



ARKANSAS STATE MEDICAL BOARD

LICENSURE DEPARTMENT

1401 W. Capitol, Suite 340, Little Rock, AR 72201

Phone (501) 296-1802 www.armedicalboard.org

RADIOLOGIST ASSISTANT ALTERNATE SUPERVISING RADIOLOGIST APPLICATION

1. This form is to be filled out by the prospective Alternate Supervising Radiologist.
2. Type or print legibly (in dark blue or black ink).
3. All questions must be answered. If a question does not apply to you, please write "n/a" in the space provided.

IMPORTANT INFORMATION

THE FOLLOWING ITEMS MUST BE INCLUDED WHEN SUBMITTING THIS APPLICATION.

1. Signed Arkansas Medical Practices Act and Rules & Regulations Affidavit
2. Signed Alternate Supervising Radiologist Scope of Practice Statement
3. Signed Practice Specific Document

Not sending these items together will result in a delay of the application process.

RADIOLOGIST ASSISTANT

Radiologist Assistant's Name

ALTERNATE SUPERVISING RADIOLOGIST INFORMATION

Alternate Supervising Radiologist's Name	AR License Number
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Complete Address (PO Box or Street, City, State, Zip Code)

Office Telephone Number	Office Fax Number	Home Telephone Number	Mobile Telephone Number
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E-mail Address	Specialty	Board Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type or Scope of Practice

Services Rendered

Area or Geographic Range of Practice

Type of Facility
 Private Practice Clinic Hospital Other _____

PRIMARY SUPERVISING RADIATION PRACTITIONER INFORMATION

Primary Supervising Radiation Practitioner	AR License Number
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Complete Address (PO Box or Street, City, State, Zip Code)

RADIOLOGIST ASSISTANTS CURRENTLY UNDER YOUR SUPERVISION

Name of Radiologist Assistant currently under your supervision	Supervising or Alternate Supervising? <input type="checkbox"/> Supervising <input type="checkbox"/> Alternate	AR R.A. License Number
Name of Radiologist Assistant currently under your supervision	Supervising or Back-up Supervising? <input type="checkbox"/> Supervising <input type="checkbox"/> Alternate	AR R.A. License Number
Name of Radiologist Assistant currently under your supervision	Supervising or Back-up Supervising? <input type="checkbox"/> Supervising <input type="checkbox"/> Alternate	AR R.A. License Number

Supervising Radiation Practitioner's Signature

Date Signed

Alternate Supervising Radiologist's Signature

Date Signed



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ARKANSAS MEDICAL PRACTICES ACT and RULES AFFIDAVIT

Alternate Supervising Radiologist

I AFFIRM THAT I HAVE READ THE RADIOLOGY ASSISTANT ACT, ARKANSAS CODE 17-106-201, et seq., MEDICAL PRACTICES ACT AND RULE 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.

Alternate Supervising Radiologist's Name (First Middle Last, Suffix, Degree)

Alternate Supervising Radiologist's Signature (no rubber stamps)

Signature Date

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

**ARKANSAS STATE MEDICAL BOARD
ATTN: LICENSING
1401 W. Capitol, Suite 340
LITTLE ROCK, AR 72201**



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Documents submitted by email must be sent in PDF format to support@armedicalboard.org

ALTERNATE SUPERVISING RADIOLOGIST SCOPE OF PRACTICE STATEMENT

Rule 29 states:

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

I have reviewed the Practice Specific Document 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 Radiologist Assistant in the absence of the Supervising Radiation Practitioner.

Alternate Supervising Radiologist's Full Name (First Middle Last, Suffix, Degree)

Alternate Supervising Radiologist's Signature (no rubber stamps)

Signature Date

Radiologist Assistant's Full Name

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