



# ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802 FAX: (501) 296-1805

[www.armedicalboard.org](http://www.armedicalboard.org)

## RADIOLOGIST ASSISTANT ALTERNATE SUPERVISING RADIOLOGIST APPLICATION

1. Radiologist Assistant's Name: \_\_\_\_\_
2. Alternate Supervising Radiologist Practitioner's Name: \_\_\_\_\_ License #: \_\_\_\_\_
3. Alternate Supervising Radiologist Practitioner's Address: \_\_\_\_\_
4. Alternate Supervising Radiologist Practitioner's Phone Numbers: Office: \_\_\_\_\_ Home: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Alternate Supervising Radiologist Practitioner's Medical School, Address and Date of Graduation: \_\_\_\_\_  
\_\_\_\_\_
6. Alternate Supervising Radiologist Practitioner's Specialty: \_\_\_\_\_ Board Certified?  Yes  No
7. Type or Scope of Practice of Alternate Supervising Radiologist: \_\_\_\_\_
  - (a) Services Rendered: \_\_\_\_\_  
\_\_\_\_\_
  - (b) Area or Geographic Range of Alternate Supervising Radiologist: \_\_\_\_\_  
\_\_\_\_\_
  - (c) Type of Facility: Office \_\_\_\_\_ Clinic \_\_\_\_\_ Hospital \_\_\_\_\_ Other \_\_\_\_\_
8. Name, Address and License Number of Primary Supervising Radiation Practitioner:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. List any Radiologist Assistants you currently provide supervision to. Include the RA's name and license number with designation of your supervision, i.e., Supervising Radiation Practitioner or Alternate Supervising Radiologist:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Supervising Radiation Practitioner)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Alternate Supervising Radiologist)

**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

**SUBSCRIBED AND SWORN** To before me, a Notary Public, this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Commission Expires)

\_\_\_\_\_  
(Signature of Notary Public)

NOTARY  
SEAL

**The following must be included when submitting this application:**

- 1. Signed Rules and Regulation Affidavit.**
- 2. Signed Alternate Supervising Radiologist Scope of Practice Statement.**
- 3. Signed Practice Specific Document.**

**Failure to submit the above required items together will result in a delay of the application process**

\_\_\_\_\_ **FOR USE BY OFFICE ONLY** \_\_\_\_\_

**Application Received:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_



# ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802 FAX: (501) 296-1805

[www.armedicalboard.org](http://www.armedicalboard.org)

## ARKANSAS RULES AND REGULATIONS AFFIDAVIT

I, \_\_\_\_\_ on this date, \_\_\_\_\_  
*(Type or Print Name of Alternate Supervising Radiologist)*

do affirm that I have read the Radiologist Assistant Act, Arkansas Code 17-106-101, *et seq.*, Medical Practices Act and the Rules and Regulation 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.

*(Type or Print Name of Radiologist Assistant)*

Signed: \_\_\_\_\_  
*(Alternate Supervising Radiologist Signature)*

Date: \_\_\_\_\_

**THIS IS A REQUIREMENT FOR APPROVAL. YOU MUST COMPLETE THIS FORM AND RETURN IT TO:  
ARKANSAS STATE MEDICAL BOARD  
ATTN: RADIOLOGIST ASSISTANT LICENSING  
2100 RIVERFRONT DRIVE  
LITTLE ROCK, AR 72202-1435**



# ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802 FAX: (501) 296-1805

[www.armedicalboard.org](http://www.armedicalboard.org)

## ALTERNATE SUPERVISING RADIOLOGIST SCOPE OF PRACTICE STATEMENT

### Regulation 29

The Supervising Radiation Practitioner and Alternate Supervising Radiologist must have privileges to perform the procedure for which he/she is supervising the RA. If an invasive procedure, the radiation practitioner must satisfy, at a minimum, the same educational and experience requirements as the RA or RPA.

**I have reviewed the protocol of this Radiologist Assistant. My scope of practice and/or training is similar to the Supervising Radiation Practitioner and I feel that I can supervise this RA in the absence of the Supervising Radiation Practitioner.**

**Signed:** \_\_\_\_\_  
(Alternate Supervising Radiologist Signature)

**Printed Name:** \_\_\_\_\_

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

**Name of Radiologist Assistant:** \_\_\_\_\_

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

Arkansas State Medical Board  
Attn: Radiologist Assistant Licensing  
2100 Riverfront Drive  
Little Rock, AR 72202-1435



# ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802 FAX: (501) 296-1805

[www.armedicalboard.org](http://www.armedicalboard.org)

## PRACTICE SPECIFIC DOCUMENT

The Practice Specific Document which is being submitted has not changed from my last approval by the ASMB Radiologist Assistant Advisory Committee with the exception of changing my Alternate Supervising Radiologist.

Signed: \_\_\_\_\_  
(Radiologist Assistant)

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Alternate Supervising Radiologist: \_\_\_\_\_

**THIS IS A REQUIREMENT FOR APPROVAL WHEN ADDING OR CHANGING AN ALTERNATE SUPERVISING RADIOLOGY PRACTITIONER. YOU MUST COMPLETE THIS FORM AND RETURN IT TO:**

Arkansas State Medical Board  
Attn: Radiologist Assistant Licensing  
2100 Riverfront Drive  
Little Rock, AR 72202-1435