



# CPRC News



A Cytotechnology Programs Review Committee Publication for Cytotechnology Programs

September 2008



## Did you know.....?

Finally, another issue of the **CPRC News** is here for your reading pleasure. The CPRC has every intention of producing the **News** 3-4 times a year, a task as yet unreachable. From the accumulated content of this issue, you can see that we have been busy in numerous arenas. And, there is much on the horizon to share with you.

- The five **Geraldine Colby Zeiler Award** recipients have been chosen by the ASC Awards Committee. All applicants were highly commendable and demonstrated academic excellence, leadership qualities, resolute work ethic and spirit of volunteerism, and the final decisions for choosing the recipients was extremely difficult. Unfortunately there are only five awards to present. The awards, \$1,000 each, were established in memory of Geraldine Colby Zeiler, a cytotechnologist who trained at the Mayo Clinic, and are made possible through the generosity of Dr. Williams Zeiler. Congratulations to these recent graduates who are recipients of the Zeiler Award for 2008:
  - **Yahong Lin**, M.D. Anderson Cancer Center, Cytotechnology Program, Houston, Texas
  - **Sergeant Joseph E. Newton**, Brooke Army Medical Center, Interservice Cytotechnology Program, Fort Sam Houston, Texas
  - **Rezvaneh Parsa**, University of Tennessee Health Science Center, Cytotechnology Program, Memphis, Tennessee
  - **Chanthou Vong**, Wisconsin State Laboratory of Hygiene, School of Cytotechnology, Madison, Wisconsin
  - **Yuan Zhou**, State University of New York Upstate Medical Center, Program in Cytotechnology. Syracuse, New York
- **ASC Foundation Cytotechnologist Scholarship** deadline has been extended to September 29, 2008. Your graduates are excellent candidates for this scholarship that is awarded to five cytotechnologists who have been practicing two or fewer years since graduation. It is not too late to encourage them to apply for this scholarship. Applications are available on the ASC Web site: <http://www.cytopathology.org/website/article.asp?id=338>



- The ASC has developed the **Future of Cytopathology Forum** and invites ALL parties interested in the future of cytopathology to contribute their ideas, observations, and solutions to future healthcare deficits that might impact pathology and a *future that benefits our patients the most*. There are nine separate forum discussion groups focused on major forces impacting the Future of Cytopathology. Please click on the above graphic to access the Forum. A preliminary findings report will be presented at the Current Issues in Cytology session at the ASC 56<sup>th</sup> Annual Scientific Meeting in Orlando, Florida on Monday, November 10<sup>th</sup> at 8:00 a.m.
- Speaking of the **ASC 56<sup>th</sup> Annual Scientific Meeting**, it is fast approaching. It is not too late to register for the Meeting. Please make sure you register for the **Program Faculty Seminar (PFS)**, a full-day seminar for educators on Friday, November 7<sup>th</sup>. Details about the PFS are included in this newsletter. Keep reading!



November 7-11, 2008  
Orlando, Florida

REGISTER NOW!!! [www.cytopathology.org](http://www.cytopathology.org)

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## *Notes from the CPRC Chair*

*Maria A. Friedlander, M.P.A., CT(ASCP)*

*With less than 2 months until the next ASC Annual Scientific Meeting, time has escaped us! The CPRC has been busy since our last **CPRC News** report...*

### **CAAHEP Summer Workshop**

- ***Program-Level Outcomes Assessment***

The July CAAHEP Summer Workshop offered interesting information as all CAAHEP programs continue with outcomes-based assessment. The meeting commenced with a short history on the philosophy behind outcomes-based assessment as a component to assessing overall "program effectiveness."

The requirement to annually report outcomes data and meet minimum thresholds has streamlined for cytotechnology programs, as reflected in results of the Annual Data Survey and a better understanding of the outcomes assessment process. However, outcomes-based assessment is more than ensuring that minimum outcomes thresholds are met. Programs should not forget the true intention of outcomes-based assessment as a component to overall program assessment.

Programs need to develop measurable outcomes and assessment practices, transitioning such tools perhaps from those currently used in individual courses to the program level. Some thought provoking questions to consider during the program assessment process include:

- Are graduates prepared for their new-found profession?
- Have they measured up to outcome expectations?
- Are they successful in our program, but limited in choice of employment?
- Can they pass your program but not measure up on standardized assessment tools?
- Can they fail on national examinations but still perform well in the clinical setting?
- Are our present outcomes working?

The reality of "program assessment" is that it should include assessment of both process (resources) and outcomes (results) in meeting the needs of the program's communities of interest. Assessment plan characteristics should flow from the program's mission statement. The focus should be on the program as a whole and not individual courses. The number of critical learning objectives should be small and the plan should be a product of the entire department.

The re-consideration of current thresholds and additional outcomes to accurately reflect a measure of program effectiveness in each allied health discipline was encouraged of all Committees on Accreditation (CoA).

- ***Advisory Committees***

Input from Advisory Committees is also integral to overall program assessment. The July Workshop included a session on Advisory Committees as shared by the experience of some of the represented educators. The session emphasized Standards requirements, intent of this Committee with regards to assessing overall program effectiveness and implementation issues. It was interesting to see the formality in process and communications that some programs employ with regards to their Advisory Committees. Other programs were less formal and continue to struggle meeting minimum constituency requirements and maintenance of committee membership.

More information and advice on Advisory Boards can be obtained at this November's Program Faculty Seminar at the CPRC Round Tables Discussion Session. Please bring some of your questions and concerns for discussion during this session.

• **Generalist Site Visitors?**

How would you feel if a non-cytologist inspected your program during a site visit? The Generalist Site Visitor is a concept that was shared at the last CAAHEP meeting as a means to address the inadequate supply of well-trained site visitors across numerous CoAs. Many accreditors already use generalist site visitors, including NAACLS.

A site visit team would consist of both a “specialist” site visitor as well as a “generalist.” A “generalist” site visitor would be a non-practitioner who satisfies a set of selection criteria including appropriate site visitor training. Characteristics of current “specialists” include commitment to profession, active engagement in the educational process, awareness of professional issues, ability to understand and operationalize technical standards, and ability to assess professional context of the program.

But “specialists” are not perfect and the fresh perspective and open-mindedness from a “generalist” who is knowledgeable about the Standards and can focus on the big picture may contribute greatly to the site visit process and alleviate the current shortage of needed site visitors.

**Annual Survey: Section IV Data Summary**

Many thanks to all programs for sharing additional information requested in Section IV of the Annual Data Survey. In light of the recent program closures, the CPRC included these questions as a means of collecting data that could potentially be useful for the ASC Cytotechnology Workforce Task Force in their charge to investigate reasons for program closures and to promote the importance of keeping cytotechnology training programs open in light of a changing professional environment and misguided information concerning the future of gynecologic cytology practice. A total of 38 programs responded and results are summarized below:

**Question #4: *There were more job opportunities for graduates of our cytotechnology program this year than in the previous year.***

- YES 10 programs
- NO 28 programs (10/28 programs report same number of job opportunities)

**Question #5a: *Number of graduates who found job in cytotechnology***

163 students (representing 38 programs)

**Question #5b: *Number of graduates who DID NOT find job in cytotechnology***

24 students

**Table Summary: Number of Graduates Employed and Not Employed in Cytotechnology by Region**

| Region   | # graduates employed in cytotechnology                        | # graduates NOT employed in cytotechnology | States in Region (Based on ASCT regional divisions)  |
|----------|---|--|--|
| Region 1 | 10 CA   |  | Alaska, California, Hawaii, Idaho, Montana, Oregon, Washington   |
| Region 2 | 2 IA<br>2 KA<br>3 MN<br>6 MO<br>4 NE<br>2 ND<br>4 UT<br>11 WI | 1 KA<br>2 MN<br>1 MO<br>2 WI               | Arizona, Colorado, Iowa, Kansas, Minnesota, Missouri, Nebraska, Nevada, New Mexico, North Dakota, South Dakota, Utah, Wisconsin, Wyoming |
| Region 3 | 5 AK<br>7 IN<br>3 LA<br>4 MI                                  | 3 AR<br>2 MS<br>1 OH                       | Arkansas, Illinois, Indiana, Louisiana, Michigan, Mississippi, Ohio, Oklahoma, Texas   |

|          |   |                              |   |
|----------|---|------------------------------|---|
|          | 5 MS<br>1 OH<br>17 TX                                 |                              |   |
| Region 4 | 7 AL<br>8 NC<br>7 PA<br>5 SC<br>8 WV<br>2 Puerto Rico | 1 NC<br>4 SC                 | Alabama, Florida, Georgia, Kentucky, North Carolina, Pennsylvania, Puerto Rico, South Carolina, Tennessee, West Virginia  |
| Region 5 | 1 MA<br>7 NJ<br>16 NY<br>6 RI<br>5 VT<br>5 VA         | 2 MA<br>1 NY<br>2 PA<br>2 RI | Connecticut, Delaware, District of Columbia, Eastern Canada, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont, Virginia |

**Question #5c: Number of graduates who went back to school / military service:**

11 back to school / military service

**Question #5d: Number of graduates who pursued other areas:**

10 graduates

- 1 desired P/T employment
- 2 microbiology
- 2 cytogenetics
- 1 medical technology
- 1 research
- 1 quit in 6 months
- 1 failure
- 1 (no further specifics)

**Question #6: # CT programs being considered for closure or inactivation within the next 1-3 years**

|          |   |
|----------|---|
| Region 1 | 0 |
| Region 2 | 2 |
| Region 3 | 1 |
| Region 4 | 3 |
| Region 5 | 2 |

8 programs

Reasons provided:

- 2008-09 no students enrolled so curriculum can be updated - upgrade lectures & materials
- Currently inactive
- Closing for financial & administrative reasons
- Last class will graduate in 2009
- Have not found qualified PD candidate yet
- Program is restructuring to 2-yr Masters; PD retired; interim PD will be current EC and student capacity will lower.
- Probable restructuring to Masters level; tentative future
- If PD leaves, no plan for replacement, i.e. closure

**Question #7: Programs planning curriculum revision(s) to include incorporation of additional knowledge or skill sets:**

NO curriculum changes: 10 programs  
 YES: 30 programs

| Changes include incorporation of: | # programs |
|-----------------------------------|------------|
| Molecular diagnostics             | 15         |
| Histology                         | 4          |
| Thin Prep Imager Training         | 1          |
| Lab Management / QC / QA          | 1          |

|   |   |
|---|---|
| Emergency preparedness                          | 1 |
| Changes to meet licensure requirements          | 1 |
| Curriculum upgrade (no specifics)               | 1 |
| Adding on-line classes                          | 2 |
| Potential program expansion / longer CT program | 6 |

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## ***CPRC Educator Round-Table Forum Coming to Program Faculty Seminar***

*Robert Goulart, M.D., Don Simpson, Ph.D., CT(ASCP) and Maria Friedlander, M.P.A., CT(ASCP)*

As the leaves begin to turn and the November ASC Annual Scientific Meeting approaches, we wish to inform you of a round-table discussion the CPRC will be hosting during this year's Program Faculty Seminar (PFS), and urge your participation. During the afternoon session of the PFS, Friday, November 7<sup>th</sup>, your CPRC colleagues will be available as table moderators to answer, discuss, and share ideas regarding a number of timely topics we envision will be of interest to you.

Each table in the discussion sessions will focus on one of the following accreditation-related topics and of course you will be free to attend your table(s) of choice. We plan to have more than one table session, so you can choose multiple topics of interest from the list shown below, to discuss and explore as you wish.

### ***Focused Table Discussion Topics:***

- Tell Me More About the Electronic Self-study and the Site Visit.
- How and Why Do I Have to Complete All those CPRC Forms and Surveys?
- Outcomes Assessment - What Does it Mean When My Program Doesn't Meet the Thresholds?
- I Have My Advisory Committee Together, But Now What?
- What Do New Educators Need to Know About Accreditation?

The CPRC realizes that as educators you have questions and issues related to recent developments in accreditation, such as outcomes-based reporting and assessment and the modified electronic accreditation documents. Program resources, such as the upcoming CAAHEP Program Director's Survival Kit, will be shared to further assist both new and experienced educators with the challenges of accreditation and outcomes-based assessment. The tables will be hosted by CPRC members with particular interest and/or experience in each topic for discussion, and in addition, we anticipate all will benefit from open discussions amongst the full committee membership and the seminar audience at-large.

This session is open to all PFS attendees. We hope it will serve as both a focused discussion where your specific questions and comments can be addressed, but also allow a time of personal interaction with your colleague CPRC members in a close-knit environment.

The Committee is very much looking forward to seeing you there. Don't forget to register!

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## ***How Are Cytotechnologists Responding to Changes in Their Profession?***

*Marty Boesenberg, SCT(ASCP)*  
[martyboes@gmail.com](mailto:martyboes@gmail.com)

### ***Background and Purpose***

Changes in medical technology and the new vaccine against the cause of cervical cancer (Human Papilloma Virus) may almost eliminate this deadly disease in a few decades. These medical advances will also bring about a dramatic decrease in the number of Pap test specimens currently used to detect this cancer and a corresponding decrease in the need for cytotechnologists, the laboratorians who have performed this test for over 50 years. The purpose of this study was to explore the ways in which cytotechnologists are responding to the changes in medicine that are pressuring their professional careers. The study also attempted to determine what relationship if any exists among members of various demographic groups in their responses to these pressures as exhibited by their thoughts and actions. The

findings of this study identified actions that could be initiated by professional organizations, employers, and individual cytotechnologists that may create a more positive and stable future for the career of cytotechnology.

### ***Methods***

An online survey was disseminated through national, regional, and state cytology organizations that asked questions to elicit information about cytotechnologists' background and knowledge about the changes that are happening in their profession, their experience with fluctuations in workload and staffing, their thoughts and speculations about the future, and the actions they had taken as a result of the changes they had seen or anticipated. The 558 survey participants were also asked to comment on what professional organizations, laboratory management, and individuals should do to prepare for the future. Five telephone interviews were conducted from a pool of those whose comments were representative of one of several themes that surfaced in the suggestions that were made.

### ***Findings and Conclusions***

This study was unable to show any correlation between demographic groupings and the actions or beliefs of cytotechnologists. There were, however, findings that indicated that a large number of survey participants shared similar actions (or lack of action) and recommendations for the future.

Most cytotechnologists (49%) reported having taken no action in response to the pressures the profession is facing, either because they had seen no significant changes in their laboratories or because they intended to retire before the changes would affect them. Another substantial proportion (34%), responded that they were already cross training in another department or taking courses toward career advancement or change.

Even though many had not taken action, there were five strong themes that appeared in the survey participants' suggestions for preparations for the future. A move toward molecular technology seemed to be the strongest recommendation overall. Respondents wanted professional organizations and laboratory management to take steps to provide education in these new laboratory technologies and suggested that individuals explore training in molecular for themselves. Those surveyed thought that professional organizations should keep cytotechnologists informed about the changes that are happening and suggest viable career options to them. They thought that lab management could help by providing cross training opportunities within their labs and supporting continuing education.

Suggestions for individual cytotechnologists from those surveyed also focused on encouraging continuing education, cross training in other lab departments, learning about molecular technology, and recommendations to leave the field for other work.

### ***Recommendations***

The results of this study and the comments of the survey participants should be made available to the executive boards of the national professional organizations. A summary of the study and the comments should be posted on the organizations' websites for their members to read.

In order to help cytotechnologists remain viable contributors to patient care, professional cytology organizations and laboratory management should actively pursue making training in molecular technologies available to cytotechnologists. Professional organizations should advocate to laboratory managers and state legislatures the inclusion of cytotechnologists in the scope of practice for molecular testing. Professional organizations should take on the role of keeping the field updated on changes that are observed. They should explore the best use of cytotechnologists' skills and suggest viable career choices for those who must leave the lab.

Individual cytotechnologists should also seek out opportunities within their laboratories for cross training and the chance to work with molecular technologies. They should seek out continuing education in all aspects of laboratory medicine to ensure that they will be ready for opportunities as they arise.

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## **UPDATE: New York State Licensure**

Maria A. Friedlander, M.P.A., CT(ASCP)

### **Revised Educational Requirements for Registered NYS Cytotechnology Training Programs**

When we last left off, the New York State Department of Education (NYSDOE) was in the process of revising regulations 79-13.1, 79-14.1 and 79-15.1 regarding the education requirements for licensure of cytotechnologists, clinical lab technologists and clinical lab technicians as required by NYS law Article 165 of Title VIII of the Education Law – the Clinical Laboratory Technology Practice Act. From 2006-2007, the State Board and NYSDOE were involved in extensive discussions to review proposed curricula with currently registered programs and other interested parties until a mutual compromise could be reached regarding entry-level educational requirements. Program directors representing over 60 programs from all 3 disciplines were asked how their programs conformed to the recommended curricula as well as the potential economic impact of implementing such changes.

In of May 2008, the Commissioner of Education proposed amendments to the regulations relating to the education and program registration requirements for the profession of cytotechnology. (See Table I) The amendments went into effect August 21, 2008. The only change in the proposed cytotechnology curriculum, from last communications, is the requirement of organic chemistry as “curricular content” as opposed to “coursework (including lab component)”.

Through communications with programs, the NYSDOE and State Board clarified that prescribed areas of study may not necessarily involve specific credit-bearing courses in each subject area. Rather, programs may develop a curriculum that includes “content” of required areas within didactic and/or clinical coursework.

### **Table 1: Section 52.39 Minimal Educational Requirements for Cytotechnology Training Programs Leading To Licensure (1)**

**Section 52.39 of the Regulations of the Commissioner of Education is added, effective August 21, 2008, as follows:**

#### **52.39 Cytotechnology**

In addition to meeting all applicable provisions of this Part, to be registered as a program recognized as leading to licensure as a cytotechnologist, which meets the requirements of section 79-14.1 of this Title, the program shall:

(a) be a program in cytotechnology leading to a baccalaureate or higher degree or advanced certificate which contains didactic and clinical education that integrates pre-analytical, analytical, and post-analytical components of laboratory services, including the principles and practices of quality assurance/quality improvement; and which is designed to prepare graduates to practice cytotechnology using independent judgment and responsibility;

(b) include coursework, which shall include a laboratory component in each area, in each of the following subject areas or their equivalent as determined by the department:

(1) inorganic chemistry;

(2) anatomy and physiology;

(3) cell biology;

(4) cytopathology, including but not limited to, female genital tract, respiratory tract, gastro-intestinal and genitourinary tracts, body fluids, evaluation of specimens from washes and brushes of all body sites, and evaluation of specimens from fine needle aspiration biopsies of all body sites;

(5) cytopreparatory techniques, including but not limited to, preparation, staining and processing of body samples; and

(6) microscopic evaluation and interpretation of cytopathology of the sample types and body systems identified in paragraph (4) of this subdivision;

(c) include curricular content in each of the following subject areas or their equivalent as determined by the department:

(1) organic chemistry;

(2) mathematics and statistics;

(3) infection control and universal precautions (standard precautions);

(4) human genetics;

(5) immunology;

(6) clinical microbiology;

(7) the maintenance of equipment and records; and

(8) ethics; and

(d) include a supervised clinical experience of at least 30 hours per week for at least 10 weeks or its equivalent as determined by the department, in the practice of cytotechnology.

Additionally, the transition period for programs to meet the above requirements has been extended from September 1, 2010 to September 1, 2013 to provide sufficient time for the educational programs to transition to the new requirements.

### **ASCP as Provider of NYS Licensing Exam**

On September 1, 2007 the American Society of Clinical Pathology Board of Registry was selected as the provider for the NYS licensing exam for cytotechnology. In December 2007, the ASCP Board of Registry examinations for medical technology and medical laboratory technician examinations were also approved for licensure purposes.

There is a six-year "look back" period. Any individual already certified as a Medical Technologist, MT(ASCP), a Medical Laboratory Technician, MLT(ASCP) or a Cytotechnologist, CT(ASCP) after September 1, 2001 does not need to retake the examination in order to meet the NYS licensing exam requirement.

Additional information can be obtained at the ASCP and NYS DOE Office of Professions web sites:

<http://www.ascp.org/FunctionalNavigation/certification/GetStateLicensure.aspx>

<http://www.op.nysed.gov/clp-cytlic.htm>)

### **Other Interesting NYS Licensure Issues**

#### **• Changes to Special Provisions (Grandparenting)**

The July amendments also include changes to special provisions which address some of the unintended consequences that occurred following implementation of the licensure law. Special provisions provide alternative requirements for cytotechnologists to obtain a license without having to pass the licensing examination. These include cytotechnologists who have worked in the field for some time who:

- meet the educational requirements for a cytotechnologist and performed the duties of a cytotechnologist for two of the previous five years prior to December 31, 2007, or
- performed the duties of a cytotechnologist for at least five years prior to December 31, 2007, as verified by the director of a clinical laboratory, or
- possessed license issued by the New York City Department of Health prior to 1995.

Formerly, the grandparenting provisions deadline was Sept 1, 2007. Applications for licensure under these special provisions will be welcomed until January 1, 2009. Additionally, individuals who hold licenses or certificates in other states will be considered for NYS licensure so long as requirements are

not less than the standards required of persons otherwise licensed or certified pursuant to Article 165, at the discretion of the NYS DOE Commissioner.

- ***New licensed category profession – Certified Histological Technician***

On July 7, 2008, NY Governor David A. Paterson signed Chapter 204 which made amendments to licensure law Article 165. These changes included the addition of a new professional category: certified histological technician. A certified histological technician is defined as a “clinical laboratory technology practitioner who pursuant to established and approved protocols of the NYS Department of Health performs slide based histological assays, tests, and procedures and any other such tests conducted by a clinical histology laboratory, including maintaining equipment and records and performing quality assurance activities relating to procedure performance on histological testing of human tissues and which require limited exercise of independent judgment and is performed under the supervision of a laboratory supervisor, designated by the director of a clinical laboratory or under the supervision of the director of the clinical laboratory.” (2)

Requirements for licensure as a certified histological technician include:

- Submission of application and fee
- Meeting education requirements which includes:
  - an associate’s degree from an approved histotechnician program registered by the Department or determined by the Department to be the substantial equivalent, or
  - an associate’s degree that includes a minimum number of credit hours in the sciences and an appropriate clinical education in a histological technician program approved by the department or a program to be determined by the Department to be the substantial equivalent.

Although histological technician has been identified as separate certified profession with specific educational requirements through this amendment, histotechnologists will continue to be licensed as clinical lab technologists under the licensure law. Students seeking licensure as a histotechnologist must complete training in a generalized medical technology training program that meets minimum curricular requirements as outlined in the regulations. It is interesting to note that, to date, all drafts of the curricula for clinical lab technology programs do not include didactic or practical training in histotechnology. In the initial draft of the regulations, the Board considered the requirement for “histological techniques” in the clinical laboratory technology curriculum. They noted that although there are several programs where histotechnology instruction is already in place and other programs with the intention of including it, there were a number of other programs who communicated concern with its inclusion including financial issues related to implementation. As such, the current regulations do not require coursework or curricular content in histological techniques, although the State Board strongly reminds programs that graduates who intend to enter this area of practice must gain the competence to do so.

- ***Restricted Clinical Laboratory Licenses***

The amendments to Article 165 also allow the NYS DOE to issue restricted licenses, “under which a person may receive a certificate to perform certain examinations and procedures that are within the definition of clinical laboratory technology, and the person may perform examinations and procedures only in the areas that are specifically listed in his or her certificate.” Relevant areas include histocompatibility, cytogenetics, stem cell process, flow cytometry/cellular immunology, and molecular diagnosis to the extent that this molecular diagnosis is included in genetic testing-molecular and molecular oncology.

To qualify for a restricted license, an applicant must have a:

- bachelor’s degree in the biological, chemical or physical sciences or in mathematics from a program registered by the Department or determined by the Department to be the substantial equivalent.
- participate in a one-year training program in the specific area in which the applicant is seeking certification, provided by an entity that shall be responsible for the services that are provided.

While these amendments to the law are already in effect as of August 7, 2008, they cannot be fully implemented until the regulations are written and approved by the Board of Regents which is slated to occur in Sept 2008. More information can be obtained at the NYS OP ed website:

<http://www.op.nysed.gov/home.html>

**References:**

(1) Amendments to the Regulations to the Commissioner of Education relating to the education and program registration requirements for the professions of clinical laboratory technology, cytotechnology, and certified clinical laboratory technician. <http://www.regents.nysed.gov/2008Meetings/May2008/0508ppcd4.htm>

(2) NYS Department of Education Office of Professions: 2008 Amendment Questions and Answers, <http://www.op.nysed.gov/clpques-ans2008.htm>



*Creative congratulations for the graduates of the Cytotechnology Program at the Mayo Clinic. Thanks to Jill Caudill for sharing the "Pap Slide cake" honoring her recent graduates. The cake was made by two cytotechnologists at Mayo Clinic.*

## *Cytotechnology Programs Review Committee*

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