shall not carry on any other activities not permitted to be carried on by a corporation/organization exempt from Federal Income Tax under section (501) (c)(6) of the Internal Revenue Code (or the corresponding section of any future Federal Tax Code).

Section 2 No part of the net earnings of The Academy shall inure to the benefit of, or be distributable to, its members, officers, or other private persons, except that The Academy shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of section (501) (c)(6) purposes.

Section 3 The term for which The Academy is organized shall be perpetual.

However, if dissolution of The Academy should occur, all property shall be donated to the American College of Veterinary Radiology (ACVR).

However, if the named recipient is not then in existence, or is no longer exempt from Federal Income Tax under section (501) (c)(6) of the Internal Revenue Code (or the corresponding section of any future Federal Tax Code), or is unwilling or unable to accept the distribution, the assets of the Academy shall be distributed to the National Association of Veterinary

Technicians in America (NAVTA), provided that NAVTA qualifies as exempt from Federal Income Tax under section (501)(c)(6) of the Internal Revenue Code (or the corresponding section of any future Federal Tax Code), and if NAVTA does not so qualify, the assets shall be distributed to

an educational organization devoted to veterinary medicine that is exempt from Federal Income Tax under section (501)(c)(6) of the Internal Revenue Code (or the corresponding section of any future Federal Tax Code), as selected by The Academy's Board of Directors, referred to herein as the Council of Regents.

ARTICLE III

STATEMENT OF PURPOSE

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MISSION STATEMENT:

To advance the education and professional recognition of credentialed veterinary technicians who display excellence and dedication to providing superior diagnostic imaging quality to the veterinary patient.

PURPOSE:

The Academy of Veterinary Technicians in Diagnostic Imaging exists to promote excellence in the discipline of diagnostic imaging. The Academy of Veterinary Technicians in Diagnostic Imaging will provide a process by which credentialed veterinary technicians/nurses may become recognized as a Veterinary Technician Specialist (VTS) in the field of diagnostic imaging (DI). The veterinary technicians who meet all requirements as a VTS-DI will demonstrate superior knowledge in scientifically and humanely based techniques of diagnostic imaging for all veterinary patients.

Section

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- OBJECTIVES:
- a. Promote advancement and a standard of excellence of diagnostic imaging for those credentialed veterinary technicians.
 - b. Establish advanced levels of education and experience prerequisites leading to recognition of Diagnostic Imaging.
 - c. Examine and recognize credentialed veterinary technicians as specialized team members in Diagnostic Imaging. Designation will be: VTS-DI.
 - d. Provide continued professional development through mentorship of credentialed veterinary technicians/nurses and dissemination of knowledge relating to diagnostic imaging as it pertains to the veterinary profession.
 - e. Promote and maintain the professional relationship between the ACVR and other Academy specialties.
 - f. Promote the benefit of the diagnostic imaging veterinary technicians/nurses with advanced imaging knowledge and skills; not only to the veterinary patients, but to the industry we serve.

ARTICLE IV

MEMBERSHI P

Section 1 The members of the Academy shall be known as “Veterinary Technician Specialist in Diagnostic Imaging” (VTS-DI) where recognized.

Section 2 VTS-DI shall be further classified as one of the following:

A. Charter Member VTS-DI: veterinary technicians having achieved distinction in the field of veterinary diagnostic imaging and having qualifications far exceeding those proposed necessary for candidates taking the certifying exam. Charter members will be limited to the members of the Organizing Committee.

a. Charter status will be granted to organizing committee members at the conclusion of the first exam.

b. Hereinafter Charter VTS-DI will be referred to as Veterinary Technician Specialist in Diagnostic Imaging.

B. Active Member VTS-DI: a credentialed veterinary technician of high ethical and moral character who has fulfilled the requirements for certification as set forth in the Bylaws of the Academy.

C. Honorary Members VTS-DI: Honorary status may be conferred upon an individual who has made a substantial contribution to the development and progress in the field of Diagnostic Imaging.

a. The individual will receive a certificate and the title of “Honorary VTS-DI”

b. Nominations for Honorary status must be made in writing by at least two (2) VTS-DI members to the Council of Regents. The awarding of Honorary status to an individual shall require approval

by at least two-thirds (2/3) vote of the quorum present at the annual business meeting.

c. Honorary members shall have all rights and privileges of Academy members except the right to vote, hold office or attend regular business meetings of the Academy.

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i. There shall be no more than two (2) honorary members recognized per calendar year.

D. Retired Member VTS-DI: Retired membership shall be an active VTS-DI member for a minimum of ten (10) years who has reached the age of sixty-two (62) and who is no longer actively engaged in veterinary medicine. Retired members will become non-due paying members with all rights and privileges afforded to an active member.

ARTICLE V

ORGANIZATION/ADMINISTRATIO N

Section 1 The Council of Regents (hereafter referred to as the Regents) shall be the executive body of the Academy and shall consider first all business and policies pertaining to the affairs of the Academy. The Regents will consist of the elected officers: The President, the President-Elect, Recording Secretary, Treasurer, the Immediate Past-President and Members at Large.

Section 2 Until charter members are seated, the business of the Academy shall be

conducted by the Organizing Committee. This shall include ratification of the constitution and bylaws, election of officers and other matters that pertain to the organization and administration of the Academy. When the charter members are seated the initial slate of officers will be derived from the nominated by the original Organizing Committee members. The members of the Academy shall vote on this slate of officers.

Section 3 Following provisional recognition and the first examination, the Council of Regents, offices of President, President-elect, Recording Secretary, Treasurer, and Members at Large will be elected by the Academy members. The office of President will automatically become the Immediate Past-President. The initial Council of Regents will occupy their appointed offices for a term of two (2) years.

ARTICLE VI

OFFICERS

Section 1 The elected officers of the Academy shall be the President, President-Elect, Recording Secretary, Treasurer, and Members at Large. The

position of Immediate Past-President shall also be an officer of the Academy. The President-Elect, Recording Secretary, Treasurer, Members at Large, and Immediate Past-President shall be voting members of the Council of Regents. The President shall only vote in the situation of a tie.

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Section 2 The President-Elect shall automatically become President at the completion of the predecessor's term of office. The President shall automatically become Immediate Past-President at the completion of his/her term as President.

Section 3 Election of the President, President-Elect, Recording Secretary, Treasurer, and Members at Large shall take place biennially (every two years) by mail or secure electronic ballot prior to the business meeting of the Academy. The officer shall begin their terms of office immediately

following completion of the business meeting in the year elections are held.

ARTICLE VII

COMMITTEES/TASK FORCES

Section 1 This organization shall have the following standing committees:

Nominating, Credentials Approval, Examination, Re-Certification, Continuing Education and Financial Affairs Committees. The Regents shall have the authority to establish taskforces as needed in lieu of additional committees. Additional committee/task forces may be established by the President.

ARTICLE VIII

AMENDMENT

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Section 1 Proposed amendments to the Constitution shall be submitted to the

Regents for review within ninety (90) days and no later than thirty (30) days prior to a scheduled meeting of the Academy, the distribution of a mail ballot or secure electronic ballot to the membership. Proposed amendments shall be distributed to the entire membership with a recommendation from the Regents at least thirty (30) days prior to a voice vote, the distribution of a mail ballot or secure electronic ballot.

Section 2 An affirmative vote shall require approval of at least half (1/2) of the members in good standing present at a meeting or at least three quarters (3/4) of the members voting by mail or email.

ACADEMY OF VETERINARY TECHNICIANS IN DIAGNOSTIC IMAGING

(AVTDI)

**BYLAW
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**ARTICLE
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**MEMBERSHI
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Section 1 The Academy of Veterinary Technicians in Diagnostic Imaging shall be composed of credentialed veterinary technicians/nurses who have achieved distinction in the field of veterinary diagnostic imaging and have fulfilled the requirements for and successfully passed the examination process as set forth in the Bylaws of the AVTDI. Members include all

categories of those mentioned in the AVTDI Constitution.

ARTICLE II

OFFICERS

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Section 1 The Council of Regents shall be the executive council of the AVTDI and shall consider first all business and policies pertaining to the affairs of the Academy. The Council of Regents shall consist of the Officers elected by the membership of the Academy shall be the President, President-Elect, Recording Secretary, Treasurer and Members at Large. The Immediate Past-President shall also be a voting member of the Council. The President shall only vote in the situation of a tie.

Each member of the Executive Council shall understand that this is a volunteer, not for profit organization, and no funds more than budgeted expenses shall be allocated for any officer without a majority vote of the Executive Board. At Large Members shall be diversified by career field (i.e. specialist private practices, academia, corporate, research, etc.) as active members in those fields are recognized by the AVTDI.

Section 2 The terms of office shall be as follows: President, President-Elect, Past President, Recording Secretary, and Treasurer shall be for two years. These terms shall begin when the AVTDI has received recognition by the National Association of Veterinary Technicians in America (NAVTA). Initially, the remaining organizational committee members not appointed to an office will serve as Members at Large.

Following the first examination, with acceptance of members to the Academy, the Regents will be elected by the Charter members and first active members of the AVTDI. The election of officers shall be held biennially (every other year) at the annual general meeting of the

Academy of Veterinary Technicians in Diagnostic Imaging.

Section 3 Any vacancies on the council other than the President occurring between elections shall be filled by election and appointment of the Regents. Any eligible Academy member appointed to fill a vacancy shall hold the office until the expiration of the term in which the vacancy occurred. If the President resigns his/her position, the President-Elect shall hold the office until the expiration of the term.

Section 4 The annual meeting of the Council of Regents shall be held prior to and at the place of the designated for the Annual Business Meeting of the Academy. Special meetings may be called at any time by the President.

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The President must call a meeting after receiving written request of not less than four members of the Regents.

Not less than five (5) days' notice of the time and place of any special meeting and not less than thirty (30) days' notice of the time and place of the regular meeting shall be given by mail, e-mail, or fax addressed to each Regent member at his/her residence or place of business as it shall appear in the official records of the Academy.

Five (5) voting members of the Regents present in person or on a conference call shall constitute a quorum for the transaction of any business.

Section 5 Any member of the Regents who resigns their elected position must notify the President in writing at least thirty (30) days prior to resignation. Upon receipt of notice of resignation, the president must advise the Regents, so nominations can be made at the next Regents meeting. If the President

resigns, it is the duty of the President-Elect to notify the Regents.

ARTICLE III

DUTIES OF OFFICERS

Section 1 The President shall:

- a. Serve for two (2) years with a term limit of two consecutive terms.
- b. Serve a two (2) year term that begins at the close of the AVTDI general meeting in the year that elections are held.
- c. Preside over all meetings of the AVTDI and the Council of Regents.
- d. Call Executive Council meetings as needed.
- e. Create an agenda for all meetings.
- f. Administer the affairs of the organization according to the Articles of Incorporation and Bylaws of the AVTDI.
- g. Sign checks and access funds in the absence of the Treasurer.
- h. Coordinate the activities of all Academy Committees and appoint a chair to all committees.
- i. Attend and present a report of the activities of the office at the biannually

(twice yearly) meeting of the Regents and at such other times as determined by the Regents.

- j. Attend the annual (once yearly) general meeting and present a report of the activities of the office for the Academy.
- k. Appoint with approval of the Regents, all standing and ad hoc committee members and chairpersons.
- l. Act as the spokesperson for the AVTDI to the media, public, and other related organizations.
- m. Assume the role of Past President at the end of his/her term of office as Chair.

Section 2 The President-Elect shall:

- a. Serve a two-year term that begins at the close of the AVTDI general meeting in the year that elections are held.
- b. Have a term limit of two consecutive terms.
- c. Automatically become President at the termination of the predecessor's term of office.
- d. Assume the responsibilities of the President if the President is unable to perform the duties of the office.
- d. Sign checks and access funds in the absence of both the Treasurer and President
- e. Be an *ex officio* member of the Examination Committee.

- f. Serve as Chairperson of the Continuing Education Committee.
- g. Attend and present a report of the activities of the office at the biannually (twice yearly) meeting of the Regents and at such other times as determined by the Regents.
- h. Attend the annual (once yearly) general meeting and present a report of the activities of the office for the Academy.

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Section 3 The Immediate Past-President shall:

- a. Serve for two (2) years.
- b. Serve as acting President in case the President and President-Elect simultaneously are unable to perform their duties as President. The Past President continues these duties until the next regularly scheduled election or until either the President or President-Elect can resume the duties of President.
- c. Have a term limit of two (2) consecutive terms depending on the President's term and Academy needs.
- b. Chair the Examination Committee.
- c. Attend and present a report of the activities of the office at the biannually (twice yearly) meeting of the Regents and at such other times as determined by the Regents.
- d. Attend the annual (once yearly) general meeting and present a report of the activities of the office for the Academy.

Section 4 The Recording Secretary shall:

- a. Serve a two (2) year term that begins at the close of the AVTDI general meeting in the year that elections are held.
- b. Have a term limit of two (2) consecutive terms.
- c. Maintain the general records of the organization and file all required reports pertaining thereto including AVTDI updates to the ACVR Executive Council.
- e. Attend all meetings of the Academy and the Regents and all meetings of the Credentials Approval Committee unless specified otherwise by the President.
- f. Record and keep all original notes, minutes, and records of all official meetings and sessions until the Regents approve their disposal.
- g. Maintain archival copies of all publications, documents, and other records of the Academy.
- h. Conduct mail ballots or electronic ballots when required.
- i. Attend all meetings of the Credentials Approval Committee.
- j. Coordinate correspondence and proposals regarding training programs and process applications for the Academy of Veterinary Technicians in Diagnostic Imaging Certification Examination.
- k. Handle all correspondence on behalf of the Academy unless delegated to the President Elect by the Regents.

- l. Attend and present a report of the activities of the office at the biannually (twice yearly) meeting of the Regents and at such other times as determined by the Regents.
- m. Attend the annual (once yearly) general meeting and present a report of the activities of the office for the Academy.
- n. Conduct Industry alliances and educational partner communications in cooperation with the Council of Regents.
- o. Act as the media representative for public relations and any information submitted to any media or social media venues including information posted on the AVTDI website.

In the case that the Secretary is unable to perform his/her duties, the vacancy will be filled by the Regents until the next regular election.

Section 5 The Treasurer shall:

- a. Serve a two (2) year term that begins at the close of the AVTDI general meeting in the year the elections are held.
- b. Have a term limit of two (2) consecutive terms.
- c. Maintain the financial records of the organization and prepare them for audit annually.
- d. Be the custodian of all assets of the AVTDI.
- e. File state and federal financial forms of the AVTDI including: yearly non-profit status updates.

- f. Pay all expenses of the AVTDI as directed by the Executive Board.
 - g. Maintain a file of all vouchers and invoices accompanying them for a period of not less than five years.
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- h. Deposit all monies in the name of the Academy in a federally insured bank approved by the Regents.
 - i. Serve as Chairperson of the Financial Affairs Committee.
 - j. Serve as member of the Continuing Education Committee.
 - k. Carry out other duties as determined by the Regents.
 - l. Turn over all funds, properties, and records to their successor.
 - m. Attend and present a report of the financial status of the Academy at each biannual (twice yearly) meeting of the Regents and act at such other times as determined by the Regents.
 - n. Attend and present a report of the financial status of the Academy at the annual (once yearly) general meeting.

In the case that the Treasurer is unable to perform their duties, the vacancy will be filled by the Regents until the next regular election. The President and President-Elect shall have check signing privileges.

Section 6 The Members at Large shall:

- a. Serve for three (3) years. Except for the first election, when two (2) members will serve for two (2) years, and one member will serve for four (4) years.

- b. Have a term limit of two (2) consecutive terms.
- c. Serve on committees as appointed.
- d. Serve as an ambassador of the AVTDI in coordination with the Recording Secretary to promote the Academy at the annual meeting and to the public.
- e. Assist in the formation of and advising of committees within the AVTDI.
- f. Attend and present a report of the activities of the office for the Academy at each biannual (twice yearly) meeting of the Regents and act at such other times as determined by the Regents.
- g. Attend the annual (once yearly) general meeting and present a report of the activities of the office for the Academy.

In the case that the Member at Large is unable to perform their duties, the vacancy will be filled by the Regents until the next regular election.

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ARTICLE IV

COMMITTEE S

Section 1 Council of Regents

- a. The management and control of the business and professional affairs of the Academy shall be vested in the Regents.

- i. The Regents or its designated committees shall receive and consider for approval all applications, provide for the conduct of an examination, and issue appropriate certificates to those who successfully pass the examination and are approved for membership by the Regents.
 - ii. The Regents shall consider and act upon: charges against members for alleged offenses against the Articles of Incorporation and Bylaws, charges of unprofessional conduct, and expulsion of members.
 - iii. The Regents shall select the time and place of all meetings, determine the amount of the initiation, ancillary fees and dues, and generally govern the membership of the AVTDI.
 - iv. The Regents direct the management of funds held by the AVTDI.
- b. The Regents shall consist of the President-Elect, President, Past-President, Recording Secretary, Treasurer, Members at Large elected by the AVTDI.
- c. Vacancies on the council of Regents occurring between elections shall be filled by emergency nomination and election of eligible Academy members. Any member appointed to fill a vacancy shall hold the office until the expiration of the term in which the vacancy occurred.
- d. One (1) of the biannual (twice yearly) meetings of the Regents shall be held immediately preceding to the time and at the location designated for the annual business meeting of the Academy. Special meetings may be called at any time by the President or at the written request of not less than four (4) members of the Regents.
 - i. Not less than five (5) days' notice of the time and place of any special meeting (including teleconferences) and not less than thirty (30) days' notice of the time and place of the regular meeting shall be given by mail, e-mail, or FAX. The notice will be addressed to

each Regent at their residence or place of business, as it shall appear in the official records of the AVTDI.

- ii. Five (5) voting members of the Regents present in person or on a telephone conference call shall constitute a quorum for the transaction of any business that may come before the meeting.
- iii. Email voting may occur. All Regents must vote, and the vote must be unanimous for the motion to carry. If there is decent, a phone or in person meeting must take place.

Section 2 **Committees**

- a. This Academy shall have the following standing committees:
Nomination/Election, Credential Approval, Examination, Re-certification, Appeals, Continuing Education, and Financial Affairs. Additional committees may be specified by the President and approved by the Regents, as deemed necessary for temporary or continuous terms based on need.
- b. The following shall apply to all committees unless otherwise explicitly stated
:
 - i. Standing and ad hoc committee members and chairpersons shall be appointed by the President and approved by the Regents. Terms of committee members shall overlap, i.e. initial appointments shall be scaled for terms and subsequent appointments shall be for fixed terms.
 - ii. If a committee member is unable to fulfill his or her term, a replacement shall be appointed by the President to fulfill the unexpired term.
 - iii. A committee member may be appointed to a committee for not

more than two consecutive terms.

- iv. Committees shall be composed of a Chairperson and a minimum of two (2) members of the AVTDI. They shall be initially appointed for one (1) year (one member), two (2) years (one member), and three (3) years (one member). Thereafter terms will be for a three (3) year period.
- v. A senior Regent on the committee will be the Chairperson unless otherwise designated. A senior AVTDI member is a person with the most number of years' experience on the committee.

Section 3 **Nominating/Election Committee**

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- a. The committee shall be composed of a Chairperson and at least two (2) members of the Academy as determined by the Committee.
- b. The committee shall be appointed not less than six (6) months prior to the election date.
- c. The duties of this committee shall be:
 - i. To present a slate of officers composed of at least one nominated member of the AVTDI per office prior to the election date as specified in Article VI, Section 1 & 2 of the Academy bylaws.
 - ii. To present at least one qualified member for each position.
 - iii. To conduct elections according to Article VI, Section 4 of the Academy bylaws.

Section 4 **Credentials Approval Committee**

- a. The committee shall be composed of a Chairperson and at least two (2) members of the Academy or more as determined by the committee.
- b. The term of office for the Chairperson shall be two (2) years and she/he must have one (1) prior year of experience on the committee (except for the first Chairperson).
- c. The duties of this committee shall be:
 - i. To provide through the Recording Secretary of the AVTDI information and application forms as well as guidance to prospective applicants.
 - ii. To evaluate and certify eligibility of applicants requesting examination by the AVTDI.
 - iii. Forwarding of approved applications to the President.
 - iv. To notify the President of applicants who are not deemed eligible for examination and to delineate the areas of deficiency.
 - v. Participation in development of educational criteria to ensure standardization of training requirements and to provide this information through the Recording Secretary to all prospective candidates and institutions requesting such.
 - vi. To provide guidance and support to training program directors and/or internship program directors according to the standards and procedures adopted by the AVTDI.

Section 5 **Examination Committee**

- a. The committee shall be composed of a Chairperson and at least six (6) additional members of the Academy, or more, as determined by the committee.
- b. The President-Elect shall be an ex officio member of this committee.
- c. The term of office for the Chairperson shall be two (2) years. He/she must have at least one (1) year of prior experience on the committee (except for the first Chairperson).
- d. The duties of this committee shall be:
 - i. Preparation, administration, and grading of the examination.
 - 1. The passing score will be established by the Examination Committee with approval by the Regents. 2. The method of establishing the passing scores will also be approved by the Regents.
 - ii. To inform prospective examinees about the format and content of the upcoming examination.
 - iii. To report to the President results of such examinations and make recommendations based on the proposed passing point scores.
 - iv. Monitoring and proctoring of the written examinations by at least one (1) member of this committee as designated by the Chairperson.
 - v. To administer an oral examination or practical examination if such a component is approved by the Council of Regents.
 - 1. The oral examination or practical exam will be conducted by at least three (3) members of the committee as designated by the Chairperson.

- vi. To provide written summary of deficiencies in a letter of clarification through the Regents to individuals requesting that information following failure to pass examination.

Section 6 **Re-certification Committee**

- a. The committee shall be composed of a Chairperson and at least four (4) members of the Academy as determined by the committee.
- b. The Chairperson shall be a Member at Large.

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- c. The term of office for the Chairperson shall be two (2) years. He/she must have at least one (1) prior year experience on the committee (except for the first Chairperson).
- d. The duties of this committee shall be:
 - i. To determine the distribution of fifty (50) CE hours/points used to satisfy the re-certification process, with approval by the Regents.
 - ii. To evaluate applications and CE hours/points for re-certification. Successful completion of the fifty (50) CE hours/points will result in re-certification for another five-year period.
 - iii. To submit reviewed applications to the Regents for final approval. Final approval for re-certification status must be granted by the Regents.
 - iv. To render their recommendations to the Regents within thirty (30) calendar days from the date the Chair of the Committee receives the petitioner's file from the Credentials Approval Committee or another applicable committee.

Section 7 **Appeals Committee**

- a. The committee shall be composed of a Chairperson and at least four (4) members of the Academy as determined by the committee.
- b. The Chairperson shall be a Member at large.
- c. The term of office for the Chairperson shall be two (2) years.
He/she must have at least one (1) prior year experience on the committee (except for the first Chairperson).
- d. The duties of the committee shall be:
 - i. Following the procedures outlines in Article VII, Section 5 of the Bylaws, reviewal of all written appeals made to the Academy regarding denial of eligibility to sit for the Academy examinations, suspension of VTS status, or adverse decisions of the Academy.
 - ii. To render their recommendations to the Regents within thirty (30) calendar days of the date the Chair of the Committee receives the petitioner's file from the Credentials Approval Committee or another applicable committee.

Section 8 Continuing Education Committee

- a. The Committee shall be composed of the President-Elect, Treasurer and four (4) members of the Academy as determined by the Committee.
- b. The tenure for the President-Elect and Treasurer shall be two (2) years.
The President-Elect shall be the Chairperson. He/she must have at least one (1) year prior experience on the committee (except for the first Chairperson).
- c. The duties of the committee shall be:
 - i. Coordinating all continuing education and publications of the

AVTDI.

- ii. Identifying and communicating Diagnostic Imaging continuing education opportunities to the membership.
- iii. Planning, organizing and selecting speakers.
- iv. Conducting continuing education meetings of the AVTDI.
- v. In coordination with the Recording Secretary, to develop professional relationships with general veterinary conference groups to provide diagnostic imaging tracks for veterinary technicians.
- vi. To oversee and ensure the timely publication of all proceedings generated from AVTDI educational programs.
- vii. To coordinate with the Recording Secretary to maintain and update the AVTDI website.

Section 9 **Financial Affairs Committee**

- a. The Treasurer shall be Chairperson of this committee.
- b. The duties of this committee shall be:
 - i. To prepare an annual budget and submit it to the Regents for review and approval.
 - ii. To advise the Regents on dues, fees, expenditures, speaker honorariums, continuing education cost, and other fiscal matters of the AVTDI.

Section 10 **Additional Committees**

- a. The Regents shall have the right to appoint such committees or research groups as it shall deem appropriate, all of which are to act as advisory to

the Regents.

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**ARTICLE
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DUES, FEES, FISCAL MATTERS

Section 1 Fiscal Year

- a. The fiscal year of the AVTDI shall be from January 1st to December 31st.

Section 2

Dues

- a. The dues for members of the AVTDI shall be established by the Regents and reviewed as needed.
- i. Dues become payable on January 1st of each calendar year. Dues are delinquent March 1st and if not paid by May 1st, active membership in the AVTDI will be terminated.
- ii. Inactive members lose their VTS status. Their membership status may be reactivated by petition through the Recording Secretary with payment of all delinquent and current annual dues plus an additional reactivation fee. The Regents will set the reactivation fee.
- iii. Dues paid at any time during the year after January 1st are still renewable the following January 1st regardless of date previously paid.

Section 3 Examination Application Fee

- a. The AVTDI certifying examination fee will be set by the Regents annually for all eligible candidates qualifying for the examination each year.
- b. Fees will not be refunded for any reason.

Section 4 Annual Operating Budget

- a. The Regents shall approve the annual operating budget for the AVTDI upon recommendations by the Financial Affairs Committee.

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ARTICLE VI

**CONDUCT OF
BUSINESS**

Section 1 Annual Business Meeting

- a. The AVTDI shall meet annually at a site selected by the Regents for conducting and reviewing the business of the Academy. Additional meetings of the AVTDI shall be held if requested by the Regents. Written notice to all AVTDI members shall precede the meeting date by at least thirty (30) days. The conduct of all meetings shall follow the procedures set forth in the current edition of Roberts Rules of Order when applicable if they are consistent with the Constitution and Bylaws of the AVTDI.
- b. All current members of the AVTDI who are in good standing are eligible to attend business meetings of the Academy and vote.

- c. A quorum for business meetings of the AVTDI shall consist of the AVTDI members present that are eligible to vote.

Section 2 **Election of Officers**

- a. Election of President-Elect, Treasurer, and one (1) Members at Large shall take place biennially by mail or electronic ballot at least thirty (30) days prior to the business meeting of the AVTDI.
- b. A proposed slate of officers shall be presented by the Nominating Committee to the Regents at least ninety (90) days prior to the annual business meeting. Recommendations for additional nominations will be solicited from the membership by the Nominating Committee.
- c. Election shall be made by anonymous ballot. A simple majority of votes will elect officials. If on any ballot of more than two (2) candidates, where simple majority of the votes is not attained, the candidate receiving the smallest number of votes shall be eliminated and the voting shall proceed. A tie vote between two (2) candidates shall be decided by the President casting the tie breaking vote.

Section 3 **Reports**

- a. Annual reports shall be submitted to the Committee on Veterinary Technician Specialties (CVTS) chair and NAVTA office by January 15th of the following year.
- b. Annual reports shall be submitted sixty (60) days prior to the AVT-DI meeting

AMENDMENT S

Section 1 Proposed Amendments to the Bylaws

- a. Proposed amendments shall be submitted to the Regents for study ninety (90) days before a scheduled meeting of the AVTDI or the distribution of a mail ballot to the membership.
- b. Proposed amendments shall be distributed to the entire membership with a recommendation by the Regents at least thirty (30) days prior to counting of mail ballot, electronic ballots, or a voice vote of the AVTDI membership.
- c. An affirmative vote shall require that at least one third (1/3) of the members in good standing vote and at least three quarters (3/4) of the members voting approve the proposal.
- d. All changes in the Constitution and Bylaws shall be included in the CVTS annual report.

ARTICLE VII

EXAMINATION, RECOGNITION AND RENEWAL

Section 1 Credential Requirements

- a. Credential requirements dictate that each applicant, before he or she is declared eligible for examination, must:
 - i. Be a veterinary technician/nurse who has graduated from an

American Veterinary Medical Association (AVMA) or Canadian Veterinary Medical Association (CVMA) accredited education program in Veterinary Technology and/or is credentialed to practice as a veterinary technician/nurse by a recognized credentialing body in the United States, Canada, or other country.

ii. Show evidence of a passing score on the Veterinary Technician National Exam (VTNE) or State licensing exam if they did not graduate from an accredited Veterinary Technology program.

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iii. Be subject to the voting on of specific candidates for unrecognized programs or foreign credentialing by the Board of Regents.

b. After graduating from a recognized school of Veterinary Technology and/or becoming credentialed to practice as a veterinary technician/nurse (or its equivalent), the candidate must meet education and experience requirements, as specified:

i. Five years (a minimum of 10,000 hrs.) work experience or its equivalent in the field of veterinary medicine with 75% of that work experience (7,500 hrs.) dedicated in the field of Diagnostic Imaging, clinical or research based. All work experience must be completed within five (5) to seven (7) years immediately prior to submitting the application.

ii. A minimum of forty (40) continuing education (CE) hours related to veterinary diagnostic imaging and advanced imaging modalities.

iii. The continuing education must be completed within the last five (5) to seven (7) years immediately prior to submitting the application.

1. At least ten (10) hours of the CE must be completed within the year of submission.

2. The continuing education must be RACE approved or its equivalent, and/or received from an accredited veterinary technician school, school of veterinary medicine, or national/ state/ local conferences with approved CE in diagnostic imaging methods and/or use of advanced imaging modalities. Proof of attendance is required. It is highly recommended that applicants attend the annual American College of Veterinary Radiology Scientific Conference and/or the annual European College of Veterinary Diagnostic Imaging meeting for one of the attended CE venues listed. Applicants must provide scanned copies provided by the organization to show content and relevance.

i. No more than ten (10) hours (25%) may come from electronic and/or printed sources with accompanying certificates of completion.

ii. No more than five (5) hours may come from non-veterinary based Diagnostic Imaging Continuing Education.

3. Lecture or lab providers for the continuing education course must be:

i. A Doctor of Veterinary Medicine who is a Diplomate of the ACVR (American College of Veterinary Radiology) and/or a Diplomate of

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the ECVDI (European College of Veterinary Diagnostic Imaging).

ii. A senior third year ACVR/ECVDI Resident.

iii. A Doctor of Veterinary Medicine who is a Boarded Specialist in Internal Medicine, Neurology, Surgery, Oncology or Emergency and Critical Care that perform advanced

imaging modalities will be acceptable.

iv. An AVTDI member.

v. A credentialed VTS technician/nurse of Internal Medicine, Neurology, Surgery, Oncology or Emergency and Critical Care that perform diagnostic imaging studies and/or advanced imaging modalities.

vi. Non-veterinary Diagnostic Imaging continuing education hours must be category A or A+ activity AART approved.

iv. Provide the documentary evidence of advanced competence in veterinary diagnostic imaging.

1. Completion of the Veterinary Diagnostic Imaging skills form. The skills form documents those skills that have been not simply performed but mastered by the candidate and are necessary to practice as a veterinary technician at an advanced level in the field of diagnostic imaging. Mastery of a skill is defined in Article VII, Section 3, d. The form will be provided by the Credentials Approval Committee.

2. The skills form may be completed within the last five (5) years immediately prior to submitting the application.

3. Skills in Sections A (General Radiology) & C (Supplemental Skills/Nursing and Pharmacology) may not be duplicated. Skills in Section B (Advanced Imaging and Contrast Examinations) may not be duplicated unless the skill is demonstrated using a different modality.

4. Approved signers for mastery of skills include:

i. A Doctor of Veterinary Medicine who is a Diplomate of the ACVR (American College of

Veterinary Radiology) and/or a Diplomate of the ECVDI (European College of Veterinary Diagnostic Imaging).

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ii. A senior third year ACVR/ ECVDI Residents

iii. A Doctor of Veterinary Medicine who is a Boarded Specialist in Internal Medicine, Neurology, Surgery, Oncology or Emergency and Critical Care that perform advanced imaging modalities .

iv. An AVTDI member

v. A credentialed VTS technician/nurse of Internal Medicine, Neurology, Surgery, Oncology or Emergency and Critical Care that perform diagnostic imaging studies and/or advanced imaging modalities.

5. The skills form is subject to change based upon the

current state of the art technology in veterinary diagnostic imaging.

6. A case record log is to be maintained for one (1) year immediately preceding the submission of the application. The cases shall reflect the mastery of general radiology knowledge and advanced imaging skills required to be applied for imaging of multiple species of veterinary patients.

a. A minimum of forty-five (45) cases must be recorded, not to exceed sixty (60).

i. Recorded cases should have a minimum of two (2) species documented to show

management of imaging patients and mastery of techniques required for imaging of multiple veterinary species.

- ii. The recorded log cases should include the following: Date, patient identification (name or number), species, breed, age, sex, weight, veterinary diagnosis, type and length of study, outcome of the case and a summary of the diagnostic imaging techniques and procedures performed by the applicant for the patients imaging exam.
- iii. A minimum of one (1) skill from the veterinary diagnostic imaging skills form should be cross referenced in each case log.

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7. Six (6) detailed case reports. Case reports submitted by the candidate must demonstrate expertise in management of imaging clinical cases.

a. Details should include: Date, patient name or number, species/breed, age, sex, weight, veterinary diagnosis, imaging modality used, protocol planning, sedation/anesthesia protocols used, execution of study, length of time for study, observations, additional imaging required, post processing of studies, outcome of case, and a summary of imaging techniques and procedures performed.

b. The case reports should include a minimum of two (2)

species. All case reports must be the original work of the applicant. All imaging cases must be anonymized and submitted in a digital format.

- c. Images for case reports will be submitted with a copy of the application and written case reports. Specifications for completion of the skills form, case logs and case reports will be found in the application packet.
- d. Case reports must be completed within one (1) year immediately preceding the submission of the application.

8. Two (2) letters of recommendations from an AVTDI member, A Diplomate of the ACVR and/or a Diplomate of the ECVDI, Senior third year ACVR/ ECVD Residents, A Diplomate of an AVMA recognized veterinary specialty college, or a member of another NAVTA approved VTS academy.

- a. Letters of recommendation will be submitted separately and confidentially to the AVTDI.

9. Submission of five (5) examination questions for potential future use.

Section 2 **Application Procedures**

a. Applicant procedures for admission to examination for VTS-DI status are as follows:

- i. Application for examination must be made by the applicant to the Recording Secretary on a form provided by the Academy and submitted along with the prescribed application fee and required documents on or prior to the calendar date eight (8) months preceding the scheduled examination. The application fee will not be refunded if applicant is not eligible to take the examination.

- ii. Eligibility rulings are made by the Regents on recommendation by the Credentials Approval Committee, and applicants will be

notified of results no less than six (6) months preceding the scheduled examination date.

- iii. The applicant is required to sign the following agreement when application is sent:

“I hereby apply to the Academy of Veterinary Technicians in Diagnostic Imaging for examination in accordance with the guidelines set forth by the Academy for credentials evaluation and appeal; herewith, I enclose the application fee. I also hereby agree that prior to or after my examination; the Academy may investigate my standing as a veterinary technician, including my reputation for complying with the standards of ethics of the profession and work history duties. I understand that, upon submission, all parts of this application become the property of the academy. All applications will remain confidential within the parties of the Academy and its committees.”

Section 3 **Examinations**

- a. Candidates approved by the Credentials Approval Committee and the Regents, upon receipt of the prescribed examination fee by the stated due date, will be advised of the exam format no less than three (3) months prior to examination.
- b. Examinations will be prepared and administered by the Examination Committee.
- c. A minimum passing score will be established by the Examination Committee and approved by the Regents.
- d. Examinations will be given at least once every other year.
- e. The Examination Committee may include multiple-choice, written and practical items; computer simulations and use of audiovisual aids may be used as part of the testing process.

- i. Topics to be covered on the examination will be those that are crucial to veterinary diagnostic imaging.
- ii. Exam items will be referenced using current scientific sources.
- iii. Topics covered may include general radiology knowledge, radiation safety, radiographic positioning techniques required for multiple species and radiographic/fluoroscopic special procedure imaging. The radiation safety, general radiology knowledge, special

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procedures, radiographic positioning, image quality control, pharmacology and medical record sections will be required sections for all applicants sitting for examination.

- iv. Applicants will also be tested on basic knowledge of advanced imaging modalities used for veterinary imaging including: CT, MRI, Ultrasound and Nuclear Medicine imaging. Topics to be covered may include but are not limited to: routine use and common studies performed, modality specific safety, imaging protocols required for specific disease processes, general physics, common artifacts and signs of equipment failure.
- v. Exam items may be submitted by AVTDI members, by ACVR members or ECVDI members and will be approved by the Examination Committee.

f. A minimum passing score as established by the Examination Committee and approved by the Regents must be achieved to obtain AVTDI status.

- i. All candidates sitting for an examination will be notified of the results of the examination by mail within sixty (60) days of the date of the examination.
- ii. Candidates who have failed the examination will, upon written request through the Recording Secretary to the Regents within

thirty (30) days of notification, be given written clarification as to the areas of deficiencies. The letter of clarification of deficiencies will be provided by mail within sixty (60) days of receipt of the candidate's request.

- iii. Candidates who have failed the examination may:
 - 1. Sit for the examination up to two (2) additional times.
 - 2. Reapply after failing the examination three (3) times by repeating the entire application process as stated in Article VII, Section 2.

- g. The examination may be postponed once, for one (1) year at the request of the candidate.

- i. Candidates must request in writing (electronic or paper) to the Recording Secretary their desire to postpone their examination date.

- ii. Requests must be received no later than thirty (30) days prior to the examination date.

- iii. Emergency situations may occur that prevent a candidate from sitting for the examination. Any situation that occurs within thirty (30) days of the date of the examination would be considered an emergency postponement.

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- iv. Emergency postponements must be sent electronically to the Recording Secretary up to and including the day of the examination.

- v. A fee of \$25.00 must be paid to the treasurer if the examination is postponed

- vi. Specifications for postponement and emergency postponement will be determined by the Regents and the Examination

Committee.

h. The exam validating process shall be:

i. Chair committee members job/task analysis journals will be used to formulate the first examination. Examination questions are to reflect the professional activities and skills expected of a specialist in diagnostic imaging.

ii. Exam questions submitted by future Academy members, Diplomates of the ACVR and/or ECVDI and Senior third year ACVR/ ECVDI residents may be used to formulate the exam.

iii. Exam questions will be reviewed and validated by volunteer ACVR and/or ECVDI Diplomates before administration of the exam.

iv. Potential examination questions will also be evaluated via survey by Academy members. Their evaluation of these questions will be based on the assessment of the following:

1. Question difficulty

2. Quality of information as it pertains to basic knowledge in diagnostic imaging

3. Quality of information as it pertains to the individual modalities

v. Examinations shall be updated every five (5) years to reflect changes in new knowledge and technology in the field of diagnostic imaging.

1. Use of job/task analysis journals and/or membership surveys from Academy members shall be used to evaluate new techniques and current changes in technology within the

field of diagnostic imaging.

Section 4 Specialty Recognition

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- a. Candidates must successfully pass the certifying examination. If an applicant has not successfully passed the exam after the third attempt, the entire application process must be repeated
- b. Final approval for VTS-DI status must be granted by the Regents.
- c. A certificate of recognition identifying the veterinary technician as a VTS-DI by the Recording Secretary will be issued upon direction of the Regents.
- d. The recognition title shall be known as “Veterinary Technician Specialist in Diagnostic Imaging” (VTS-DI).
- e. A certificate of recognition shall be issued once for all active, retired and honorary members.
- f. A VTS-DI is conferred for a period of five (5) years, beginning on the first day of the month that the examination is passed and ending on the same date five (5) years later.

Section 5 Appeals

- a. Candidates denied eligibility to sit for the AVTDI examination may appeal this decision within thirty (30) calendar days from their receipt of the letter of notification. The appeal must be made by written petition to the Recording

Secretary and shall include a statement of the grounds for reconsideration. The Appeals Committee may request additional information as needed.

- i. Upon receipt of an appeal, the Recording Secretary shall notify the President and the Chair of the Credentials Approval Committee. They will notify the Credentials Approval Committee within fifteen (15) calendar days of receiving notification of the appeal.
- ii. The Chair of the Credentials Approval Committee shall submit to the Appeal Committee a written statement indicating the reasons for rejecting the candidate. The complete application file of the candidate will be provided for the Appeal Committee to review.
- iii. The Appeal Committee shall review the appeal(s) and render the recommendation(s) to the Regents within thirty (30) calendar days from the date the committee was appointed.
- iv. The Regents will render a decision on the appeal upon the recommendation of the Appeal Committee and notify the petitioner of the decision within fifteen (15) calendar days after receipt of the report of the Appeal Committee. The decision of the Regents shall be final.

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- b. Failure of the examination cannot be appealed.
- c. Appeals of other adverse decisions by the Academy, including AVTDI suspensions, may be made by written petition through the Recording Secretary to the Regents. An *ad hoc* Appeal Committee will be established, and the petitioner notified of the appeal process and timetable.
- d. The procedure for the Appeals Process will be included with all application forms

Section 6

Renewal

a. Renewal of VTS-DI recognition may be obtained by active members of the Academy

by:

i. Writing and submitting five (5) examination questions (mandatory).

ii. Completion of fifty (50) RACE approved or equivalent hours/points of continuing education (CE) in diagnostic imaging and demonstration of professional development per five-year period.

1. The hours may be obtained through attendance of organized conferences, on-line CE coursework and journal, or long-distance learning programs related to higher level diagnostic imaging.

a. No more than 10 hours (20%) may come from on-line CE.

2. Professional development may be completed by the following: Contributions to professional publications, presentation of a lecture or wet lab at conferences or online distance learning venues, teaching a course in diagnostic imaging, completion and presentation of imaging related research projects, official presentation of imaging case reports or in-residence training seminars.

3. Higher hours/points will be awarded for renewal CE credits for appropriate contributions to professional development. The distribution of CE hours/points will be determined by the Re-Certification Committee with final approval by the Board of Regents.

4. No more than 10 (ten) CE hours will be allowed from outside the specialty of Diagnostic Imaging.

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a. It is highly recommended to attend the ACVR Scientific Conference for a portion of the CE hours/points used for renewal.

iii. Paying a renewal fee. The renewal fee will be set by the Regents annually for all eligible candidates qualifying for re-certification.

b. The renewal date may be extended by six (6) months due to extenuating circumstances. A written request to the Regents must be accompanied by documentation of extenuating circumstances. Extension is contingent on approval by the Regents.

c. If active members of the Academy seeking renewal of VTS-DI recognition do not meet all renewal requirements as described in Section 6a, or there is failure to pay required annual dues, the applicant must then re-take the certifying examination and pay the examination fee to gain renewal of his/her VTS-DI recognition.

d. Organizing Committee Members are not exempt from re-certification.

e. Honorary members are exempt from having to re-certify.

ARTICLE VIII

DISCIPLINE

Section 1 **Revocation of Specialty Status**

- a. Certificates of recognition shall remain the property of the Academy and shall be revoked when:
 - i. The issuance of such a certificate or its receipt violates provisions of the Academy's Constitution or Bylaws.
 - ii. The AVTDI member fails to maintain acceptable standards of competence in the practice of diagnostic imaging as determined through investigation by the Regents.
 - iii. The AVTDI member fails to pay dues by May 1st of the calendar year. Notification of repossession will be made by registered mail, return receipt requested. Reinstatement is contingent on approval
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by the Regents, payment of all past dues, and current dues in full plus late fees.
 - iv. The AVTDI member fails to complete the renewal process by the stated deadline.

Section 2 **Unethical Conduct**

- a. Members accused of unethical conduct, incompetence, negligence, fraud, or other charges that discredit the AVTDI will be investigated.
- b. Such charges must be made in writing to the Regents. If investigation reveals evidence warranting action, the accused will be notified in writing and given full opportunity to respond in writing to the Regents.

c. Disciplinary action may be recommended by the Regents and can be executed following an affirmative vote by two thirds of the responding Academy membership.

d. The decision is final and cannot be appealed.

AVTDI ADVANCED SKILLS LIST

All qualified candidates will have demonstrated advanced diagnostic imaging skills in a variety of species for veterinary imaging patients.

To show knowledge and mastery of imaging techniques, advanced skills may be performed on a wide variety of species of veterinary patients. Appropriate veterinary patients for imaging include:

- a. Small animal species (Felines, Canines & Exotics)
- b. Large animal species (Equine, Camelids & Farm animals)
- c. A combination of small and large animal species

All qualified candidates must show proficiency in three (3) skills categories and must complete the veterinary diagnostic imaging skills form. The mastery of these skills is considered essential knowledge for diagnostic imaging technicians.

AVTDI defines mastery as: the candidate can perform the task safely and consistently, without being coached or directed, no less than three (3) times. Mastery requires having performed the task in a wide variety of patients and situations.

Candidates must complete a minimum of 75% of section A (general radiology), 50% of section B (advanced imaging and contrast examinations) and 50% of section C (nursing and pharmacology/supplemental imaging).

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Skills performed in Sections A (General Radiology) & C (Supplemental Skills/Nursing and Pharmacology) may not be duplicated. Skills performed in Section B (Advanced Imaging and Contrast Examinations) may not be

duplicated unless the skill is demonstrated using a different modality. Applicants are encouraged to use non-manual restraint methods where applicable.

Section A (General Radiology) Skills:

- Minimum 75% skills must be completed
 - Skills may be represented by small animal, large animal, or a combination of both.
- Minimum ten (10) skills represented in case logs/reports

Section B (Advanced Imaging and Contrast Examinations) Skills:

- Minimum 50% skills must be completed
- Minimum twenty (20) skills represented in case logs/reports

Section C (Nursing and Pharmacology/supplemental Imaging) Skills:

- Minimum 50% skills must be completed
- No minimum requirement for case logs/reports

Mastery of a skill versus assisting should be indicated by the approved signer on the skills sheet as well as the use of manual restraint versus non-manual restraint techniques where applicable.

The Organizing Committee acknowledges that there are certain skills that may not be allowable in certain states and therefore, assisting in those skills would be acceptable. Documentation of assistance in a skill for this reason should be noted on the corresponding case log.

Approved signers for mastery of skills include:

- A Doctor of Veterinary Medicine who is a Diplomate of the ACVR (American College of Veterinary Radiology) and/or a Diplomate of the ECVDI (European College of Veterinary Diagnostic Imaging).
- A Senior third year ACVR/ ECVDI Residents.

- A Doctor of Veterinary Medicine who is a Boarded Specialist in Internal Medicine, Neurology, Surgery, Oncology or Emergency and Critical Care that perform advanced imaging modalities will be acceptable.
- AVTDI members.
- If no AVTDI members are available then a NAVTA approved credentialed VTS technician of Internal Medicine, Neurology, Surgery, Oncology or Emergency and Critical Care that perform diagnostic imaging studies and/or advanced imaging modalities.

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All AVTDI candidates shall show competency in the following Advanced Skills considered essential knowledge:

1. Safety

Applicants must demonstrate a working knowledge of radiation safety including the ALARA principle and how it applies to imaging of patients and personnel safety. They must understand the difference between non-ionizing vs ionizing radiation and the yearly dose parameter limits. They should be familiar with safety protocols required for special procedures with use of radiography, fluoroscopy, and advanced imaging modalities.

2. Physics Applicants should understand the basic physics and imaging formats for radiology, fluoroscopy and advanced imaging modalities used in veterinary imaging.

3. Anatomy and Physiology Applicants must demonstrate a working knowledge of anatomy and physiology for small, large and exotic species as it pertains to imaging and imaging procedures.

4. Pathophysiology Applicants must demonstrate a working knowledge of basic pathophysiology and disease processes related to imaging procedures.

5. Terminology Applicants must demonstrate understanding and appropriate use of imaging related and directional terminology as it relates to specific species and imaging studies.

6. Positioning Applicants should demonstrate knowledge of common radiographic and advanced imaging modality techniques for positioning of large, small and exotic species.

7. Procedures Applicants should demonstrate knowledge of common and special / contrast procedures performed through radiography with or without the use of fluoroscopy. Applicants should have a basic understanding of advanced imaging modalities and their use in veterinary imaging.

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8. Pharmacology Applicants must demonstrate knowledge of commonly used anesthetic protocols for imaging studies including, but not limited to, sedatives, analgesics, gas anesthetics, and basic anesthetic monitoring. Applicants must demonstrate a knowledge of patient considerations as it pertains to anesthesia and imaging procedures.

9. Contrast Media Applicants should understand commonly used contrast media, dosing considerations, possible side effects and contraindications.

10. Records and Storage Applicants must understand HIPPA compliance, and PACS administration requirements as it applies to diagnostic imaging in medical records. Applicants must understand digital imaging storage and formatting.

AVTDI Diagnostic Imaging Skill List

Candidates must demonstrate knowledge and mastery of 75% of the skills listed in Section A (General Radiology), 50% of the skills listed in Section B (Advanced Imaging and Contrast), and 50% of the skills listed in Section C (Nursing and Pharmacology/Supplemental Imaging).

Section A: General Radiography

- Perform the following diagnostic quality, radiographic studies.
- Demonstrate knowledge of basic anatomy, margins/landmarks and correct positioning for the radiographic study.
- Demonstrate execution of the study (including appropriate exposure settings and restraint technique)

Small Animal (Canine/Feline)

Skill # Date

Performed

Species Modality Case # Signed

Thorax A1 Thorax DV A2 Thorax humanoid view A3 Abdomen A4 Abdomen horizontal beam

A5

Femur A6 Tibia/fibula A7 Stifle A8 TPLO A9 TTA A10 Longbone A11 Humerus A12
37

Elbow A13 OFA or flexed elbow A14 Antebrachium A15 Horizontal beam extremity
A16

Carpus A17 Tarsus A18 Manus/pes A19 Shoulder A20 Scapula A21 Skyline of shoulder or
stifle

A22

Stress/flexed/extended of a joint

A23

Obliques of a joint A24 Skull A25 Mandibular or maxillary intraoral

A26

Cervical spine A27 Thoracolumbar spine A28 Lumbosacral spine A29 Pelvis A30 OFA or
PennHip pelvis A31

Small Animal (Exotics) Skill # Date

Performed

Species Modality Case # Signed

Whole-body (or thorax or abdomen)

A32

Whole-body (or thorax or abdomen) (second species)

A33

Whole-body (or thorax or abdomen) (third species)

A34

Pectoral limb/wing A35 Pectoral girdle (H- view)

A36

Pelvic limb A37

Large Animal Skill # Date

Performed

Species Modality Case # Signed

Elbow A38 Shoulder A39 Radius A40 Femur A41 Pastern A42 Fetlock A43 Distal phalanx/hoof
A44 Carpus A45 Tarsus A46 Splint bones A47

38

Stifle A48 Pelvis/hip A49

Cervical spine A50 Guttural

pouch A51 Larynx/pharynx

A52 Nasal A53 TMJ A54

Maxilla/mandible A55

Section B: Advanced Imaging and Contrast Examinations

- Demonstrate knowledge of common conditions/disease processes associated with the imaging study.
- Demonstrate an understanding of basic patient risks associated with the imaging study.
- Demonstrate knowledge of basic anatomy, scan margins/landmarks and proper positioning for the imaging study.
- Demonstrate execution of the study including setting modality specific parameters.
- Demonstrate knowledge of contrast administration and contraindications if applicable.
- Candidates must demonstrate knowledge and mastery of 50% of the skills listed in Section B (Advanced Imaging and Contrast Examinations).
- Skills in Section B (Advanced Imaging and Contrast Examinations) may be duplicated ONLY if a different modality is used.

**Advanced
Imaging/Contrast Exam
Skills**

Perform an inner ear examination

e
Performe
d

Species Modality Case # Signed
Species Modality Case # Signed

Perform a mandibular/TMJ or dental arcade examination

Perform a skull examination

Perform a brain examination

Perform a nasal/sinus/orbit examination

Perform a thoracic or lung

examination

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B7 Perform a thoracic or lung examination (second species) Perform a thoracic angiography examination

B8

Perform an abdominal examination

B9

Perform an abdominal examination (second species)

B10

Perform an abdominal angiography examination

B11

Perform a brachial plexus examination

B12

Perform a cervical (soft tissue) / neck examination

B13

Perform a cervical spine examination

B14

Perform a thoracolumbar spine examination

B15

Perform a lumbosacral spine examination

B16

Perform a stifle examination

B17

Perform an elbow examination

B18

Perform a shoulder examination

B19

Perform a pelvic examination

B20

Perform a carpal examination

B21

Perform a tarsal examination

B22

Perform a metacarpal or proximal/middle phalanx examination

B23

Perform a distal phalanx examination

B24

Perform a navicular examination

B25

Perform a suspensory ligament examination

B26

Perform a tendon examination

B27

Perform a thyroid examination

B28

40

B29 Perform a cardiac examination Perform a first pass cardiac examination

B30

Perform a trans- colonic or trans- splenic portal examination

B31

Perform a GFR renal examination

B32

Perform a mucociliary clearance examination

B33

Perform a hepatobiliary examination

B34

Perform an optical examination

B35

Assist with or perform a cystogram or urethrogram

B36

Assist with or perform an esophogram

B37

Assist with or perform an upper GI barium study

B38

Assist with a myelogram

B39

Assist with or perform an intravenous pyelogram/urogram

B40

Assist with or perform a tracheal or tracheal stenting procedure

B41

Skill # Duplicated

Date

Species Alternate Performed

Modality

Case # Signed

Duplicate Skill Different Modality Duplicate Skill Different Modality Duplicate Skill Different

Modality Duplicate Skill Different Modality Duplicate Skill Different Modality Duplicate Skill

Different Modality

Section C:

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Supplemental Skills/ Nursing and

Pharmacology

- Candidates must demonstrate knowledge and mastery of 50% of the skills listed in Section C (Supplemental Skills/Nursing and Pharmacology).

Supplemental Nursing Skills

ability to identify
and correct for a
technique-based
imaging artifact

forme

Species Modality Case # Signed Species Modality Case # Signed

Demonstrate use of
positioning or
restraint devices for
hands free
radiography

Demonstrate the
ability to identify
and correct for a
movement related
imaging artifact

Demonstrate
knowledge and use
of digital imaging
storage.

Demonstrate the
ability to identify
and correct for an
anatomical related
imaging artifact

Demonstrate the
ability to export or
email digital
images

Demonstrate the
correct use of a
portable x-ray
unit

Demonstrate the

Correctly label
oblique radiographic
images

Assist with or
perform imaging
guided fine needle
aspirate

Prepare slides
for cytology

Assist with or
perform imaging
guided tru-cut
biopsy

Prepare samples
for histology

Demonstrate
knowledge and use
of

modality compatible
anesthetic and
monitoring
equipment
Demonstrate
knowledge of
modality specific
safety for patient

Demonstrate
knowledge of
modality specific
safety for personnel

Demonstrate
knowledge of
patient dose
reporting and
recording

Perform an MPR or
3D reconstruction

Use a power
injector for an
imaging study

Assist with an
interventional
imaging study

pericardial tap

Perform an
emergency
shutdown procedure
or spill safety clean

Assist with an
imaging guided
bone biopsy

Perform an
imaging guided
cystocentesis

Assist with an
imaging guided soft
tissue/organ biopsy

Assist with or
perform an imaging
guided
abdominocentesis

Demonstrate
patient preparation
for an imaging
study

Assist with or
perform an imaging
guided
thoracocentesis

Perform quality
control of imaging
machine

Assist with an
imaging guided

I, the undersigned, declare that I have read the entire AVTDI application packet. I further attest that the above-named applicant has achieved the AVTDI definition of mastery for the above skills that are marked with my signature.

_____/_____
_ Printed Name and Degree Signature

_____/_____
_ Printed Name and Degree Signature

_____/_____
_ Printed Name and Degree Signature

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_____/_____
_ Printed Name and Degree Signature

_____/_____
_ Printed Name and Degree Signature

Please provide the names and credentials of all persons who have signed this form attesting to your mastery of advance skills in clinical practice.

A qualified candidate will have demonstrated advanced expertise and ability in the field of Diagnostic Imaging. AVTDI requires that a boarded veterinary specialist or credentialed veterinary technician/nurse specialist (VTS) attest to your knowledge and mastery of the skill. Each person verifying your tasks must complete the bottom of the skills list form to validate their signature. AVTDI has the right to contact any person that has verified a skill. Skills that are marked as mastered must include at least one case number associated with the skill (if applicable).

AVTDI defines mastery as: the candidate can perform the task safely and consistently, without being coached or directed, no less than 3 times. Mastery requires having performed the task in a wide variety of patients and situations.

Candidates must demonstrate knowledge and mastery of 75% of the skills listed in Section A (General Radiology), 50% of the skills listed in Section B (Advanced Imaging and Contrast), and 50% of the skills listed in Section C (Nursing and Pharmacology/Supplemental Imaging).

General Radiology:

Total skills (#) 59 Mastered skills (#) _____ Percentage reached _____ (%)

Advanced Imaging and Contrast:

Total skills (#) 41 Mastered skills (#) _____ Percentage reached _____ (%)

Nursing and Pharmacology/Supplemental Imaging:

Total skills (#) 28 Mastered skills (#) _____ Percentage reached _____ (%)

I (printed name) _____ verify the above information and following checklist is true to the best of my ability.

—

Signature of applicant Date

—

License number State in which credential is held

The Science of Diagnostic Imaging:

The AVTDI identifies the science and defines where science fits in current curricula as follows:

A VTS-DI should encompass the ability, skills, knowledge, and education required to assist a veterinary radiologist and be able to provide the support required to carry out any imaging orders regarding the treatment, radiation safety of personnel and patients, correct positioning, and restraint of various species for imaging purposes. Having a working knowledge of imaging protocols for specific imaging modalities is necessary to be able to modify imaging protocols for different/various species and different/various disease processes. Knowledge of these imaging modalities also allows for evaluation of and overall image quality control in regard to the health and welfare of the veterinary imaging patient.

In addition, a VTS-DI is proficient in the care of imaging patients, including monitoring sedation or anesthesia required for the imaging study, correct, safe use of imaging contrasts, and knowledge of possible adverse effects.

· AVTDI will provide educational opportunities toward meeting the above requirements through:

1. Creating and providing advanced continuing education lectures endorsed by the AVTDI and approved by RACE directed toward meeting examination requirements.
2. Utilizing Specialists Practices, Colleges of Veterinary Medicine and private venues as resources to provide training, education, demonstration on all skills, imaging equipment, and procedures contained in the above requirements.
3. Working with the American College of Veterinary Radiologists to provide additional endorsed continuing education directed toward AVTDI members.
4. Developing AVTDI lectures through grants and provide appropriate lectures in veterinary technician programs.
5. Assisting the ACVR and corporate imaging sponsors in providing internships and externships to credentialed veterinary technicians in specific imaging modalities.
6. Developing an online program for veterinary technicians to acquire continuing education toward their AVTDI credentials.

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Appropriate Programs and Facilities

Applicants are highly recommended to train in advanced diagnostic imaging modalities under the auspices of a Diplomate of the American College of Veterinary Radiology (ACVR) and/or a Diplomate of the European College of Veterinary Diagnostic Imaging (ECVDI). Senior third year ACVR/ECVDI residents will also be acceptable for training of diagnostic imaging veterinary technicians. If a boarded radiologist is not available at the Applicants facility a Boarded Specialist in Internal Medicine, Neurology, Oncology, Surgery or Emergency and Critical Care (that performs advanced imaging modalities) will be acceptable substitutes for training. VTS-DI members (when available) will be

authorized to sign skills sheets but, if not available, a member of another NAVTA VTS academy from Internal Medicine, Neurology, Oncology, Surgery or Emergency and Critical Care (that perform higher level imaging modalities) will be acceptable until VTS-DI members are more numerous.

Continuing Education Online Resources

*** Please note many higher-level imaging educational courses that are utilized in veterinary medicine training are based on human medical training courses. This applies for Veterinary Radiologists and Diagnostic Imaging technicians at the Academic and Specialist level.**

GENERAL RADIOLOGY

Veterinary Support Personnel
Network www.VSPN.ORG

IDEXX [www.IDEXX learning
center.com](http://www.IDEXXlearningcenter.com)

At Dove
www@Dove.org

Vet Bloom
[www.Vetbloom.co
m](http://www.Vetbloom.com)

VetMed Team
www.vetmedteam.com

VetGirl on the Run
www.vetgirlontherun.com

Colorado State

University

www.online.colostate.edu/topicsofstudy/vetmedonline

Purdue University

www.vet.purdue.edu/ce/onlinece.php

Vet Rad CE

www.vetradCE.com

Dvm360

www.dvm360.com

COMPUTED TOMOGRAPHY (CT)

VETCT for in house training

[https://www.vet-ct.com/us/services/in-house-training/ASRT continuing education](https://www.vet-ct.com/us/services/in-house-training/ASRT_continuing_education)

ASRT continuing Education

[https://www.asrt.org/main/continuing-education/earn-ce/featured-ce-courses/ct- basics-credit-version](https://www.asrt.org/main/continuing-education/earn-ce/featured-ce-courses/ct-basics-credit-version)

Radunits continuing education

<https://www.radunits.com/computed-tomography-course-2/>

GE continuing education

http://www3.gehealthcare.com/en/Education/Clinical_Education/TiP-Ed_Online/Computed_Tomography

Gage continuing education

<https://www.gagece.com/computed-tomography-ct>

General CT Safety <https://www.fda.gov/Radiation->

[EmittingProducts/RadiationEmittingProductsandProcedures/MedicalImaging/MedicalX-Rays/ucm115317.htm](#)

ULTRASOUND (US)

Academy of Imaging (Soundvet) - Small Animal ultrasound imaging
www.soundvet.com/academy-of-imaging

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NAVC Institute - training and techniques in small animal
ultrasound www.NAVC.com/Institute

WAVE – training and techniques in small animal ultrasound
www.WAVEveted.com

NUCLEAR MEDICINE (NM)

Nuclear Medicine Short Course at Virginia Tech: A general review of nuclear medicine, including reviews of the basic principles of nuclear medicine, image processing, and common nuclear medicine imaging procedures. <http://www.cpe.vt.edu/numed/>

GE continuing education
http://www3.gehealthcare.com/en/Education/Clinical_Education/TiP-Ed_Online/Nuclear_Medicine

MAGNETIC RESONANCE (MR)

General MRI Safety
<http://www.MRISafety.com>

MRI Safety Online Training
<https://www.appliedradiology.org/mrisafety/default.asp>

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MRI Safety – CE Mini Course

<https://www.changece.com/courses/mr-safe-practices-for-technologists>

Advanced MRI Safety Training for Healthcare Professionals

<https://imaging.altuslearn.com/?q=advanced%20MRI%20>

MRI Operation and Safety

MRI Courses through Altuslearn

<https://imaging.altuslearn.com/?q=mr>

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Esaote sponsored seminar, MRI in Veterinary Medicine

http://www.veterinary-imaging.com/continuing-education.php#gpm1_

1 <http://www.esaotevetmrimeeting.org/past-events.html>

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AAVR Veterinary MRI Training Course with John Posh

http://www.aavr.org/index.php?option=com_content&view=article&id=84&Itemid=21

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ACVIM Brain Camp: MRI Course

<https://vet.osu.edu/alumni/continuing-education/brain-camp/mri-course>

Hallmarq Large Animal MRI Continuing Education

<http://www.mooreequine.ca/news-and-events/mri-continuing-education-event-at-spruce-meadows/>

Hallmarq Video Series (Equine Standing)

<http://www.hallmarq.net/equine/videos/videos>

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Continuing Education Meetings

1. **ACVR Annual Scientific Meeting**- held yearly in October at various venues. AVTDI sponsors a veterinary technician CE track starting in 2018.
2. **North American Veterinary Conference**- held in Orlando. VTS Academy CE tracks for veterinary technicians.
3. **Western States Veterinary Conference**- held in Las Vegas. VTS Academy CE tracks for veterinary technicians.
4. **Regional State Veterinary Meeting/Conferences** that have AVTDI member speakers for diagnostic imaging continuing education.
5. **Specialty Veterinary Conferences** including ECC, ACVIM, ACVS with an DACVR and/or AVTDI speaker.

Diagnostic Imaging reference materials

Journals

:

American Journal of Veterinary Research

Canine Vet Journal

Journal of Feline Medicine and Surgery

Journal of Veterinary and Emergency Critical Care

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Journal of the American Veterinary Medical Association

Journal of Nuclear Medicine

Journal of Veterinary Anesthesia

Journal of Veterinary Research

The NAVTA Journal

The RVT Journal

Veterinary Team Brief

Today's Veterinary Practice

Today's Veterinary Technician

Veterinary Technician Journal- Vetfolio

Vet Radiology & Ultrasound

Reference

Books:

Anesthesia and Analgesia for Veterinary Technicians, 5th Edition

John Thomas, Phillip Lerche

Atlas of Radiographic Anatomy of the Cat and Dog

H. Schebitz and H. Wilkens

W.B. Saunders

Company

Atlas of Radiographic Anatomy of Exotics

H. Schebitz and H. Wilkens

W.B. Saunders
Company

Atlas of Radiographic Anatomy of the Equine

H. Schebitz and H. Wilkens

W.B. Saunders
Company

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Guide to Dissection of the Dog

Howard E. Evans and Alexander
deLahunta

W.B. Saunders
Company

Clinical Anatomy and Physiology of Exotic Species: Structure and function of mammals, birds, reptiles and amphibians

Bairbre
O'Malley

Clinical Anatomy and Physiology for Veterinary Technicians, 3rd Edition

Thomas P. Coville, Joanna M.
Bassert

Clinical Avian Medicine and Surgery

Radiology Chapter: Michael T.
Walsh

Greg J. Harrison, DVM

W.B. Saunders
Company

Cunningham's Textbook of Veterinary Physiology

Bradley G. Klein

Diagnostic Radiology Ultrasonography of the Dog and Cat

J. Kevin Kealy, MVB, MVM, MRCVS, DVR, DECVDI
(Hon)

Hester McAllister, MVB, MRCVS, DVR,
DECVDI

Elsevier Saunders

Equine Scintigraphy

S. J. Dyson, M. J. Martinelli, R. Pilsworth and R. Twardock.

Equine Veterinary
Journal

Ferrets, Rabbits, and Rodents Clinical Medicine and Surgery

Radiology Chapter: Joseph D. Stefanacci, VMD,
ACVR

Heidi L. Hoefler, DVM, ABVP

Katherine E. Quesenberry, DVM,
ABVP

James W. Carpenter, MS, DVM,
ACZM

Saunders

**Handbook of Small Animal Radiology and
Ultrasound**

Ruth Dennis, Robert Kirberger, Frances Barr and Robert H.
Wigley

The Handbook of Veterinary Contrast Radiography

Seth
Wallack

**The Illustrated Atlas of Clinical Equine Anatomy and Common Disorders of
the Horse, 2 volume set**

Ronald Riegel

Large Animal Clinical Procedures for Veterinary Technicians, 3rd edition

Kristin J. Holtgrew-Bohling

Lavin's Radiography for Veterinary Technicians

Marg Brown & Lois Brown

Saunders

**The Little Book of CT in Veterinary
Medicine**

Matt Wright & Seth Wallack

**Mosby's Comprehensive Review for Veterinary
Technicians**

Diagnostic Imaging Chapter

Monica M. Tighe & Marg
Brown

**MRI and CT Atlas of the
Dog**

J. Assheur & M.
Sager

Blackwell
Science

MRI in Practice, 4th edition

Catherine Westbrook, Carolyn Kaut Roth with John Talbot

Wiley- Blackwell

**Radiographic Interpretation for the Small Animal
Clinician**

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Jerry M. Owens & Darryl N. Biery

Williams &
Wilkins

**Radiologic Science for Technologists, (Physics, Biology &
Protection)**

Stewart Bushong

**Radiology of
Birds**

Sam Silverman & Lisa A.
Tell

Radiology of Rodents, Rabbits & Ferrets

Sam Silverman & Lisa A.
Tell

Small Animal Radiographic Techniques and Positioning

Susie
Ayers

Wiley-Blackwell
|

Small Animal Radiology, A Diagnostic Atlas and Text

Ronald L. Burk & Norman Ackerman

Churchill Livingstone

Small Animal Ultrasonography

Penninck &
D'Anjou

**Textbook of Veterinary Diagnostic
Radiology**

Donald E. Thrall, DVM, PhD,
DACVR

ELSEVIER-

Textbook of Veterinary Nuclear Medicine 2nd edition,

Daniel &
Berry

ACVR

**Textbook of Veterinary
Physiology**

Bradley G. Klein

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**Veterinary Computed
Tomography**

Tobias Schwarz MA Dr. Med. Vet. DVR ECVDI DACVR
MRCVS

Jimmy Saunders Dr. Med. Vet. PhD CertVR ECVDI

Wiley-Blackwell Publications

Veterinary Diagnostic Ultrasound

Thomas G. Nyland, D.V.M

John S. Mattoon, D.V.M., D.A.C.V.R

W.B. Saunders
Company

Veterinary Image- Guided Interventions

Chick Weisse, Allyson Berent

Description of a Veterinary Technician in Diagnostic Imaging (VTS-DI)

The VTS-DI must be a graduate of an American Veterinary Medical Association (AVMA) or Canadian Veterinary Medical Association (CVMA) accredited Veterinary Technology education program and/or credentialed as veterinary technicians by a recognized

credentialing body in the United States, Canada or other country. These technicians/nurses have a responsibility to stay current in the field of veterinary diagnostic imaging through lifelong learning. Diagnostic imaging requires a VTS-DI to learn newer imaging modalities and techniques that change rapidly to ever more sophisticated imaging technology for veterinary patients.

The VTS-DI shall be prepared in the scientific basis of diagnostic imaging and shall meet the prescribed standards of education and clinical competence set out by the Academy. The VTS-DI shall be a multidisciplinary professional in Diagnostic Imaging, who provides exceptional quality patient care focused on knowledge of multimodality imaging techniques used for various species and utilizing the latest medical knowledge using higher level imaging equipment, pharmacology and support available.

The VTS-DI should encompass the ability, skills, knowledge, and education required to effectively assist the veterinary radiologist and be able to provide in a competent

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manner the support required to carry out any prescribed orders regarding the care, sedation/anesthesia, monitoring, proper positioning, patient handling, imaging protocols, contrast administration and multimodal imaging considerations as it relates directly to diagnostic imaging of various species of veterinary patients.

The AVTDI is a monitored and enforced system for a certificate of recognition. Those certificates may be revoked from a VTS-DI, if the technician does not demonstrate the highest degree of professionalism and ethics. A VTS-DI cannot perform surgery, diagnose illness, disease, ailments or problems (i.e. intervention) or prescribe a treatment plan, but may implement management of an imaging case until a veterinary radiologist is able to evaluate the imaging study for interpretation of results, in accordance with state and federal regulations. The AVTDI may address lack of training issues and problem prevention issues.

The academy will recognize the degree of training members have attained through an application and examination process to be determined by the council of Regents.

EXAMINATION CATEGORIES

AVTDI Examination Process

1. A written examination comprised of 200 questions referenced from scientific texts and papers which will reflect the professional activities, knowledge and technical skills required and expected of a VTS-DI.
2. 100 exam questions will be specifically geared toward the mandatory required skills considered essential knowledge for Diagnostic Imaging including: general radiology, radiation safety, anatomy and physiology, radiographic positioning techniques required for multiple species and radiographic/fluoroscopic special procedure imaging.
3. An additional 100 questions will cover basic knowledge of advanced imaging modalities used for veterinary imaging including: CT, MRI, Ultrasound and Nuclear Medicine imaging. Topics to be covered may include but are not limited to: routine use and common studies performed, modality specific safety, imaging

protocols required for specific disease processes, general physics, common artifacts and signs of equipment failure.

- a. 75-90% multiple choice questions referenced from scientific texts and papers

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- b. 10-25% essay questions graded by committee members.
 - c. Use of computer simulations and audiovisual aids will be used as part of the testing process to assess knowledge of image quality, knowledge of imaging protocols and common image artifacts.
4. A practical or oral component may be added to the examination at the discretion of the Examination Committee with the approval by the Regents.
5. Content and form of the exam will be determined and disclosed to accepted applicants when they are notified of acceptance to sit for the certifying examination.

AVTDI Potential Candidates: Recognizable Need

The Academy of Diagnostic Imaging was proposed as a pathway to recognize credentialed veterinary technicians/nurses for the specialized training and knowledge that they receive in diagnostic imaging modalities utilized in veterinary medicine, including radiography, fluoroscopy, ultrasonography (US), magnetic resonance (MR), computed tomography (CT) and nuclear medicine.

Radiography is the backbone of diagnostic imaging and with credentialing technicians/nurses the value and quality control of radiographic imaging can only improve. Most veterinary technicians are taught basic radiographic positioning techniques and radiation safety in school; however, instructors often have little experience with current techniques in non-manual radiographic positioning, troubleshooting and safety. The lack of proficiency achieving diagnostic quality radiographs is common among general practice clinics. It has also been traditional in veterinary medicine to manually restraint patients for imaging procedures. The skills listed in the use of non-manual restraint techniques for general radiographic studies in our petition will encourage less use of hand holding of veterinary patients and reduce personnel exposure during imaging procedures. These skills are meant to challenge and hopefully, encourage a desire to learn how to improve quality control of diagnostic images in every aspect for all species requiring imaging. In this vein, a

credentialed

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technician/nurse then in turn teaches and passes on this knowledge to their own in-hospital personnel becoming an invaluable member of the team. This gives rise to the availability of CE for other technician/nurses closer to home.

Diagnostic imaging veterinary technicians/nurses are trained at academic institutions and specialty practices to acquire diagnostic images using several modalities for review by radiologists and/or specialists. These didactics are often extensive and typically involve offsite training requiring the technician to not only learn how to operate the equipment but, to also learn and understand the physics and mechanics of the modality. This in turn allows for the acquisition of images and ability to evaluate the study for diagnostic quality before submitting for review by a specialist. This specialized training provides veterinary hospitals and academic institutions efficient image acquisition of patients in the necessary imaging modalities to arrive at an accurate diagnosis. The use of credentialed veterinary technicians ensures that diagnostic images are produced while the patient is being properly and closely monitored. The specialist is then able to spend more time evaluating images and less time acquiring studies. As veterinary facilities acquire new imaging equipment, veterinary technicians who are trained to run multiple imaging modalities will be needed.

Veterinary technicians are commonly trained on the job in advanced imaging modalities. These skills are based on the requirements for advanced modality training for the ACVR/ECVDI resident training programs. The AVTDI has a close connection and full support of the ACVR. Future applicants are strongly encouraged to attend the ACVR scientific conference where most of the CE seminars revolve around use of multiple imaging modalities and methods to improve imaging studies.

Diagnostic imaging veterinary technicians are in direct competition with medical radiographic technologists (RTs) who cross over to veterinary medicine to operate the specific imaging modalities (i.e. CT, MRI) that they are trained for in human medicine. These RTs do not have training for veterinary patients and must be trained in animal handling, positioning and imaging protocols used in veterinary medicine. The RTs do not have anesthesia training and therefore cannot complete imaging studies without the

assistance of a veterinary technician. There has been a general bias at the academic level that veterinary technicians do not receive this specialized training in veterinary technology programs. There has also been acknowledgement that veterinary technicians do not have to be retrained in the care of the veterinary patients. Veterinary technicians/nurses that achieve a VTS-DI designation will be able to show competency

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in advanced imaging modalities and radiography and will be able to compete with the RTs in future job applications.

The VTS-DI re-certification requirements would, through speaking engagements, publishing and personnel training, improve the radiation safety training of personnel and improve positioning proficiency of the veterinary technicians in general practice through the dissemination of knowledge.

After researching other recognized VTS group requirements it was discovered that most had some component of basic diagnostic imaging requirements, particularly use of x-rays, for patient care. This petition was formulated to be a specialty geared toward diagnostic imaging veterinary technicians that are cross trained on the job under the guidance of a radiologist or specialist to operate advanced imaging modalities such as CT, MR, US and Nuclear Medicine. The use of x-ray, fluoroscopy and special procedures are the basis of the general knowledge requirement, but the inclusion of advanced imaging modalities will make this specialty stand out from other VTS groups for a specialty in diagnostic imaging.

11/2016 SURVEY

A Survey Monkey link was launched in November 2016 on the Veterinary Technician Specialty Applicants/candidates Facebook page. Only credentialed veterinary technicians within the United States and Canada were asked to participate in the survey. The participants were told the survey answers would be tabulated and results would be added to the VTS Diagnostic Imaging petition for the final submission to NAVTA. In addition, the survey contained questions related to Diagnostic Imaging tasks that a Veterinary Technician might be allowed to perform versus assist in different

regions of the country.

Of the 85 completed survey responses received through the survey link 92% of the responses rated a specialty for veterinary technicians in diagnostic imaging as being vitally important. This shows that the participants in the survey felt there is a need for veterinary technicians to receive recognition in diagnostic imaging.

1. Do you feel there is a need for a specialty in diagnostic imaging for veterinary technicians?

a. Yes-
92.94%

b. No-
7.06%

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2. Would you consider pursuing a specialty in Diagnostic Imaging if one was created?

a. Yes- 79.07%

b. No- 20.93%

3. Would your employer support technicians in their practice who desired to become certified in this specialty?

a. Yes- 88.24%

b. No- 11.76%

4. The following imaging modalities were listed as possible diagnostic imaging tasks for veterinary technicians to respond if they performed or assisted with diagnostic imaging modalities. Respondents were asked to respond N/A if the modality was not available at their practice:

**MODALITY PERFORM ASSIST
DOCTOR**

DOCTOR ONLY

N/A

Radiology 89.53% 5.81% 1.16% 1.16% CT 51.76% 4.71% 1.18% 42.35% MRI 42.68%
8.54% 1.22% 47.56% Fluro/Special Procedure
21.43% 26.19% 5.95% 40.48%

Ultrasound 8.24% 11.76% 44.71% 1.18% Nuc Med 21.69% 3.61% 1.20% 73.49%

5. Additional written responses from survey participants were overwhelmingly positive:
- "I think a Radiology specialty option would be very beneficial to our profession. We put ourselves at risk every time we are exposed to all the hazards of our daily job. Why

wouldn't you utilize people that have an interest in radiology to help take radiographs efficiently and of good quality the first time, while also decreasing our exposure?"

- "I believe this is needed as technicians are commonly used to perform and interpret if the image is of quality."

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- "Without this specialty, RVTs lose opportunities for advancements and raises. I know many whom have moved to the human field because of this fact."

- "With an extremely busy radiology department with dedicated RVTs it would be great to be recognized as being proficient in our area of specialty."

- "Most if not all of scanning (MRI/CT/CARM/Fluoroscopy/Arthroscopy) have a component of the technician running a portion if not all of the sequence. I find that I am scanning (MRI/CT) and having a knowledge base of neurolocalization/disease combined with modalities is imperative to making decisions for scanning in least amount of time/best need of the patient."

- "I have been through the technician ultrasound program at Sound in Texas but would love a certificate to show I have completed specialized training in ultrasound in the veterinary field."

2/2017

SURVEY

A second Survey Monkey link was launched on the ACVR member list serve in early 2017. It was deemed necessary to get responses for our target group of credentialed veterinary technicians that perform diagnostic imaging and member radiologists for the proposed diagnostic imaging academy. Only DACVR members or credentialed veterinary technicians within the United States and Canada were asked to participate in the survey. The participants were told the survey answers would be tabulated and results would be added to the VTS Diagnostic Imaging petition for the final submission to NAVTA. In addition, the survey contained questions related to Diagnostic Imaging tasks that a Veterinary Technician might be allowed to perform versus human trained RTs or Doctors in different regions of the country.

Total of 169 Survey Respondents:

46.75 % Credentialed Veterinary Technicians (CVT, RVT, LVT/LVMT and VTS)

53.25 % DACVR
Members

**Survey Respondents Stated
Practices:**

44.38% Specialty/Emergency

46.75% Clinical/Academia

8.88% Teleradiology

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1. Do you feel there is a need for a specialty in diagnostic imaging for veterinary technicians?

- a. Yes - 93.49%
- b. No - 6.51%

2. Would you consider pursuing a specialty in Diagnostic Imaging if one was created?

- a. Yes - 31.33% (Credentialed Vet techs)
- b. No - 16.27% (Credentialed Vet techs)
- c. NA - 52.41% (DACVR Members)

3. Would your employer support technicians in their practice who desired to become certified in this specialty?

- a. Yes - 93.04%
- b. No - 6.96%

4. The following imaging modalities were listed as possible diagnostic imaging tasks for veterinary technicians to respond if they performed or assisted with diagnostic imaging modalities. Respondents were asked to respond N/A if the modality was not available at their practice:

MODALITY MOSTLY

**VETERINARY TECHNICIAN
MOSTLY RT
MOSTLY DOCTOR**

N/A

Radiology 79.14% 8.59% 3.07% 9.20% CT 60.37% 20.12% 1.83% 17.68% MRI 36.97%

36.36% 1.21% 25.45% Fluro/Special Procedure

35.76% 3.64% 35.15% 25.45%

Ultrasound 12.20% 5.49% 76.83% 5.49% Nuc Med 38.04% 7.36% 7.36% 47.24%
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5. Additional written responses from participants were overwhelmingly positive:

- “Diagnostic Imaging requires a more in-depth understanding of radiologic and other modalities that goes beyond what we are taught in school or receive when doing daily tasks within the clinic. A VTS requires additional training to become specialized in a particular field and that medicine can only continue to advance if we give the opportunity to those willing to put forth the effort to make Diagnostic Imaging the best that it can be”

- “Imaging tasks require a very broad knowledge of anatomy, positioning, technique and equipment. Particularly in a specialty hospital, having a tech with a diagnostic imaging VTS to translate a Doctors request would immeasurably improve a patient’s outcome and our hospitals efficiency”

- “The skills required to perform high quality imaging examinations in a safe manner requires practice and a commitment to continuing education. There are now opportunities for technician sonographers, who should receive extensive training. Optimization of CT and MR studies also requires quite a bit of skill and training outside of what is offered in veterinary technology programs.”

- “The skill set needed for radiology is vast and ranges over multiple modalities. It takes practice and experience to deliver diagnostic quality images to help the patient. It also reduces the amount of time the radiologist/doctor spends performing studies, allowing them to concentrate on interpreting studies.”

- “There is a need for a VTS-DI because RVTs are doing CTs and MRs in private veterinary practices and it would be great if there was standardization for educating these techs in these modalities. Private referral hospitals do not employ human trained radiology techs because imaging of animals requires anesthesia and the same RVTs who perform the imaging studies, also sedate or anesthetize them and monitor the patients as well. A specialty would also provide a group that would be able to organize continuing education opportunities.”

**12/2017
SURVEY**

At the request of the CVTS a new survey was launched in December 2017 by NAVTA to the NAVTA membership. Unfortunately, due to technical issues we were not able to use the survey results. A follow up Survey Monkey link was launched in December 2017 on the AVTDI website and the VTS Diagnostic Imaging Facebook page. The participants were notified that the survey answers would be tabulated, and results would be added to the VTS Diagnostic Imaging petition for the final submission to NAVTA on 1-31-2018.

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Of the 219 respondents, 95.9% were either credentialed veterinary technicians/nurses or in a credentialing program, and 33.79% of these technicians/nurses worked at least 70% of their time in diagnostic imaging and 65.75% of the respondents worked or consulted with a boarded radiologist.

Of these respondents, the following describes qualifications:

CVT 19.18% RVN 24.20% RVT 37.44% AHT 2.28% LVT/TVMT 16.89% VTS 6.85%

The respondents reported the best description of practice of current employment

	Small Animal General Practice	General Practice	Research
Emergency	46.12%	7.76%	7.76%
	46.12%		
Large Animal			

Mixed Practice 5.94% * Other 9.59% * other was specified by respondents as Zoo medicine, ultrasound only practice, wildlife, exotics, shelter medicine, referral only (both small and large animal), equine only, non-profit clinics and physical rehabilitation clinics.

The respondents reported the # of veterinarians and credentialed technicians that work in their practice:

1-5 veterinarians 39.27% 0-5 technicians 42.47% 6-10 veterinarians 15.07% 5-15 technicians 22.37% 10 + veterinarians 45.66% 15+ technicians 35.16%

The survey questioned who interpreted the imaging studies at the practices.

Non-specialty
boarded DVM

In house radiologist 38.36%
Teleradiology service 22.37%

The respondents reported the below modalities were available at their clinics, and are used/performed by veterinary technicians:

Radiology (X-ray inc. digital or film) 98.63%
Fluoroscopy 35.62% CT Scan 50.68% MRI 44.75%

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Ultrasound 75.34% Nuclear Medicine 16.44%

When asked to select all modalities that were available to them at their practice, respondents replied as follows:

MODALITY % of respondents that had

modality available @ their practice.

out of total 219 respondents

Radiology 98.63% 216 Ultrasound 75.34% 165 CT 50.68% 111 MRI 44.75% 98

Fluoroscopy 35.62% 78 Nuclear Medicine 16.44% 36

Further questioning on modalities asked if technicians are responsible for the performance of imaging studies which include contrast administration (or calibrated doses), and understand procedural risks associated with the study.

MRI Study 41.55% CT Study 47.49%

Ultrasound Study 26.94% Nuclear Medicine Study 10.50% Fluoroscopy Study 27.40%
Radiographic Special Procedures (esophogram, urethrogram etc.)
71.69%

The survey then asked the percentage of technicians/nurses that assist or perform with the following diagnostic imaging related procedures.

Ultrasound guided cystocentesis 74.89% Ultrasound guided fine needle aspirations, or biopsy with slide prep

50.23%

Sedation or anesthesia for a radiographic procedure

97.26%

Routine maintenance for imaging equipment

84.93%

The respondents confirmed that 91.78% of the time veterinarians will request re-takes of the radiographic studies performed and that 58.90% of technicians/nurses do not
65

have sufficient radiology training in terms of obtaining correctly positioned patients for routine radiographs and special procedures. Only 58.90% of respondents reported that they perform annual radiation safety training at their clinic, and 44.29% of respondents felt they could not properly troubleshoot imaging modalities (DR, CR, Film, MRI, CT, Nuclear Medicine, Ultrasound, Fluoroscopy, or PACS systems) without assistance. It was also reported that 79.00% of technicians/nurses needed to get approval from their licensed veterinarian for radiographic quality before submission to a radiologist.

When asked the following question; **Would the training, education and skill required of a specialized imaging technician be of benefit to accomplish these tasks?** An overwhelming **88.59%** of respondents answered **yes**.

In conclusion we proposed this final question to respondents; "Do you feel there is a need for a specialty in diagnostic Imaging for veterinary Technicians? Please explain." All 219 of survey respondents shared a comment. We selected a few comments to share.

Individual

responses:

- “Yes!!! I have been doing CT and MRI for 15 years. It is a specialty like all the other VTS. Veterinarians often rely on me to interpret imaging even before our radiologist reads them. It requires advanced knowledge of anatomy and skill using the different modalities.”

- “There is definitely a need for this specialty group. In ultrasound specifically, there are too many under-qualified technicians performing exams and submitting them with poor quality and incomplete. The patients deserve the highest quality of exam and a group like this could develop and deliver a standard of care in each of these modalities.”

- “I strongly agree of proposing a diagnostic imaging specialty for licensed/credentialed technicians. In my hospital the techs are delegated with the task of performing high quality digital radiographs along with other diagnostic imaging. Our DVM's rarely take part in the imaging process. I feel comfortable determining if an image is suitable for sending out to a radiologist without the help of a DVM. I feel this specialty would be a great opportunity for those like me who have the skills and knowledge to have access to.”

- “There is definitely a need for veterinary nurses to specialize in diagnostic imaging, this will not only aid the business by allowing scans to be run near 24/7 within my practice but will also improve moral, as many people have an interest in diagnostic imaging however we are not getting the opportunity to carry out as much as we like.”

6

6

- “Yes. I feel that any clinic that has at least one CVT that is a specialist in the modalities that are available will bring value and better care for the patients. We see patients that need to have radiographs, CT scans, and MRI's at other clinics, but they are not diagnostic, which is due to lack of training. Having this specialty will advance the movement into providing better patient care and diagnosis.”

- “Absolutely! Diagnostic imaging can be essential in the correct diagnosis, treatment, and intervention of disease in Veterinary Medicine. Advanced training and education for credentialed technicians who specialize in these modalities can only increase production and efficiency for DVM staff and empower technicians.”

- “Yes. Those technicians working in diagnostic imaging have a set of skills that are not

taught in technician education programs. They have specialized training and knowledge that they can teach other technicians inside of their own hospitals. They dedicate their lives to higher quality imaging and need to be recognized and taken seriously for the commitment they have and the level of skills that they routinely perform.”

1/2018

SURVEY

With recognition of Ultrasound being the modality with the lowest % reported being performed by veterinary technicians in previous surveys, along with the knowledge that technicians are seeking education in ultrasound imaging, and subsequently performing abdominal ultrasounds, an additional Survey Monkey link was distributed in January 2018. This survey was sent to one of the largest groups of ACVR diplomats working in telemedicine, IDEXX Telemedicine Specialists. The survey was sent to 102 individuals, 29 (28%) responded. The survey was focused on Ultrasound imaging and the interpretation of exams currently being submitted via telemedicine. Below is a list of the survey questions, answers, as well as some individual comments that were provided by the radiologists.

Question

1:

How many abdominal ultrasound studies would you estimate you receive each week?

Less than 10 48.28%

Between 10 and 30 37.93%

Greater than 30 10.34%

Other
(please
specify)

Question

2:

What % of the time would you say the exams are representative of a "complete" abdominal ultrasound?

80-100% 10.34%

60-80% 13.79%

40-60% 34.48%

20-40% 20.69%

0-20% 20.69%

Individual responses to question

2:

- “We frequently receive images of the liver, spleen, kidneys, and urinary bladder, but the ‘more difficult’ organs, such as GI and adrenal glands, are often excluded, even when the study was performed for the evaluation of GI disease.”

Question

3:

Which statement best represents how you would feel about the quality of the abdominal ultrasound images you interpret?

Image quality does not need improvement.

6.90%

Image quality could use improvement but is adequate for interpretation. 17.24%

Image quality could use improvement, it is difficult to interpret images a lot of the time. 58.62%

I consistently struggle interpreting images because the quality is too poor. 17.24%

Individual responses to question

3:

- “many times, image quality is adequate, scans are riddled with superfluous images that are irrelevant. Unless images are coming from a medicine specialist,

6

8

I think what needs to be taught is how to obtain relevant images concisely based on the history and presentation. In addition, to stressing the importance of basic image acquisition principles... i.e. depth, gain and focus.”

- “The quality of each image is not the biggest issues, it’s that the exams aren’t complete, and I don’t trust that there are not lesions that are not depicted.”

Question

4:

Anatomical knowledge: Based on telemedicine submissions you have viewed; which statement best represents your opinion referring to operator capability?

In general, all abdominal organs are appropriately imaged and correctly labeled consistently.	In general, the major abdominal and smaller abdominal organs are imaged inconsistently, and images are not labeled incorrectly.
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6.90

%

41.38

%

In general, the major abdominal organs are appropriately imaged and correctly labeled, however smaller anatomical structures are commonly not imaged or imaged and/or labeled incorrectly.	In general, the major abdominal and smaller abdominal organs are imaged inconsistently, and images are not labeled incorrectly.
--	---

51.72

%

4:

- “an incomplete exam does not inspire confidence in whatever diagnosis comes to mind.”

- “Many clinics do not provide labels at all. ...”
- “... I currently mostly interpret images performed by trained technicians. Not only are the studies excellent and complete from my perspective, local practitioners as well as boarded specialists have full confidence in the results of the imaging.”

Question

5:

Knobology & machine operation: Based on telemedicine submissions you have viewed; which statement best represents your opinion referring to operator capability?

In general, basic machine settings (frequency, depth, gain, etc.) are rarely adjusted correctly adjusted for image optimization and the optimization is inconsistent throughout an exam, very few still images consistently have appropriate numbers of both still images and cine number of cine loops makes up the loops.

10.34 % 27.59 %

In general, basic machine settings are inconsistently adjusted for image optimization and the case submissions rarely have appropriate numbers of both still images and cine loops.

5: 62.07 %

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- “Often, the knobology isn’t the problem, but a lack of confidence about anatomy or pathology resulting in excessive cine loops, hoping they will ‘run across’ something I will recognize.”
- “When the trained technicians scan, knobology is excellent and optimized. For the other submissions received through general telemedicine platforms, knobology is a common struggle with inappropriate focal point placement, gain settings, depth settings, clip length, and labeling.”

Question

6:

What percent (%) of the timed would you say you can definitively diagnose a patient based on the abdominal ultrasound submitted for review?

80-100% 7.14%

60-80% 10.71%

40-60% 32.14%

20-40% 32.14%

0-20% 17.86%

Question

7:

How would you best respond to the following statement: The quality of a complete abdominal exam performed by a veterinary technician highly trained in abdominal ultrasound can meet or exceed an examination performed by a general practice veterinarian.

Strongly agree 64.29%

Agree 21.43%

Undecided/Neutral 14.29%

Disagree 0%

Strongly disagree 0%

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0

Individual responses to question

7:

- “All my exams are performed by a well-trained technician.”
- “I have seen this in practice, and my US tech’s exams are exceptional, and I trust her to find important lesions, to know when there aren’t lesions, and to know her limitations and get a radiologist involved in acquisition when needed.”
- “I have had the pleasure of working with many highly trained technicians over the years who often do a better job than incompletely trained boarded internal medicine docs.”

Question

8:

How would you best respond to the following statement: A veterinary technician, highly trained in abdominal ultrasound, could provide high quality complete abdominal exams directed by an internist or oncologist in a specialty practice for review by a teleradiologist.

Strongly agree 50%

Agree 28.57%

Undecided/Neutral 14.29%

Disagree 3.57%

Strongly disagree 3.57%

Individual responses to question

8:

- “... I would prefer to have a skilled technician perform a standard exam, with my interpretation used by the internist or oncologist for decision making.”

Question

9:

How would you best respond to the following statement: There is a need for highly trained licensed veterinary technicians performing abdominal ultrasounds as

supervised by or directed by a veterinarian holding the VCPR (Veterinarian-Client-Patient Relationship).

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Strongly agree 46.43%

Agree 39.29%

Undecided/Neutral 3.57%

Disagree 7.14%

Strongly disagree 3.57%

Question 10:

How would you best respond to the following statement: I support the recognition of a VTS (Veterinary Technician Specialty) in Diagnostic Imaging who exists to promote excellence in the discipline of diagnostic imaging including General Radiology, MRI, CT, Ultrasound and Nuclear Medicine.

Strongly agree 62.07%

Agree 24.14%

Undecided/Neutral 13.79%

Disagree 0%

Strongly disagree 0%

Individual responses to question 10:

- “The depth and breadth of knowledge in diagnostic imaging certainly supports a VTS recognition for qualified individuals.”

SURVEY RESULTS SUMMARY STATEMENT

Teleradiologists are interpreting on average between 0-30 ultrasound exams per week. Of those ultrasound exams approximately 1/2 (50%) represent a complete abdominal exam. Most radiologists stated that image quality could use improvement making it difficult to interpret images a lot of the time. Most exams consist of the major abdominal organs and smaller anatomical structures are commonly not imaged or imaged incorrectly. Radiologists overwhelmingly agreed that machine settings were inconsistently adjusted for image optimization and that cases submitted rarely had appropriate numbers of both still images and cine loops (video clips). When asked what

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percentage of the time they felt they could provide a definitive diagnosis based on the images submitted, 82% of those surveyed answered only between 0 and 60%. An overwhelming 85.7% of respondents either agreed (21.4%) or strongly agreed (64.29%) that an exam performed by a technician highly trained in ultrasound could meet or exceed that of an exam performed by a general practitioner, 78% felt that a highly trained technician could perform exams in a specialty practice setting. 85.7% agreed or strongly agreed that there is a need for highly trained technicians performing abdominal ultrasound and 86.21% offered their support for the recognition of a VTS (Veterinary Technician Specialty) in Diagnostic Imaging who exists to promote excellence in the discipline of Diagnostic imaging including General Radiology, MRI, CT, Ultrasound and Nuclear Medicine.

2 of the 3 responders that answered 80-100% of the time they felt their exams are representative of a complete abdominal ultrasound, are strictly working with veterinary technicians highly trained in ultrasound (as stated by these individuals in their comments). Those responders also answered in the upper percentiles regarding overall quality, anatomical knowledge, knobology & machine operation, and confidence in definitively diagnosing patients based on the exam submitted.

Only 3 individuals of the 29 answered that they disagreed or strongly disagreed with the need for veterinary technicians to be performing abdominal ultrasounds. We felt it important to point out that the only person 'strongly disagreeing' also responded that the telemedicine exams he/she receives (10-30 per week) fell in the following categories;

Q2 0-20%, Q3 – consistently struggles interpreting images because the quality is so poor, Q4 – In general, the major abdominal and smaller abdominal organs are imaged inconsistently and images are not labeled or are labeled incorrectly, Q5 – basic machine settings are inconsistently adjusted for image optimization and the case submissions rarely have appropriate numbers of both still images and cine loops. This individual also commented that technicians should only be performing radiographs, none of the other modalities.

As stated previously, technicians are seeking education in ultrasound imaging and are performing and submitting abdominal ultrasound exams via telemedicine for review by a radiologist. It is our opinion that the results of this survey demonstrate a recognizable need that an organization, such as our group, would advance the education and provide professional recognition to credentialed technicians dedicated to providing superior diagnostic imaging quality.

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3

Excerpts of letters of support from ACVR diplomates

Below is a compiled overview of comments by ACVR diplomates as to their perception of the need of a specialty as well as the skills and level of knowledge that are required for veterinary technicians to perform diagnostic imaging studies. These excerpts are from formal letters of support for the proposed Academy to the ACVR Executive Council. The Academy acknowledges that the credential of VTS-DI will be reserved until after the administration of the first examination of candidates.

Affiliated Veterinary Specialists Veterinary Imaging Consultants. Inc. Jason Arble, DVM, MSc, DACVR

“Everyone has had the experience of training and retraining technicians whether in the academic or private practice setting. Coupled with the expense of hiring radiology technicians from the human field it makes sense to have a subset of technicians that can readily apply a certain amount of knowledge and expertise when entering a diagnostic imaging section. We are all well acquainted with the

difficulties of finding dependable staff and many of us know what a difference that one person with a familiarity in diagnostic imaging can make for us.”

Massachusetts Veterinary Referral hospital David M. Schmidt, DVM, DACVR Tonya Tromblee, DVM, MS, DACVR Jennifer Brisson, DVM, DACVR “As radiologists, we have worked with several technicians in both academic and private practice settings that have an amazing depth of knowledge due to their dedication to the field of veterinary imaging. These individuals deserve to be recognized for their efforts and accomplishments by having the ability to be certified in their chosen specialty of diagnostic imaging.”

Ocean State Veterinary Specialists Susan M. Newell, DVM, MS, DACVR “This Academy is long overdue as there have been many talented technicians that have worked in the field of diagnostic imaging that deserve the recognition of becoming board-certified in their profession. In addition, this academy will serve to oversee the training of the future diagnostic imaging technicians and allow for job advancement at the specialty practices and universities where they work. Recognizing the timeless efforts and experience/knowledge of these technicians will allow us to be as successful as we are.”

**Cornell University, College of Veterinary Medicine
Margret Thompson, DVM, DACVR**

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Peter V. Scrivani, DVM, DACVR Ruth A. Van Hatten, DVM, DACVR “Increasing availability of new and advanced imaging modalities including ultrasound, CT and MRI in academic institutions and many private referral practices, in addition to a wide age-range of radiographic equipment, requires a large and flexible knowledge base from veterinary imaging technicians. Radiologists, other specialists, and general practitioners rely heavily on technician support in imaging, and the lack of adequately trained (and supervised) technicians compromises patient care and potentially the safety of patients and hospital personnel. These technicians are expected to be familiar with the operation of the equipment, physics and artifacts, principles of image acquisition, use of contrast agents, advanced (cross sectional) anatomy in a variety of species, along with radiation and MR safety considerations.”

University of Florida, College of Veterinary Medicine Clifford R. Berry, DVM,

DACVR Erin Porter, DVM, DACVR Matthew Winter, DVM, DACVR “Increasing availability of new and advanced imaging modalities including ultrasound, CT and MRI in academic institutions and private referral practices in addition to conventional radiographic equipment requires a tremendous knowledge base from veterinary imaging technicians. These technicians are expected to be familiar with the operation of the equipment, physics, and artifacts, principles of image acquisition, use of contrast agents, advanced cross-sectional anatomy in a variety of species, along with radiation and MR safety considerations.”

University of Tennessee, College of Veterinary Medicine Federica Morandi, DVM, MS, DACVR and DECVDI George A. Henry, DVM, DACVR Marie De Swarte, DVM, DECVDI “Veterinary imaging technicians are expected to know how to run the equipment; they also must be knowledgeable with the underlying physics, artifacts, and imaging protocols; use, safety, and side effects of contrast agents; two-dimensional, cross sectional and three-dimensional anatomies in a variety of species. Last but not least, they are also responsible for educating clinicians and other technicians on radiation safety regulations and that those are enforced.”

University of Tennessee, College of Veterinary Medicine

Silke Hecht, DVM, DACVR and DECVDI “Veterinary imaging technicians are expected to be familiar with the operation of the equipment, physics and artifacts, principles of image acquisition, use of contrast agents,

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advanced cross-sectional anatomy in a variety of species, and safety considerations. Lack of adequately trained technician compromises patient care and potentially safety of patients and medical personnel.”

VDIC, Veterinary Diagnostic Imaging and Cytopathology John Feleciano, DVM, DACVR “As a doctor I know that the detail and the strength of our team is driven by the excellent technicians that are a part of it. The quality of radiographic studies that Radiologists receive, and a majority of the ultrasound studies submitted (not by highly trained staff) can be quite challenging and often compromise the amount of information that can be extracted from that diagnostic imaging modality. Having a modular imaging specialty for technicians in veterinary medicine is long overdue and if present will finally raise the bar of imaging to the level that it deserves. I hope that this specialty will allow a technician, like the human specialization, to specialize in the particular field of interest

and expertise and not be forced to be a master of all. It will be greatly helpful to radiologists, other specialists, and practitioners to have technicians that are experts in radiographic techniques (our number one imaging modality), as well as those that are specialized in sonography, and/or, MRI, and/or CT. It does not seem practical or universally helpful and to me to require expertise in all modalities to obtain specialization. Rad tech, Sonographer, MRI, CT should all be separate modules under this specialty for it to be most applicable and helpful in our industry. I hope that we see this modular specialty move forward.”

