IAC Accreditation Checklist
for Nuclear/PET

A guide to applying for accreditation.

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Step 1: Getting Started

- **Review the IAC Standards and Guidelines for Nuclear/PET Accreditation**
  The Standards are the basis for the IAC Nuclear/PET accreditation program and can be downloaded at www.intersocietal.org/programs/nuclear-pet/standards. These Standards define the complete, minimum requirements for which an accredited facility is held accountable.

- **Perform a Thorough Facility Self-Assessment**
  Prior to beginning the accreditation application, applicant facilities should review current policies, protocols and final reports to ensure compliance with the IAC Standards.

- **Create or Access Existing IAC Online Accreditation Account**
  To access the IAC Online Accreditation application, log in to your existing account (iaconlineaccreditation.org) or create a new account (first-time applicants only). To learn more about accessing or creating an account, please visit iaconlineaccreditation.org/webdriver/AcctAssistance.aspx.

- **Applying for Reaccreditation?**
  Facilities applying for reaccreditation should login to their existing IAC Online Accreditation account and verify all their facility details and staff contact information is accurate and current prior to starting a new application. For details and resources related to applying for reaccreditation, visit www.intersocietal.org/reaccredit.

Step 2: Gather Information for Submission

- **Procedure Volumes** (estimated annual facility procedure volume information)

- **NRC/Agreement State Radioactive Materials License** (for each site listed on the application)

- **Training/Experience Qualification Pathways for Interpreting Medical Staff**

- **Board Certificate and Registry/Certification for Medical and Technical Staff**

- **Physician Medical License**

- **BLS Certification**

- **ACLS Certification**

- **Continuing Medical Education (CME) Information for All Staff** (must be kept on file and available for submission to the IAC upon request): All staff members are required to have 15 CME/CE relevant to nuclear medicine/PET every three years; even if they are new to the facility.

**Helpful Resource – Continuing Education (CE/CME) Finder**
Looking for CE/CME? Visit the CE/CME course calendar on the IAC website to search through a robust calendar of in-person, virtual and on-demand courses.
## Policies and Protocols

<table>
<thead>
<tr>
<th>Policy</th>
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<tbody>
<tr>
<td><strong>Request for Services Policy</strong>: A policy for requesting clinical nuclear medicine procedures.</td>
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<tr>
<td><strong>Informed Consent Policy</strong>: A policy for obtaining informed consent for nuclear medicine procedures.</td>
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<td><strong>Infection Control/Communicable Diseases Policy</strong>: A policy to ensure appropriate precautions to protect both patients and facility personnel are taken, in accordance with universal precautions.</td>
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<td><strong>Hazardous Materials Policy</strong>: A policy to ensure appropriate precautions to be taken when using and storing flammable and toxic materials.</td>
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<td><strong>Medical Emergencies Policy</strong>: A policy that includes a plan for responding to patient medical emergencies, which includes an outline of staff responsibilities.</td>
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<tr>
<td><strong>Handling of Non-Radioactive Pharmaceuticals Policy</strong>: A policy that includes storage and preparation instructions, and identity, dose, expiration date verification and documentation.</td>
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<td><strong>Drug Administration Errors Policy</strong>: A policy that includes instructions for recording, reporting and documentation of drug administration errors.</td>
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<tr>
<td><strong>Adverse Drug Reactions Policy</strong>: A policy that includes instructions for documenting and reporting adverse drug reactions.</td>
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<td><strong>Primary Source Verification Policy</strong>: A policy for verifying all medical and technical staff member credentials through the applicable issuing agencies.</td>
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<td><strong>Patient Identification Policy</strong>: A policy that includes instructions for identifying the patient using at least two patient identifiers.</td>
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<td><strong>Patient Complaint Policy</strong>: A policy that outlines the process for patients to issue a complaint/grievance about the care/services they received at your facility.</td>
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<td><strong>Pregnancy/Breast Feeding Policy</strong>: A policy that assures that patients who could be pregnant or breastfeeding are identified.</td>
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<tr>
<td><strong>Radiopharmaceutical Administration Policy</strong>: A policy that assures the safe administration of radiopharmaceuticals to patients.</td>
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<tr>
<td><strong>Radiation Safety and Radioactive Materials Handling Protocols</strong>: Protocols for radiation safety and the handling of radioactive materials (e.g., safe use and handling of radioactive materials, receipt of radioactive materials, preparation (if applicable), and radioactive materials storage and disposal).</td>
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<td><strong>Clinical Imaging Protocols for All Procedures Performed</strong>: Clinical procedure manual that includes every clinical procedure performed at the facility, even those performed only occasionally.</td>
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<tr>
<td><strong>Exercise/Pharmacologic Stress Protocols</strong>: A site specific stress protocol for all types of stressing activity performed (e.g., exercise, dipyridamole, adenosine, regadenoson or dobutamine).</td>
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Quality Control Protocols: Site-specific written instructions for the performance of quality control tests (equipment manufacturer’s manuals will not be accepted).

Quality Control Images/Documentation: The most recent quality control images/records for imaging equipment is required.

Preventive Maintenance Documentation: Preventive maintenance must be performed semiannually by qualified service personnel.

Quality Improvement (QI) Plan: A written QI plan that includes QI measure of test appropriateness, technical quality review, interpretive quality review, and final report completeness and timeliness.

Quality Improvement (QI) Meeting Minutes: A minimum of two Nuclear/PET QI meetings per year must be held to review the findings of the QI measures and to determine actions for improvement of performance.

Helpful Resource – Sample Document Repository
Sample versions of policies and protocols listed above can be found in the IAC Sample Document Repository >> Select Nuclear/PET under modality or use the search bar.

Case Study Requirements

All case studies must be from within one year from the application submission date. At least one case study must be interpreted by the Medical Director.

Nuclear Cardiology:

Myocardial Perfusion Imaging (MPI):

- 4 case studies
  - 1 normal and 3 abnormal* studies
  - At least 1 exercise stress and 1 pharmacologic stress study

* A study with breast or subdiaphragmatic attenuation does not qualify as abnormal.

Images to Submit (view sample images):

- Movies (cine) of rest and stress rotating images (to check for motion and overall quality) (if available)
- Movie (cine) of gated SPECT slices (to view wall motion)
- Reconstructed stress-rest slices (gray scale and color)
- Calculated LVEF and time volume curve
- Gated SPECT slices in end diastole and end systole
- Quantitative data, polar maps, etc.

Equilibrium Radionuclide Angiography (ERNA or Gated Blood Pool):

- 4 case studies
  - Case studies may be normal or abnormal

Note: Only 2 ERNA case studies will be required if the facility is seeking accreditation in an additional nuclear cardiology area.
Images to Submit:

- Movie (CINE) of the LAO45, anterior and left lateral views (if available) or a screen capture of all three views
- LVEF curve and calculated EF

Other Cardiovascular:

- 4 case studies
  - Case studies may be normal or abnormal

Note: Only 2 case studies will be required if the facility is seeking accreditation in an additional nuclear cardiology area.

General Nuclear Medicine (GNM):

- GNM case study submission requirements will be automatically calculated based on the information entered in the online application. A minimum of 4 (maximum of 12) cases will be required.
- If applying in one testing area of GNM, submit 4 abnormal cases. If applying for accreditation in more than one testing area of GNM, submit 2 abnormal cases for each testing area performed.

The 6 testing areas available for GNM are listed below:

- Musculoskeletal / Infection / Tumor
- Gastrointestinal
- Genitourinary
- Endocrine / Endocrine Non-imaging
- Hematopoietic, Reticuloendothelial, Lymphatic / Pulmonary / Central Nervous System
- Therapy

PET (Oncology, Neurology and Cardiology):

- If applying for one testing area of PET (oncology, neurology or cardiology), submit 4 abnormal cases. For cardiology only, 1 case study may be normal.
- If applying for accreditation in more than one testing area of PET (oncology, neurology or cardiology), submit 2 abnormal cases for each testing area performed.

PET cardiology images to submit:

- Movie (cine) of gated slices (to view wall motion)
- Reconstructed stress-rest slices (gray scale and color)
- Calculated LVEF and time volume curve
- Gated slices in end diastole and end systole
- Quantitative data, polar maps, etc.
- Rest emission/transmission or CT registration images (3 planes)
- Stress emission/transmission or CT registration images (3 planes)

If flow is performed:

- Images of flow with ROIs
- Flow curves
- Quantitative rest and stress flow and myocardial flow reserve

Multiple Sites:

- Submit 2 abnormal case studies from any testing area in which the facility is applying for accreditation.
- The 2 abnormal cases are in addition to the requirements for the primary site above.

For details and instructions on case study image submission, please visit www.intersocietal.org/case-study-upload-submission.
**Step 3: Complete Online Application**

IAC Online Accreditation has two major aspects: an account profile and an application questionnaire. After completing required fields and sections of the account profile (Manage Staff, Manage Sites and Manage Equipment), proceed to the questionnaire by clicking the Applications tab. For facilities applying for reaccreditation, clicking the purple arrow icon in the Available Actions column will load your reaccreditation application and auto-fill a portion of your previous application data into your next application.

It is within the questionnaire that applicant facilities will provide detailed information about the facility and upload the supporting documentation (detailed above in Step 2).

**Step 4: Submitting the Application**

During final submission, the payment method will be selected, and you will be instructed to upload the case study images and fee* (if paid by check) within 5 business days.

*The application fee paid during final submission covers the three-year accreditation cycle. View the complete fee structure at [www.intersocietal.org/programs/nuclear-pet/program-fees](http://www.intersocietal.org/programs/nuclear-pet/program-fees).

Facilities are required to upload all materials through IAC’s HIPAA-compliant, secure medical imaging sharing service. For more details on uploading cases, please visit [www.intersocietal.org/case-study-upload-submission](http://www.intersocietal.org/case-study-upload-submission). Our staff is available to help [imageshare@intersocietal.org](mailto:imageshare@intersocietal.org) should you require assistance.

**Step 5: After You Submit**

After submission, the application is locked and becomes your final application submission. A read-only copy of the submitted application questionnaire is accessible by using the Applications link (click on Online Application Tools icon) in your Online Accreditation account.

Upon submission of the application and case studies the IAC will begin the internal review process. The internal review, peer review and board review are conducted prior to a decision being rendered.

The application review process takes approximately 8 to 10 weeks* to complete. The accreditation decision will be provided to the facility via a notification letter that may be downloaded from the Online Accreditation account.

*For expedited applications, ensure that the case study images are received by the IAC within two business days after final submission of the application.

Certificates: Effective May 2022, additional items or optional plaques are no longer ordered at the time of application submission. The facility Technical Director is e-mailed login details to review and order complimentary certificates approximately 2-3 weeks after receiving notification the facility has been granted. Facilities are also invited to order optional plaques or additional certificates at this time. For details, visit [www.intersocietal.org/certificates](http://www.intersocietal.org/certificates).

Helpful Resource – Quick Links

- Upcoming Webinars
- On Demand Webcasts
- Marketing Your IAC Accreditation