EMPLOYEE CONTRACT FORM

I,	, an applicant for
(Applicant's Name)	
Certification of Radiologist Assistant, am employed b	у
(Employer's Name Includin	g Department)
for the period beginning	
(Mont	h/Day/Year)
Termination of my contract will cause my certification	n 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 108 Cherry Street P.O. Box 70 Burlington, VT 05402

APPLICATION BY PROPOSED PRIMARY SUPERVISING RADIOLOGIST

	st) (First)	(Middle)
Address where RA will be supervised	d:	
(Office Name)		
(Street)		
(City, State, Zip Code)	(Telephone Numb	er)
Vermont Physician License Number:		_
Hospital(s) where you have privilege	s:	
Hospital(s)	Location	Specialty
What arrangements have you made	,	
· ·	for supervision when you are not availab	
	,	
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
List the name and addressed of all ra	· · · · · · · · · · · · · · · · · · ·	ise:
List the name and addressed of all ra	adiologist assistants you currently supervi	ise: G RADIOLOGIST
List the name and addressed of all ra CERTIFICATE C	odiologist assistants you currently supervi	ise: G RADIOLOGIST ble for all professional activities of (Name
List the name and addressed of all ra CERTIFICATE C by certify that, in accordance with 26 VS RA v ce, attached to this application, does no	DF PROPOSED PRIMARY SUPERVISING SA, Chapter 52, I shall be legally responsily while under my supervision. I further cert of exceed the normal limits of my practice.	ise: G RADIOLOGIST ble for all professional activities of (Name ify that the protocol outlining the scope ce. I further certify that notice will be poste
List the name and addressed of all ra CERTIFICATE C by certify that, in accordance with 26 V5 RA v ce, attached to this application, does no Radiologist assistant is used, in accordance	DF PROPOSED PRIMARY SUPERVISING SA, Chapter 52, I shall be legally responsible under my supervision. I further cert of exceed the normal limits of my practice ance with 26 VSA, Chapter 52, Section 280	ise: G RADIOLOGIST ble for all professional activities of (Name ify that the protocol outlining the scope of the company of
List the name and addressed of all ra CERTIFICATE C by certify that, in accordance with 26 VS RA voce, attached to this application, does not Radiologist assistant is used, in accordance provisions of 26 VSA, Chapter 52, of the	DF PROPOSED PRIMARY SUPERVISING SA, Chapter 52, I shall be legally responsible under my supervision. I further cert exceed the normal limits of my practice ance with 26 VSA, Chapter 52, Section 286 e Statutes of the Vermont Board of Medic	ise: G RADIOLOGIST ble for all professional activities of (Name ify that the protocol outlining the scope ce. I further certify that notice will be posted if also affirm that I have read and will a cal Practice.
List the name and addressed of all ra CERTIFICATE C by certify that, in accordance with 26 VS RA voce, attached to this application, does not Radiologist assistant is used, in accordance provisions of 26 VSA, Chapter 52, of the	DF PROPOSED PRIMARY SUPERVISING SA, Chapter 52, I shall be legally responsible under my supervision. I further cert of exceed the normal limits of my practice ance with 26 VSA, Chapter 52, Section 280	ise: G RADIOLOGIST ble for all professional activities of (Name ify that the protocol outlining the scope of the control of
List the name and addressed of all ra CERTIFICATE C by certify that, in accordance with 26 VS RA voce, attached to this application, does not Radiologist assistant is used, in accordance provisions of 26 VSA, Chapter 52, of the	DF PROPOSED PRIMARY SUPERVISING SA, Chapter 52, I shall be legally responsilly while under my supervision. I further cert of exceed the normal limits of my practice ance with 26 VSA, Chapter 52, Section 280 at Statutes of the Vermont Board of Medic statutes and Board rules governing Radio	ise: G RADIOLOGIST ble for all professional activities of (Name ify that the protocol outlining the scope of the control of
List the name and addressed of all rate. CERTIFICATE Company that, in accordance with 26 VS. RA voce, attached to this application, does not Radiologist assistant is used, in accordance provisions of 26 VSA, Chapter 52, of the I further certify that I have read the second to the	DF PROPOSED PRIMARY SUPERVISING SA, Chapter 52, I shall be legally responsilly while under my supervision. I further cert of exceed the normal limits of my practice ance with 26 VSA, Chapter 52, Section 280 at Statutes of the Vermont Board of Medic statutes and Board rules governing Radio	ise: G RADIOLOGIST ble for all professional activities of (Name ify that the protocol outlining the scope of the control of

STATE OF VERMONT BOARD OF MEDICAL PRACTICE 108 Cherry Street P.O. Box 70 **Burlington, VT 05402**

APPLICATION BY PROPOSED SECONDARY SUPERVISING RADIOLOGIST

	(Last) (First)	(Middle)
Address where RA will be superv	ised:	
(Office Name)		
(Street)		
(City, State, Zip Code)	(Telephone	Number)
Vermont License Number:		
Hospital(s) where you have privi	eges:	
Hospital(s)	Location	Specialty
List the name and addressed of a	all radiologist assistants you currently s	supervise:
	E OF PROPOSED SECONDARY SUPE	RVISING RADIOLOGIST
CERTIFICATI y certify that, in accordance with 2	6 VSA, Chapter 52, I shall be legally res	sponsible for all professional activities of (Na
CERTIFICATION CE	6 VSA, Chapter 52, I shall be legally res RA while I am supervising them. I furth s not exceed the normal limits of my p	esponsible for all professional activities of (Namer certify that the protocol outlining the scopractice and that in accordance with 26 VSA, f 26 VSA, Chapter 52, of the Statutes of the V

PROTOCOL REQUIREMENTS FOR RADIOLOGIST ASSISTANTS

In order to practice, a certified Radiologist Assistant shall have completed a protocol with a Vermont licensed Radiologist signed by both the Radiologist assistant and the supervising Radiologist. The original shall be filed with the Board and copies shall be kept on file at each of the Radiologist assistant's practice sites. All applicants and certificatees shall demonstrate that the requirements for certification are met.

The Protocol document shall be signed by the primary supervising Radiologist and the RA, and shall cover at least the following:

- Narrative: A description of the practice setting, patient population common to the practice, and a general overview of the role of the Radiologist assistant in that practice.
- A detailed description of the manner in which on-site and off-site Radiologist supervision and communication will occur;
- A detailed description of the manner in which secondary supervising Radiologists will be utilized, and the means by which communication with them will be managed;
- A detailed description of the manner in which emergency conditions will be handled in the absence of an on-site Radiologist, including
 - Plans for immediate care,
 - Means of accessing emergency transport;
 - A detailed description of the physician's supervision plan for the RA's practice; and
 - A detailed description of the Radiologist's plan for retrospective review of RA charts which must at least include the following:
 - The frequency with which these reviews will be conducted;
 - The minimum number or percentage of charts that will be reviewed;
 - The method by which charts will be selected for review; and
 - The methods by which the review will be documented;
- Sites of Practice: Name, physical address, and type of facility for each practice site.
- Duties: A list of the tasks and duties delegated to the RA, which shall include only activities within the supervising Radiologists' scope of practice. The supervising Radiologist may only delegate those tasks for which the Radiologist assistant is qualified by education, training, and experience to perform.