

**EMPLOYMENT CONTRACT FORM**

I, \_\_\_\_\_, an applicant for  
(Applicant's Name)

Certification as a 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  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

**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 #: \_\_\_\_\_

Hospital(s) where you have privileges:

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

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

\_\_\_\_\_  
\_\_\_\_\_

List the names and addresses of all Radiologist assistants you currently supervise:

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF PROPOSED PRIMARY SUPERVISING RADIOLOGIST**

I hereby certify that, in accordance with 26 VSA, Chapter 29, 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 an 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.

\_\_\_\_\_  
(Date) Signature of Primary Supervising Radiologist

\_\_\_\_\_  
(Date) Signature of RA Applicant:

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

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**APPLICATION BY PROPOSED SECONDARY SUPERVISING RADIOLOGIST**

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Name of Supervisor \_\_\_\_\_  
(Last) (First) (Middle)

Address where RA will be supervised:

\_\_\_\_\_  
(Office Name)  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City/State, Zip Code) (Telephone Number)

Vermont License #: \_\_\_\_\_

Hospital(s) where you have privileges:

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

List all the names and addresses of radiologist assistants you currently supervise:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF PROPOSED SECONDARY SUPERVISING RADIOLOGIST**

I hereby certify that, in accordance with 26 VSA, Chapter 29, I shall be legally responsible for all professional activities of (name of RA) \_\_\_\_\_, RA while I am supervising him/her. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that 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 anesthesiologist assistants.

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

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

## 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.