

**MARYLAND BOARD OF PHYSICIANS**  
P.O. Box 2571  
Baltimore, Maryland 21215-0095  
Telephone: 410-764-4777 or Toll Free: 800-492-6836  
*www.mbp.state.md.us*

**NOTIFICATION OF INTENT OF A NUCLEAR MEDICINE TECHNOLOGIST (NMT)  
TO PERFORM DIAGNOSTIC CT**

**Instructions and Important Information**

**The Maryland Board of Physicians' (the Board's) Website offers information on NMTs, including the statute (Health Occupations Article, §14-5B-01, et seq) and Code of Maryland Regulations (COMAR) 10.32.10.**

NMTs have a defined scope of practice under COMAR 10.32.10.10.

COMAR 10.32.10.10B states:

*The scope of practice of a nuclear medicine technologist includes operation of a standalone CT or hybrid nuclear medicine/CT device for a diagnostic CT with or without intravenous contrast if the nuclear medicine technologist:*

- (1) Has successfully passed the ARRT or NMTCB specialty exam for CT; and*
- (2) Administers contrast media after consultation with, and under the supervision of, a physician who is immediately and physically available.*

The Board requires that all NMTs who intend to perform diagnostic CT complete the attached notification and submit the document to the Board.

**COMPLETING THE NOTIFICATION**

When completing the attached document, your signature must be original.

- Provide your current legal name and non-public address.** Make sure that all of your addresses with the Board are up to date, as required by Maryland law.
- Select the specialty exam for CT that you passed and attach a copy of verification of your exam passage. Sign and date the attestation.** *Note: Your signature affirms that you personally completed the notification and understand its contents.*
- Mail the completed document to the address above. Do not send the document to an address other than the one above OR hand-deliver the document to the Board.

**If you have questions concerning this document, contact the Board's Allied Health Unit at 410-764-4768 or send an e-mail to [Felicia.wright@maryland.gov](mailto:Felicia.wright@maryland.gov).**

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TO PERFORM DIAGNOSTIC CT**

**Nuclear Medicine Technologist (NMT) Current Legal Name:**

\_\_\_\_\_

*Last (and generational indicator - Sr., Jr., III, etc)*                      *First*                      *Middle/Maiden*

**NMT License Number:**

N	0	0					
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**NMT Non-Public Address:**

\_\_\_\_\_

*Street Address*                      *City*                      *State*                      *Zip Code*

**This form provides notification to the Maryland Board of Physicians (the “Board”) of my intent to operate a standalone CT or hybrid nuclear medicine/CT device for a diagnostic CT with or without intravenous contrast.**

**ATTESTATION**

**I attest that I have passed the following specialty exam for CT: *(check one)***

American Registry of Radiologic Technologists (ARRT)

Nuclear Medicine Technology Certification Board (NMTCB)

I also attest that I have attached verification that I successfully passed the ARRT or NMTCB specialty exam for CT, and that I will administer contrast media after consultation with, and under the supervision of, a licensed physician who is immediately and physically available.

**NMT Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT REMINDER ABOUT SIGNATURES**

**Signatures must be originals, completed in ink. The Board will not accept copies.** In addition, faxed forms will not be accepted and will not be acknowledged.