



ARKANSAS STATE MEDICAL BOARD

LICENSURE DEPARTMENT

1401 W. Capitol, Suite 340, Little Rock, AR 72201

Phone (501) 296-1802 www.armedicalboard.org

RADIOLOGIST ASSISTANT SUPERVISING RADIATION PRACTITIONER APPLICATION

1. This form is to be filled out by the prospective Supervising Radiation Practitioner.
2. Type or print legibly (in dark blue or black ink).
3. All questions must be answered. If a question does not apply to you, please write "n/a" in the space provided.

IMPORTANT INFORMATION

THE FOLLOWING ITEMS MUST BE INCLUDED WHEN SUBMITTING THIS APPLICATION.

1. Signed Arkansas Medical Practices Act and Rules & Regulations Affidavit
2. Signed Alternate Supervising Radiologist Scope of Practice Statement
3. Signed Practice Specific Document

Not sending these items together will result in a delay of the application process.

RADIOLOGIST ASSISTANT

Radiologist Assistant's Name

SUPERVISING RADIATION PRACTITIONER INFORMATION

Supervising Radiation Practitioner Name			AR License Number
Complete Address (PO Box or Street, City, State, Zip Code)			
Office Telephone Number	Office Fax Number	Home Telephone Number	Mobile Telephone Number
E-mail Address		Specialty	Board Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type or Scope of Practice			
Services Rendered			
Area or Geographic Range of Practice			
Type of Facility <input type="checkbox"/> Private Practice <input type="checkbox"/> Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____			

ALTERNATE SUPERVISING RADIOLOGIST INFORMATION (attach additional sheets if necessary)

Alternate Supervising Radiologist #1	AR License Number
Complete Address (PO Box or Street, City, State, Zip Code)	

When will Alternate Supervising Radiologist be utilized?	
Alternate Supervising Radiologist #2	AR License Number
Complete Address (PO Box or Street, City, State, Zip Code)	
When will Alternate Supervising Radiologist be utilized?	

RADIOLOGIST ASSISTANTS CURRENTLY UNDER YOUR SUPERVISION		
Name of Radiologist Assistant currently under your supervision	Supervising or Alternate Supervising? <input type="checkbox"/> Supervising <input type="checkbox"/> Alternate	AR R.A. License Number
Name of Radiologist Assistant currently under your supervision	Supervising or Back-up Supervising? <input type="checkbox"/> Supervising <input type="checkbox"/> Alternate	AR R.A. License Number
Name of Radiologist Assistant currently under your supervision	Supervising or Back-up Supervising? <input type="checkbox"/> Supervising <input type="checkbox"/> Alternate	AR R.A. License Number

Supervising Radiation Practitioner's Signature

Date Signed



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ARKANSAS MEDICAL PRACTICES ACT and RULES AFFIDAVIT

Supervising Radiation Practitioner

I AFFIRM THAT I HAVE READ THE RADIOLOGY ASSISTANT ACT, ARKANSAS CODE 17-106-201, *et seq.*, THE MEDICAL PRACTICES ACT AND RULE 29 OF THE ARKANSAS STATE MEDICAL BOARD. I UNDERSTAND THAT I TAKE FULL RESPONSIBILITY FOR THE ACTIONS OF

_____ **WHILE HE/SHE IS UNDER MY SUPERVISION.**

Supervising Radiation Practitioner's Full Name (First Middle Last, Suffix, Degree)

Supervising Radiation Practitioner's Signature (no rubber stamps)

Signature Date

**THIS IS A REQUIREMENT FOR LICENSURE.
YOU MUST COMPLETE THIS FORM AND RETURN IT TO:**

ARKANSAS STATE MEDICAL BOARD

ATTN: LICENSING

1401 W. Capitol, Suite 340

LITTLE ROCK, AR 72201



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LICENSURE DEPARTMENT

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RADIOLOGIST ASSISTANT - PRACTICE SPECIFIC DOCUMENT

Print Applicant's Name _____

Print Supervising Radiation Practitioner's Name _____

PART I: CLINICAL ACTIVITIES AND SUPERVISION DEFINITIONS

Clinical Activities that may be performed:

1. Reviewing the patient's medical record to verify the appropriateness of a specific exam or procedure.
2. Interviewing the patient to obtain, verify, and update medical history.
3. Explaining the procedure to the patient, significant others or other care providers including a description of risks, benefits, alternatives, and follow-up.
4. Obtain informed consent. Patient must be able to communicate with the Supervising Radiation Practitioner or Alternate Supervising Radiologist if he/she requests or if any questions arise that cannot be appropriately answered by the radiologist assistant.
5. Determining patient compliance, if needed, with pre-examination preparation instructions (e.g., diet, medications).
6. Assessing risk factors that may contraindicate the procedure (e.g., health history, medications, pregnancy, psychological indicators, and alternative medicines).
7. Obtaining and evaluating vital signs.
8. Performing physical examinations and analysis (e.g., signs and symptoms, laboratory values, and significant abnormalities) and reporting findings to the supervising radiation practitioner.
9. Reviewing electrocardiogram (ECG) and recognizing life-threatening abnormalities.
10. Performing urinary catheterization.
11. Performing venipuncture.
12. Monitoring IV therapy for flow rate and complications.
13. Positioning the patient to perform the required procedure, using immobilization devices and modifying technique as necessary and in compliance with any regulations, policies, or standards.
14. Observing and assessing the patient who has received conscious sedation under the direct or personal supervision of the Supervising Radiation Practitioner or Alternate Supervising Radiologist and according to institutional policy.
15. Assessing the patient's level of anxiety or pain and informing Supervising Radiation Practitioner or Alternate Supervising Radiologist as appropriate.
16. Recognizing and responding to medical emergencies (e.g., drug reactions, cardiac arrest and hypoglycemia), activating emergency response systems, and notifying appropriate personnel.

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17. Administering oxygen as prescribed.
18. Operating a fluoroscopic unit.
19. Documenting fluoroscopy time.
20. Explaining the effects and potential adverse effects to the patient of the pharmaceutical required for the examination.
21. Administering contrast media as prescribed by the Supervising Radiation Practitioner or Alternate Supervising Radiologist.
22. Administering other non-narcotic medications (e.g., antibiotics, anticoagulant therapy, anti-emetics, etc.) ordered by the Supervising Radiation Practitioner, or Alternate Supervising Radiologist, or patient's clinical doctor, but only under the direct or personal supervision of the Supervising Radiation Practitioner or Alternate Supervising Radiologist.
23. Monitoring the patient for adverse effects of the pharmaceutical.
24. Reviewing imaging procedures, making initial observations, and communicating imaging and clinical observations only to the Supervising Radiation Practitioner or Alternate Supervising Radiologist.
25. Recording previously communicated initial observations of imaging procedures according to protocols.
26. Communicating the Supervising Radiation Practitioner's or Alternate Supervising Radiologist's report to the referring physician consistent with the American College of Radiology Communication Guidelines.
27. Providing physician-prescribed post-procedure care instructions to patients.
28. Performing follow-up patient evaluation and communicating findings to the Supervising Radiation Practitioner or Alternate Supervising Radiologist.
29. Documenting the procedure in the appropriate records and noting exceptions for protocol or procedure.
30. Providing patient discharge summary for review and co-signature by the Supervising Radiation Practitioner or Alternate Supervising Radiologist.
31. Participating in quality improvement activities within the radiology practice (e.g., quality of care, patient flow, reject-repeat analysis, patient satisfaction).
32. Assisting with data collection and review for clinical trials or other research.

Definition of Levels of Supervision:

1. *General Supervision* means the procedure is furnished under the Supervising Radiation Practitioner's or Alternate Supervising Radiologist's overall direction and control, but the Supervising Radiation Practitioner's or Alternate Supervising Radiologist's presence is not required during the performance of the procedure.
2. *Direct Supervision* means the Supervising Radiation Practitioner or Alternate Supervising Radiologist must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. The Supervising Radiation Practitioner or Alternate Supervising Radiologist is not required to be present in the room when the procedure is performed.
3. *Personal Supervision* means the Supervising Radiation Practitioner or Alternate Supervising Radiologist must be in attendance in the room during the performance of the procedure.

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PART II - PROCEDURES

For each procedure the Radiologist Assistant intends to perform, list the number of documented procedures already performed by the Radiologist Assistant in the last five (5) years. Indicate the level of supervision requested (**General**, **Direct**, or **Personal**). **All invasive procedures require a minimum of direct supervision.**

Procedures to be Performed	Documented Cases Performed	Supervision Requested (Gen, Dir, Per)	Supervision Granted (Gen, Dir, Per)
1. Non-Invasive Procedures Perform non-invasive imaging procedures under the supervision of the Supervising Radiation Practitioner or Alternate Supervising Radiologist.			
A. Gastrointestinal Studies	A. _____	A. _____	A. _____
1. Contrast Enemas (single and double contrast)	1. _____	1. _____	1. _____
2. Upper GI series	2. _____	2. _____	2. _____
3. Small Bowel series	3. _____	3. _____	3. _____
4. Barium Swallowing Studies	4. _____	4. _____	4. _____
5. Esophagram	5. _____	5. _____	5. _____
6. Sinus Tract Fistulagram	6. _____	6. _____	6. _____
7. Nasogastric tube replacement & repositioning	7. _____	7. _____	7. _____
B. Urogenital Studies	B. _____	B. _____	B. _____
1. Cystography	1. _____	1. _____	1. _____
2. Nephrostogram	2. _____	2. _____	2. _____
3. Voiding Cystourethrogram	3. _____	3. _____	3. _____
4. Loopogram	4. _____	4. _____	4. _____
5. Intravenous urography	5. _____	5. _____	5. _____
C. Biliary System	C. _____	C. _____	C. _____
1. T-tube cholangiogram	1. _____	1. _____	1. _____

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Procedures to be Performed	Documented Cases Performed	Supervision Requested (Dir or Per)	Supervision Granted (Dir or Per)
2. Invasive Procedures			
Perform invasive imaging procedures under the supervision of the Supervising Radiation Practitioner or Alternate Supervising Radiologist.			
A. Venous Access - Placement	A. _____	A. _____	A. _____
1. PICC placement	1. _____	1. _____	1. _____
2. Non-Tunneled Central Venous Access	2. _____	2. _____	2. _____
3. Tunneled Central Venous Access	3. _____	3. _____	3. _____
4. Venous Port placement	4. _____	4. _____	4. _____
B. Venous Access - Removal	B. _____	B. _____	B. _____
1. PICC line removal	1. _____	1. _____	1. _____
2. Non-Tunneled CVL removal	2. _____	2. _____	2. _____
3. Tunneled CVL removal	3. _____	3. _____	3. _____
4. Venous Port removal	4. _____	4. _____	4. _____
5. Intravenous urography	5. _____	5. _____	5. _____
C. Fluid Aspiration Procedures	C. _____	C. _____	C. _____
1. Paracentesis	1. _____	1. _____	1. _____
2. Thoracentesis	2. _____	2. _____	2. _____
3. Superficial fluid collections	3. _____	3. _____	3. _____
4. Abscess tube placement	4. _____	4. _____	4. _____
5. Pleural drain placement	5. _____	5. _____	5. _____
D. Angiography	D. _____	D. _____	D. _____
1. Basic Femoral Venous non-selective Sheath Placement	1. _____	1. _____	1. _____
2. Basic Femoral Arterial non-selective Sheath Placement	2. _____	2. _____	2. _____
3. Perform non-selective aorto-iliac arteriography	3. _____	3. _____	3. _____
4. Perform non-selective Venography	4. _____	4. _____	4. _____
5. Assist The Supervising Radiation Practitioner or Alternate Supervising Radiologist with Arterial/Venous interventional procedures (e.g., selective catheterization, percutaneous angioplasty, vascular stent placement, etc.)	5. _____	5. _____	5. _____

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Procedures to be Performed	Documented Cases Performed	Supervision Requested (Dir or Per)	Supervision Granted (Dir or Per)
E. Drainage tube management/maintenance (Catheter Check/Change of Drainage Tubes) 1. Gastrointestinal Tubes (e.g., Gastrostomy, Gastrojejunostomy, Jejunostomy, etc.) 2. Genitourinary Tubes (Nephrostomy, etc.) 3. Abscess Drainage Tubes 4. Biliary Drainage Tubes (Internal, Internal/External, etc.)	E. _____ 1. _____ 2. _____ 3. _____ 4. _____	E. _____ 1. _____ 2. _____ 3. _____ 4. _____	E. _____ 1. _____ 2. _____ 3. _____ 4. _____
F. Drainage tube management/maintenance (Catheter Check/Change of Drainage Tubes) 1. Simple Suturing & Retention Device Suturing 2. Dressing Changes 3. Drainage Bag Management/Evaluation	F. _____ 1. _____ 2. _____ 3. _____	F. _____ 1. _____ 2. _____ 3. _____	F. _____ 1. _____ 2. _____ 3. _____
G. Joint Aspiration and Lumbar Puncture 1. Arthrography a. Shoulder b. Knee c. Hip d. Wrist e. Elbow f. Ankle 2. Neuroradiology a. Lumbar Puncture b. Lumbar Myelography c. Thoracic Myelography d. Cervical Myelography e. Epidural Steroid injection	G. _____ 1a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ 2a. _____ b. _____ c. _____ d. _____ e. _____	G. _____ 1a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ 2a. _____ b. _____ c. _____ d. _____ e. _____	G. _____ 1a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ 2a. _____ b. _____ c. _____ d. _____ e. _____

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Procedures to be Performed	Documented Cases Performed	Supervision Requested (Dir or Per)	Supervision Granted (Dir or Per)
H. Image guided biopsies performing ultrasound, CT, or fluoroscopic guided biopsies and aspirations 1. Bone/Bone Marrow 2. Liver 3. Lung 4. Soft Tissue 5. Breast 6. Kidney 7. Pancreas 8. Thyroid	H. _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____	H. _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____	H. _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____
Additional Procedures I. _____ II. _____ III. _____ IV. _____ V. _____	I. _____ II. _____ III. _____ IV. _____ V. _____	I. _____ II. _____ III. _____ IV. _____ V. _____	I. _____ II. _____ III. _____ IV. _____ V. _____

Each procedure must be performed under the supervision of a Supervising Radiation Practitioner or Alternate Supervising Radiologist, who must have institutional clinical privileges for the procedure performed by the Radiologist Assistant. The Radiologist Assistant must also have institutional practice privileges for each procedure requested and performed.

Radiologist Assistant Signature

Date

Supervising Radiation Practitioner Signature

Date

Alternate Supervising Radiologist Signature

Date

☐ Check this box if you use another page to list additional procedures or additional Alternate Supervising Radiologists.

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Approval Signature: _____ Approved Date: _____