

EMPLOYMENT CONTRACT FORM

I, _____, an applicant for
(Applicant's Name)

Certification of Radiologist Assistant, am employed by

(Employer's Name Including Department)

for the period beginning _____
(Month/Day/Year)

Termination of my contract will cause my certification to become null and void.

Signature of Radiologist Assistant

Date

Signature of Supervising Radiologist

Date

Print Name of Supervising Radiologist

NOTE: A contract from each separate employer is required.

**STATE OF VERMONT
BOARD OF MEDICAL PRACTICE
280 State Drive, Waterbury, VT 05671-8320
AHS.VDHMedicalBoard@vermont.gov**

APPLICATION BY PROPOSED PRIMARY SUPERVISING RADIOLOGIST

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name of Supervisor: _____
(Last)
(First)
(Middle)

Address where RA will be supervised:

 (Office Name)

 (Street)

 (City, State, Zip Code)

(Telephone Number)

Vermont Physician License Number: _____

Hospital(s) where you have privileges:

Hospital(s)	Location	Specialty
_____	_____	_____
_____	_____	_____

What arrangements have you made for supervision when you are not available:

List the name and address of all radiologist assistants you currently supervise:

CERTIFICATE OF PROPOSED PRIMARY SUPERVISING RADIOLOGIST

I hereby certify that, in accordance with 26 VSA, Chapter 52, I shall be legally responsible for all professional activities of (Name of RA) _____, RA while under my supervision. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice. I further certify that notice will be posted that a Radiologist assistant is used, in accordance with 26 VSA, Chapter 52, Section 2863. I also affirm that I have read and will abide by all provisions of 26 VSA, Chapter 52, of the Statutes of the Vermont Board of Medical Practice.

I further certify that I have read the statutes and Board rules governing Radiologist assistants.

 Signature of Primary Supervising Radiologist

Date

 Signature of RA Applicant

Date

Note: An RA who prescribes controlled drugs must obtain an ID number from DEA.
 RA's DEA Number _____

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RADIOLOGIST ASSISTANT PROTOCOL

A protocol means a written document detailing those areas of medical practice including duties and medical acts, delegated to the Radiologist Assistant by the supervising physician for whom the physician is qualified by education, training, and experience. At no time shall the protocol of the Radiologist Assistant exceed the normal scope of either the primary or secondary supervising physician(s) practice.

Radiologist Assistants practice medicine with physician supervision. Radiologist Assistants may perform those duties and responsibilities, including the prescribing and dispensing of medical devices that are delegated by their supervising physician(s).

Radiologist Assistants shall be considered the agents of their supervising physician(s) in the performance of all practice-related activities, including but not limited to the ordering of diagnostic, therapeutic, or other medical services.

It is the obligation of each team of physician(s) and the Radiologist Assistant(s) to ensure that the written scope of practice submitted to the Board for approval clearly delineates the role of the Radiologist Assistant in the medical practice of the supervising physician. This should cover at least the following categories:

- **Narrative:** A brief description of the practice setting, the types of patients and patient encounters common to this practice and a general overview of the role of the Radiologist Assistant in that practice.
- **Supervision:** A detailed explanation of the mechanisms for on-site physician supervision and communication, back-up and secondary supervising physician utilization. Included here should be a description of the method of transport and back-up procedures for immediate care and transport of patients who are in need of emergency care when the supervising physician is not on premises. This explanation should include issues such as, ongoing review of the Radiologist Assistant's activities, retrospective chart review, co-signing of patient charts, and utilization of the services of non-supervising physicians and consultants.
- **Sites of Practice:** A description of any and all practice sites (i.e. office, clinic, outpatient, hospital inpatient, industrial sites, schools, etc.). For each site, include a description of the RA's activities.
- **Tasks/Duties:** A list of the RA's tasks and duties in the supervising physician's scope of practice.

This list should express a sense of involvement in the level of medical care in that practice. The supervising physician may only delegate those tasks for which the Radiologist Assistant is qualified by education, training, and experience to perform. Notwithstanding the above, the Radiologist Assistant should initiate emergency care when required while accessing back-up assistance. At no time should a particular task assigned to the RA fall outside of the scope of practice of the supervising physician.