

MARYLAND BOARD OF PHYSICIANS

Baltimore, Maryland

410-764-4777

www.mpb.state.md.us

RADIOLOGIST ASSISTANT ADVANCED PROCEDURES REQUEST APPLICATION

Radiologist Assistants have a defined scope of practice under Code of Maryland Regulations (COMAR) 10.32.10.11. The type of supervision depends upon the procedure being performed. Certain procedures require Board approval before a radiologist assistant may perform them.

Appendix A1 is a list of procedures that require Board approval. Use **Appendix A2** to list procedures that are not outlined in Appendix A1, but for which you are asking for Board approval. The Board may approve these procedures on a case-by-case basis if the radiologist and radiologist assistant:

1. Complete the application;
2. Complete Appendix A1 and/or A2;
3. Submit a letter detailing the requested special procedures; and
4. Provide documentation of satisfactory completion of an adequate number of cases for the requested procedures;

Documentation may include:

1. Cases submitted to the ARRT for registration as a registered radiologist assistant; and
2. Other cases performed under the supervision of a radiologist who was present and observing the procedure.

The Radiologist Assistant must provide documentation of current Advanced Cardiac Life Support certification.

The Radiologist must provide documentation of current certification by one of the following certifying organizations:

- American Board of Radiology;
- American Osteopathic Board of Radiology;
- British Royal College of Radiology; or
- Royal College of Physicians and Surgeons of Canada.

For training purposes, a licensed radiologist may perform a procedure under the direct supervision of a radiologist who is physically present with the patient and the radiologist assistant and observing the radiologist assistant perform the procedure.

RADIOLOGIST ASSISTANT ADVANCED PROCEDURES REQUEST

Instructions: Complete this form, attach it to the completed application and mail it to the Board along with:

1. A letter from the radiologist and radiologist assistant requesting the procedure(s);
2. Documentation of satisfactory completion of an adequate number of:
 - A. Cases submitted to the ARRT for registration as a registered radiologist assistant; and
 - B. Other cases performed under the supervision of a radiologist who was present and observing the procedure.
3. Documentation of current of ACLS certification.

Put a check <input type="checkbox"/> mark next to the requested procedure (s).	Procedures. Use the attached sheet for procedures not listed.	Level of Supervision: Immediately Available Direction or On-site
	Lower extremity venography	
	Lumbar myelography	
	Thoracic myelography	
	Cervical myelography	
	Non-tunneled venous central line placement	
	Venous catheter placement for dialysis	
	Breast needle localization	
	Ductogram (galactogram)	
	T-tube cholangiogram	
	Retrograde urethrogram	
	Port injection	
	Fistulogram	
	Sinogram	
	Loopogram	
	Swallowing study	
	Hysterosalpingogram	

Definitions:

Immediately available direction means the responsibility of a licensed physician to provide necessary direction for a licensee in person, by telephone, or by other electronic means if the licensee needs assistance with a procedure.

On-site supervision means the responsibility of a licensed physician to provide necessary direction for a licensee when the physician is: (a) physically present in the facility and (b) able to respond in person if the licensee needs

Radiologist: _____ RRA _____
Print Name Print Name

**MARYLAND BOARD OF PHYSICIANS
P.O. BOX 2571
BALTIMORE, MD 21215**

**ATTESTATION
Radiologist and Radiologist Assistant**

Instructions: Read the attestation, print and sign your name and date the it. Be sure to include the attestation with the application and appendices.

I attest that I have personally reviewed all responses to the items in this application and that the information contained in this application is true and correct to the best of my knowledge.

Radiologist:

Print Name

Signature

Date: _____

Radiologist Assistant:

Print Name

Signature

Date: _____