

MARYLAND BOARD OF PHYSICIANS

P.O. Box 2571

Baltimore, Maryland 21215-0095

Telephone: 410-764-4777 or 800-492-6836

www.mbp.state.md.us

RADIOLOGIST ASSISTANT ADVANCED PROCEDURES REQUEST APPLICATION

Instructions and Important Information

The Maryland Board of Physicians' (the Board's) Website offers information on Radiologist Assistants, including links to the statute (Health Occupations Article, §14-5B-01, *et seq*) and Code of Maryland Regulations 10.32.10.

Radiologist Assistants (RRAs) have a defined scope of practice under Code of Maryland Regulations (COMAR) 10.32.10.11. Certain procedures require Board approval before an RRA may perform them, and the level of supervision depends on the procedure being performed. *See COMAR 10.32.10.11 and 10.32.10.12. Terms regarding supervision are defined in COMAR 10.32.10.02.*

Appendix 1 contains a list of advanced procedures requiring Board approval. For a procedure not listed in Appendix 1, complete and submit Appendix 2 for consideration by the Board. The Board may approve one or more advanced procedures on a case-by-case basis if the Radiologist and RRA:

- ◇ Complete this application, including Appendix 1 and/or Appendix 2;
- ◇ Submit a letter detailing the requested procedures (*See COMAR 10.32.10.12B*); and
- ◇ Provide documentation of satisfactory completion of an adequate number of cases for the procedures being requested. (*Note: An "adequate" number of cases is a minimum of ten (10) cases for each requested procedure.*)

Per COMAR 10.32.10.12C, documentation of successful completion of cases of a procedure may include:

- ◇ Cases* submitted to the American Registry of Radiologic Technologists (ARRT) for registration as an RRA; and
- ◇ Other cases performed under the supervision of a Radiologist who is present and observing the procedure.

**Note: The Board accepts cases performed within the 2-year period immediately preceding the date the RRA submits this application to the Board.*

The RRA also must provide documentation of current Advanced Cardiac Life Support (ACLS) certification.

REMINDERS FOR THE SUPERVISING RADIOLOGIST

The Supervising 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 RRA may perform a procedure under the direct supervision of a Radiologist who is physically present with the patient and the RRA and who is observing the RRA perform the procedure.

IMPORTANT REMINDER ABOUT SIGNATURES

Signatures and initials must be originals, completed in ink. The Board will not accept copies of signatures or initials. In addition, faxed applications will not be accepted and will not be acknowledged.

Questions regarding this application may be directed to:

Felicia Wright, Allied Health Unit

410-764-4768

Felicia.wright@maryland.gov

Note: A separate, completed application is needed for each Radiologist working with an RRA.

MARYLAND BOARD OF PHYSICIANS

P.O. Box 2571
Baltimore, Maryland 21215-0095
www.mbp.state.md.us

RADIOLOGIST ASSISTANT ADVANCED PROCEDURES REQUEST APPLICATION

COMPLETING THE APPLICATION FOR RADIOLOGIST ASSISTANTS (RRAs) AND RADIOLOGISTS

Attached is the application for requesting advanced procedures, including Appendix 1 and 2. When completing these documents, all signatures must be originals.

- Part 1. RRA Information.** Make sure that all of your addresses with the Board are up to date, as required by Maryland law.
- Part 2. Supervising Radiologist Information.** Make sure that all of your addresses with the Board are up to date, as required by Maryland law.
- Part 3. Supervising Radiologist Certification.** To be completed by the Supervising Radiologist. Check the appropriate certifying organization and attach the certification documentation to this application.
- Part 4. RRA and Radiologist E-mail Addresses.** To be completed by the RRA and the Radiologist. Include valid e-mail addresses for Board correspondence to be sent regarding this application.
- Part 5. Release and Attestation.** To be completed by the RRA and the Supervising Radiologist, who must print their names, sign, and date Part 5. Signatures must be originals. *Note: Your signature affirms that you personally completed this application and understand its contents.*

Application Appendix 1: Advanced Procedures

Appendix 1 contains a list of advanced procedures that require approval by the Board or its designee. *See COMAR 10.32.10.11E(1) through (14).* One or more of the procedures require supervision by a Radiologist as specified in the request letter submitted by the Radiologist and RRA.

Application Appendix 2: Other Advanced Procedures (not listed in Appendix 1)

If you wish to request an advanced procedure that is not listed in Appendix 1, complete Appendix 2 of this application (Page 4 of 4).

MAILING THE APPLICATION

- Mail the completed application AND requested attachments, including the required letter, to the address above.
- Applications sent to an address other than the one above OR hand-delivered to the Board will delay the Board's acknowledgement of receipt and processing.

Please keep a copy of your application.

RRA
Advanced Procedures
Request Application

05/2020

MARYLAND BOARD OF PHYSICIANS

P.O. Box 2571
Baltimore, Maryland 21215-0095
Telephone: 410-764-4777 or 800-492-6836
www.mbp.state.md.us

RADIOLOGIST ASSISTANT ADVANCED PROCEDURES REQUEST APPLICATION

1. Radiologist Assistant Information: *Type or Print Legibly.*

Radiologist Assistant (RRA) Current Legal Name:

Last (and generational indicator - Sr., Jr., III, etc)

First

Middle/Maiden

RRA License Number:

K	0	0					
---	---	---	--	--	--	--	--

RRA Telephone Numbers: Office: _____ Cell: _____

RRA Mailing Address:

Street Address

City

State

Zip Code

2. Supervising Radiologist Information: *Type or Print Legibly.*

Radiologist Current Legal Name:

Last (and generational indicator - Sr., Jr., III, etc)

First

Middle/Maiden

Radiologist License Number:

	0	0					
--	---	---	--	--	--	--	--

Radiologist Telephone Numbers: Office: _____ Cell: _____

Radiologist Mailing Address:

Street Address

City

State

Zip Code

3. Supervising Radiologist Certification. Radiologists who supervise RRAs must be certified by one of these certifying organizations. Check the applicable organization and attach the certification documentation to this page.

American Board of Radiology

American Osteopathic Board of Radiology

British Royal College of Radiology

Royal College of Physician and Surgeons of Canada

4. E-mail Addresses for Board Correspondence.* Provide valid e-mail addresses below. All Board correspondence regarding this application will be sent to these e-mail addresses. Check your "SPAM" folder for Board e-mails. The Board will continue to mail all other correspondence to your official non-public address of record with the Board.

RRA's E-mail Address: _____

Supervising Radiologist's E-mail Address: _____

** To change your official e-mail address with the Board, go to the Board's Website.*

5. Release and attestation by the RRA and the Supervising Radiologist. After reading the following statements, the RRA and the Supervising Radiologist must print their names and sign below. Please print legibly.

RELEASE

I agree that the Maryland Board of Physicians (the Board) and the Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiology Assistance Advisory Committee may request any information necessary to process this application from any person or agency, including but not limited to former and current employers, government agencies, the National Practitioners Data Bank, hospitals, and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent releases for information that the Board may request.

ATTESTATION

I ATTEST THAT I PERSONALLY REVIEWED ALL RESPONSES TO THE ITEMS IN THIS APPLICATION AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING ATTACHMENTS, IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

RRA's Name

RRA's Original Signature

Date

Supervising Radiologist's Name

Supervising Radiologist's Original Signature

Date

REMINDER

**Each supervising radiologist must complete a separate form.
Signatures and initials must be in ink and be originals.**

The following list of advanced procedures are those that require approval by the Board or its designee. *See COMAR 10.32.10.11E(1) through (14).* One or more of the following procedures require supervision by a Radiologist as specified in the request letter submitted by the Radiologist and RRA.

If you wish to request an advanced procedure that is not listed in Appendix 1, complete Appendix 2 of this application (Page 4 of 4).

The required letter, documentation of completed cases, and documentation of ACLS certification must be submitted with this form.

**ATTESTATION for Level of Supervision to be provided by the Radiologist:
Immediately Available / On-site Supervision**

“Immediately available direction,” as defined in COMAR 10.32.10.02B(6), 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,” as defined in COMAR 10.32.10.02B(12), 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 assistance with a procedure.

Attestation by the Supervising Radiologist: I attest that the procedures checked below will be performed under my immediately available and/or on-site supervision.

Supervising Radiologist’s Name (Print legibly) Supervising Radiologist’s Original Signature Date

Check the requested procedure	Procedure
<input type="checkbox"/>	Lower extremity venography
<input type="checkbox"/>	Lumbar myelography
<input type="checkbox"/>	Thoracic myelography
<input type="checkbox"/>	Cervical myelography
<input type="checkbox"/>	Non-tunneled venous central line placement
<input type="checkbox"/>	Venous catheter placement for dialysis
<input type="checkbox"/>	Breast needle localization

DOCUMENTING CASES
Per COMAR 10.32.10.12C, documentation of successful completion of cases of a procedure may include:

- Cases submitted to the American Registry of Radiologic Technologists (ARRT) for registration as an RRA; and
- Other cases performed under the supervision of a radiologist who is present and observing the procedure.

Check the requested procedure	Procedure
<input type="checkbox"/>	Ductogram (galactogram)
<input type="checkbox"/>	T-tube cholangiogram
<input type="checkbox"/>	Retrograde urethrogram
<input type="checkbox"/>	Port injection
<input type="checkbox"/>	Fistulogram
<input type="checkbox"/>	Sinogram
<input type="checkbox"/>	Loopogram
<input type="checkbox"/>	Swallowing study
<input type="checkbox"/>	Hysterosalpingogram

RRA’s Name (Print legibly) RRA’s Original Signature Date

Supervising Radiologist’s Name (Print legibly) Supervising Radiologist’s Original Signature Date

If you wish to request an advanced procedure that is not listed in Appendix 1, complete Appendix 2.

The required letter, documentation of completed cases, and documentation of ACLS certification must be submitted with this form.

**ATTESTATION for Level of Supervision to be provided by the Radiologist:
Immediately Available / On-site Supervision**

“Immediately available direction,” as defined in COMAR 10.32.10.02B(6), 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,” as defined in COMAR 10.32.10.02B(12), 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 assistance with a procedure.

Attestation by the Supervising Radiologist: I attest that the procedures requested below will be performed under my immediately available and/or on-site supervision.

Supervising Radiologist’s Name
(Print legibly)

Supervising Radiologist’s Original Signature

Date

Procedure

DOCUMENTING CASES
Per COMAR 10.32.10.12C, documentation of successful completion of cases of a procedure may include:

- Cases submitted to the American Registry of Radiologic Technologists (ARRT) for registration as an RRA; and
- Other cases performed under the supervision of a radiologist who is present and observing the procedure.

Procedure

RRA’s Name
(Print legibly)

RRA’s Original Signature

Date

Supervising Radiologist’s Name
(Print legibly)

Supervising Radiologist’s Original Signature

Date