

# MARYLAND BOARD OF PHYSICIANS

Baltimore, Maryland

410-764-4777

[www.mpb.state.md.us](http://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.



# Maryland Board of Physicians

Check One:

Initial Licensure

Reinstatement

Name of Profession: \_\_\_\_\_

## ATTENTION

If You Are a Veteran, Service Member or Military Spouse

### PLEASE REVIEW AND COMPLETE BEFORE PROCEEDING

**“Veteran”** means a former service member who was discharged from active duty under circumstances other than dishonorable within one year before the date on which the application for license, certificate, or registration is submitted.

**“Veteran”** does not include an individual who has completed active duty and has been discharged for more than one year before the application for a license, certification, or registration is submitted.

**“Military Spouse”** means the spouse of a service member or veteran,

**“Service Member”** means an individual who is an active duty member of:

**“Military Spouse”** includes a surviving spouse of:

- \* A veteran; or
- \* A service member who died within one year before the date on which the application for license, certification, or registration is submitted.

- \* The Armed Forces of The United States
- \* A reserve component of the Armed Forces of the United States; or
- \* The National Guards of any state

### Complete ONLY if You Meet the Following Criteria

Check the appropriate box.

- Service Member – Currently serving in the U.S. Armed Forces, a reserve component of the Armed Forces or National Guards of any state. **Provide supporting documentation..**
- Veteran – Discharged from active military duty under circumstances other than dishonorable within the one year of submitting the application. **Provide supporting documentation.**
- Military Spouse: **Check the appropriate box**
  - Spouse is a Veteran. **Provide supporting documentation.**
  - Spouse was a service member who died within one year before the date of submitting the application. **Provide supporting documentation.**
  - Spouse is a Service Member currently serving in the U.S. Armed Forces, a reserve component of the Armed Forces or National Guards of any state. **Provide supporting documentation.**

\_\_\_\_\_  
Name of Applicant (PRINT)

\_\_\_\_\_  
Military Branch





**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: \_\_\_\_\_