

RT(T)2
Verification of
Practice Experience
Supplemental Form

Maryland Board of Physician
Allied Health Unit
P.O. Box 2571
Baltimore, Maryland 21215
Telephone: 410-764-4777 or 800-492-6836
Email: mbpmail@rcn.com

**Application for Licensure: Radiation Therapist
Verification of Full-time Practice Experience as a Radiation Therapist**

General Instructions and Important Information

Complete the form **only** if you meet the following education qualifications:

- Did **not** graduate from a Joint Review Committee on Education in Radiologic Technology (JRCERT)-accredited radiation therapy program;
- Graduated from a radiation therapy program that is recognized by the American Registry of Radiologic Technologists (ARRT);
- Possess a current, active, unrestricted license as a Radiation Therapist in another state or are otherwise recognized as a Radiation Therapist in another state;
- Have at least three (3) years of full-time practice experience as a Radiation Therapist in another state. The minimum of three (3) years of practice experience must have occurred within the last five (5) years immediately preceding the submission of the application; and
- Have no history of public disciplinary action taken, or pending, against any license currently or previously held or expired.

An Applicant who meets the above qualifications must have an employer, supervisor or colleague verify, on the attached form **RT(T)3**, that the Applicant has satisfactorily practiced radiation therapy on a full-time basis for at least three (3) of the last five (5) years immediately preceding the submission of application.

► **Instructions for the Applicant:**

1. Complete Part 1.
2. Send the form to an employer, supervisor or colleague. Have the employer, supervisor or colleague complete Part 2 and return the form directly to the Board of Physicians. **The Board will not accept the form from the Applicant.**

NOTE: You may send copies of the form with Part 1 completed to all individuals necessary to verify that you have a minimum of three (3) years of full-time practice as a Radiation Therapist in another state. A minimum of three (3) years of the practice experience must have occurred within the last five (5) years immediately preceding the submission of the application.

► **Instructions for Completion of Part 2:**

Part 2 must be completed by the employer, supervisor or colleague with personal knowledge of the Applicant's full-time practice as a Radiation Therapist.

The employer, supervisor or colleague completing Part 2 must send the form directly to:

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VERIFICATION OF FULL-TIME PRACTICE EXPERIENCE AS A RADIATION THERAPIST

Verification of at least three (3) years of satisfactory, full-time practice experience as a Radiation Therapist in another state is required for applicants who have not graduated from a JRCERT-accredited radiation therapy program. The minimum of three (3) years of full-time Radiation Therapist experience must have occurred within the last five (5) years immediately preceding the submission of the application.

Part 1 Applicant: Complete Part 1 only and send to your employer, supervisor or colleague for verification.

Name: _____
Last Name and Generational Indicator (Jr, III, etc.) First Name Middle Name Former Name

Address: _____
Street Address City State Zip Code

Telephone Number: _____ **Email Address:** _____

Applicant's Signature: _____ **Date:** _____

Part 2 Employer, supervisor or colleague: Verify the practice experience of the Applicant named above.

*** When Part 2 is completed, mail this form to the Board of Physicians' address noted at the top of this page. ***

1. In what capacity did you or do you work with the above-named Applicant? Please check all that apply.

Employer Supervisor Colleague

2. Dates you have worked with the Applicant: From: _____ **to** _____

3. Was the Applicant's practice experience full-time? Yes No

4. Dates the Applicant worked full-time (if different than dates in Item 2): From _____ **to** _____

5. Name of practice site: _____

6. Address of practice site: _____

7. Was the work the Applicant performed as a Radiation Therapist satisfactory Yes No

8. Additional comments:

Printed Name Signature

Title Date