

## **INITIAL APPLICATION INSTRUCTIONS**

### **LIMITED RADIOLOGIC TECHNOLOGIST**

*This is **not** the application for a full Radiologic Technologist or Radiologist Assistant license.*

#### **RULES AND GUIDELINES**

1. **Application fees are nonrefundable. Your application is NOT processed until the fee is paid. Fees must be submitted with the online application.**
2. The application fee for a Limited Radiologic Technologist is \$90.00.
3. Applications 180 days from submission if they are not completed. You must ensure all required supporting documentation is submitted to the Board before the expiration date. If your application expires, you are required to start the process over by submitting a new application and paying the fee again.
4. NPDB reports expire within six (6) months of receipt and must be resubmitted if you do not complete your overall application within that timeframe.
5. When possible, submit your documents electronically. Some forms may be faxed to 804-527-4426 as noted later in these instructions. If you must mail your documents to the Board, you are encouraged to send them via FedEx or UPS so you can track their delivery.
6. For mailed applications, the Board does **not** accept supporting documents that are copied *after* they are notarized. Notarized supporting documents should be *sent directly from the program office or school to the Board* via fax or email PDF attachment.
7. Consistent with Virginia law you must provide an address to the Board that will be made available to the public. You must also provide an address at which the Board can use for communicating with you. The two addresses may be one and the same or they may be two separate addresses. The Board address will not be released to the public.
8. The Board processes applications efficiently, but licensing time depends on external entities. Applicants must ensure all required documentation is sent to the Board. Plan for a two (2) to three (3) month process prior to initiating a licensed position in Virginia.
9. Additional information may be requested after review by the Board.
10. **Do not begin practice prior to Board approval.** Submission of an application does not guarantee a license. A review of your application could result in the finding that you are not eligible pursuant to Virginia laws and regulations. Additional information may be requested after review by the Board.

## INITIAL APPLICATION CHECKLIST

CHECK MARK	REQUIRED DOCUMENTATION	SUBMISSION METHOD
	<b>1. APPLICATION AND FEE</b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Review the full set of <a href="#">Laws and Regulations</a> regarding the practice of Radiologic Technology in the Commonwealth of Virginia.</li> <li>Complete the <a href="#">online application</a> and submit it with the non-refundable fee of \$90.00 for a Limited Radiologic Technologist. Application fees may be paid using Visa, MasterCard or Discover.</li> <li>Depending upon answers to the online application questions, you will be required to provide a narrative explaining your response. The Board will determine additional documentation you may to provide, e.g., court documentation and final disposition information for any lawsuits or convictions.</li> </ul>	ONLINE
	<b>2. EMPLOYMENT ACTIVITY</b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>If you have never practiced your profession and never held licensure in another jurisdiction, you are not required to complete this section of the application.</li> <li>List your employment activities in chronological order within the application. This must include all activities from graduation or the last 10 years, whichever is the shorter time, including any internships, affiliations, observerships, and volunteer service, and any gaps in employment (e.g., taking time off for an extended vacation, sabbatical, or leave of absence, maternity, or paternity leave, etc.).</li> <li>If you are employed by a group practice or locum tenens/traveler company, please list all locations where you provided service or held privileges. If more space is needed to record your activities, a <a href="#">supplemental form</a> with your application.</li> </ul>	ONLINE
	<b>3. PROFESSIONAL EDUCATION / TRANSCRIPTS – Fifty (50) Hour Coursework</b>	
<input type="checkbox"/>	<p><b>NOTE FOR ALL TRANSCRIPTS:</b> Do NOT fax your transcripts to the Board. Official school transcripts must be sent directly to the Board by the school and bear the official school seal.</p> <ul style="list-style-type: none"> <li>Submit evidence of successful completion of <b>one of the following</b>: <ul style="list-style-type: none"> <li>A program directed by a radiologic technologist with a bachelor's degree and current ARRT certification, has instructors who are licensed radiologic technologists or doctors of medicine, osteopathic medicine who are board certified in radiology, and has a minimum of the following coursework: <ul style="list-style-type: none"> <li>Image Production/Equipment Operation – twenty-five (25) clock hours;</li> <li>Radiation Protection – fifteen (15) clock hours; and</li> <li>Radiographic procedures in the anatomical area of the Limited Radiologic Technologist practice – ten (10) clock hours,</li> </ul> </li> <li>Or, for chiropractic submit evidence of an ACRRT approved program,</li> <li>Or, for bone density submit evidence of ISCD certification for bone densitometry,</li> <li>Or, for podiatry submit a copy of the certificate/diploma from the Virginia Podiatric Medical Association.</li> </ul> </li> <li>Proof of education <b>should not</b> be faxed. The program or entity must mail proof of education to the Board (address is at the top of instructions) or email to <a href="mailto:radtech-medbd@dhp.virginia.gov">radtech-medbd@dhp.virginia.gov</a>.</li> </ul>	EMAIL OR MAIL

	<b>4. AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGIST (AART) EXAM</b>	
	<ul style="list-style-type: none"> <li>• Upon receipt of your eligibility letter from the Board, send the examination fee and letter to the ARRT office. Candidates will receive correspondence from the ARRT regarding the scheduling of the examination. Examination fees sent to the ARRT without an eligibility letter will be returned to the candidate.</li> <li>• <a href="#">The American Registry of Radiologic Technologist</a> 1255 Northland Drive, Mendota Heights, MN 55120-1155. Phone: 651-687-0048</li> <li>• Once you are approved to sit for the ARRT CORE module examination, that approval will be forwarded to the ARRT office through the ARRT website. You will be notified, in writing, by the ARRT. The ARRT verifies the three (3) month timeframe for you to schedule the examination. Exam scores are reported directly to the Virginia Board of Medicine within two (2) – three (3) weeks after the examination. You will receive written notification of the examination results from the Board.</li> <li>• If you took the ARRT Limited Scope CORE module examination(s) previously for another state/jurisdiction and passed, request scores directly from that approving jurisdiction. Re-examination may not be required. You <b>will be required</b> to complete clinical training for specific anatomical areas with a licensed Radiologic Technologist, MD, or DO.</li> <li>• ARRT examinations are computer based.</li> <li>• Results will not be released over the telephone.</li> <li>• Contact the Board for any questions regarding eligibility for the ARRT examination (see information at the top of the instructions).</li> </ul>	
	<b>6. CLINICAL TRAINING ATTESTATION FORM</b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• The Clinical Training Attestation form is required for all anatomical areas, except if you completed the ISCD certification course for bone density. This form must be signed by the licensed radiologic technologist, Doctor of Medicine (MD), Osteopathic Medicine (DO) or Doctor of Podiatric Medicine (DPM) who supervised your training and returned directly to the Board office.</li> <li>• A Clinical Training Attestation form is not valid without a license application and fee on file with the Board.</li> </ul>	<b>EMAIL OR FAX</b>

<input type="checkbox"/>	<b>7. TRAINEESHIP APPLICATION FORM – OPTIONAL AUTHORIZATION TO WORK</b> <ul style="list-style-type: none"> <li>If you have submitted an application for a license and would like authorization to work as a trainee while awaiting results of the ARRT Limited Scope Exam, ISCD certification or completion of abdomen training, you may complete and submit Form T/E.</li> <li>The fee for this traineeship is \$25.00. Mail a check made payable to the “<i>Treasurer of Virginia</i>” (address at the top) along with the T/E Form to the Board.</li> <li>This form may not be faxed or emailed and must be received with the application fee.</li> <li>A traineeship application is not valid without a licensure application and fee on file with the Board.</li> <li><b>Do not begin training until you receive Board approval.</b></li> </ul>	<b>MAIL ONLY WITH FEE</b>
<input type="checkbox"/>	<b>8. ADDITIONAL EXAMINATIONS – AART EXAM, VPMA EXAM AND SCORE</b> <ul style="list-style-type: none"> <li>If you need to take any of the examinations listed below, please submit the application, required forms, and fees directly to the Board. Indicate on the licensure application the specific anatomical area(s) you wish to practice.</li> <li><u>The areas listed below require examinations:</u> <ul style="list-style-type: none"> <li><b>Chest/thorax and/or Extremities and/or Skull/Sinuses and/or Spine</b> <ul style="list-style-type: none"> <li>Submit evidence of completion of fifty (50) hours of coursework completed at a Limited Radiologic Technology educational/training program to the Board.</li> <li>Submit the additional clinical training hours in radiographic procedures for the selected anatomical areas on the Clinical Training Attestation Form.</li> <li>Refer to the eligibility letter you received from the Board to sit for the ARRT examination.</li> </ul> </li> <li><b>Podiatry</b> <ul style="list-style-type: none"> <li>Option 1 ARRT EXAMINATION:               <ul style="list-style-type: none"> <li>Submit evidence of completion of education, coursework, training to include core and podiatry to the Board.</li> <li>Refer to the eligibility letter from the Board upon your approval to sit for the ARRT examination.</li> <li>Submit the Clinical Training Attestation form.</li> </ul> </li> <li>Option 2:               <ul style="list-style-type: none"> <li>If you have completed the program/exam offered by the Virginia Podiatric Medical Association (VPMA), submit a copy of the VPMA certificate/diploma, and exam score letter to the Board.</li> </ul> </li> </ul> </li> <li><b>Chiropractic</b> <ul style="list-style-type: none"> <li>If you have completed the American Chiropractic Registry of Radiologic Technologists (ACRRT) exam, submit a copy of the certificate/diploma and exam score letter to the Board.</li> </ul> </li> <li><b>Bone Density</b> <ul style="list-style-type: none"> <li>Option 1 - ARRT EXAMINATION:               <ul style="list-style-type: none"> <li>Submit proof of completion of the educational coursework to include Core and Bone Density to the Board.</li> <li>Refer to the eligibility letter you will receive from the Board to sit for the ARRT CORE module examination.</li> <li>Submit the Clinical Training Attestation form.</li> </ul> </li> <li>Option 2:               <ul style="list-style-type: none"> <li>If you completed the International Society for the Clinical Densitometry (ISCD) exam, submit a copy of the ISCD certificate/diploma to the Board.</li> </ul> </li> </ul> </li> </ul> </li> </ul>	<b>MAIL OR EMAIL</b>

	<ul style="list-style-type: none"> <li>○ <b>Abdomen/Pelvis</b> <ul style="list-style-type: none"> <li>▪ The ARRT Limited Scope CORE Module Examination is required for licensure as a Limited Radiologic Technologist in the anatomical area of abdomen/pelvis.</li> <li>▪ Because there is no ARRT Limited Scope Anatomical Specific Examination in abdomen/pelvis, 25 (twenty-five) supervised radiologic examinations on patients of the abdomen or pelvis is required for licensure.</li> <li>▪ Submit the Abdomen/Pelvis Traineeship form to the Board with the \$25.00 fee. This form <b>must</b> be mailed.</li> <li>▪ Submit the Clinical Training Attestation form upon completion of the additional 10 clock hours of radiographic procedures in classroom or didactic training in abdomen/pelvis completed under the direct supervision and observation of a licensed radiologic technologist, or a doctor of medicine or osteopathy to the Board.</li> <li>▪ Training hours to qualify for licensure in abdomen/pelvis must, at the minimum, consist of twenty-five (25) radiological examinations or competencies on patients of the abdomen or pelvis <u>and</u> ten (10) clock hours of classroom or didactic training on radiographic procedures in this anatomical area that is directly supervised or observed by a licensed radiologic technologist, doctor of medicine, or doctor of osteopathic medicine.</li> </ul> </li> </ul>	
	<b>9. PROFESSIONAL LICENSE VERIFICATION</b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• If you are a new graduate with no practice or licensure history, skip this step.</li> <li>• Any previously held professional license from a jurisdiction within the United States, its territories and possessions, or Canada must be supplied to the Board by the other licensing authority.</li> <li>• Contact the applicable jurisdiction where you were issued a license to practice and request documentation be sent directly the Board via email to <a href="mailto:radtech-medbd@dhp.virginia.gov">radtech-medbd@dhp.virginia.gov</a>, faxed to (804) 527- 4426, or mailed (address at top of instructions).</li> <li>• For applicants practicing as travelers, provide a complete list of all locations and dates where you provided service.</li> </ul>	<b>EMAIL, FAX, OR MAIL</b>
	<b>10. NATIONAL PRACTITIONER DATA BANK (NPDB) SELF-QUERY</b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• If you are a new graduate with no licensure history, you do not need to send an NPDB self-query report to the Board.</li> <li>• If you have licensure history, complete the <a href="#">online NPDB self-query</a> order FORM.</li> <li>• The Board will accept the digitally certified electronic copy of your NPDB self-query report that can be emailed to: <a href="mailto:radtech-medbd@dhp.virginia.gov">radtech-medbd@dhp.virginia.gov</a>.</li> <li>• If you choose to have the NPDB report mailed to you instead, DO NOT OPEN IT when you receive it. Place the unopened NPDB report in an oversize envelope and forward it to the Virginia Board of Medicine. (As stated previously, we highly recommend sending this via online method, secondarily via Fed EX or UPS for tracking purposes.)</li> </ul>	<b>ONLINE</b>
	<b>11. NAME CHANGE</b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Complete a name change form and provide copies of documentation supporting any name changes since graduation from your radiologic technologist school.</li> </ul>	<b>ONLINE</b>

## ABDOMEN/PELVIS TRAINEESHIP

### ABDOMEN/PELVIS - (25 Exams) FEE \$25.00

☐ **STEP 1** - Pursuant to Virginia Regulations 18 VAC 85-101-60 B (2)(b)(1), "To perform radiographic procedures on the abdomen or pelvis, the applicant shall have successfully performed during the traineeship at least 25 radiologic examinations on patients of the abdomen or pelvis under the direct supervision and observation of a licensed radiologic technologist or a doctor of medicine or osteopathy.

Until the ARRT offers an examination for limited licensure in the radiographic procedures of the abdomen and pelvis, the applicant may qualify for limited license in these procedures by completing traineeship as specified in Step 1.

By completing this form, you are attesting to the applicant's competency in the areas of radiation safety, positioning, patient instruction, anatomy, pathology, and technical factors, and to having completed 25 supervised radiologic examinations on patients of the Abdomen/Pelvis.

☐ **STEP 2** - Please submit the [Clinical Attestation Form](#) that follows this document as evidence of receiving 10 clock hours of classroom or didactic instructions on radiographic procedures in abdomen/pelvis, to be documented along with evidence of completing traineeship in 25 radiologic examinations or competencies on patients of the Abdomen/Pelvis to the Board when applying for licensure. All abdomen/pelvis radiographic procedures are completed prior to applying for licensure. This form should be mailed to the Board's address once the license application is submitted with the fee and your account is created at the Board. **If this is the only anatomical area of practice selected on the application, passing the ARRT CORE examination module is required for licensure.**

Name of Applicant: \_\_\_\_\_

Print or Type

Signature of Applicant: \_\_\_\_\_

Name of Supervisor/Trainer: \_\_\_\_\_

Print or Type

Signature of Supervisor/Trainer: \_\_\_\_\_

Supervisor's Virginia License Number: \_\_\_\_\_

=====FOR OFFICE USE ONLY=====

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

\_\_\_\_\_  
**Deputy Director/Licensure**

## Radiologic Technology-Limited Clinical Training Attestation

Pursuant to Virginia Regulations 18VAC 85-101-60 B (3)

An applicant for licensure by examination as a radiologic technologist - limited shall successfully perform a traineeship of at least 10 radiographic procedures in the anatomical area(s) for which they are seeking licensure under the direct supervision and observation of a licensed radiologic technologist or a Doctor of medicine, osteopathy, podiatry, or chiropractic.

The Clinical Attestation form serves as proof of completion of the required training in radiographic procedures as part of the student's educational coursework, as well as the required additional clinical training for licensure prior to applying to the Virginia Board of Medicine. This form must be signed by the applicant, the licensed Rad. Tech., clinical coordinator or program director of the Limited Scope Radiologic Technology program and, where applicable by the licensed Radiological Technologist, Doctor of Medicine or Osteopathy conducting the additional clinical training. The form is emailed to the Board of Medicine for review of eligibility to sit for the ARRT examination. **Please note: this form replaces the former T/C (1) and T/C (2) clinical traineeship forms, which are now obsolete. This form can be mailed, faxed or sent by email to [radtech-medbd@dhp.virginia.gov](mailto:radtech-medbd@dhp.virginia.gov).**

Applicant's Name: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

### Anatomical Areas Completed in Educational Program and Additional Clinical Training for Limited Rad. Tech Licensure

You are attesting to providing 10 clock hours of didactic instructions in radiographic procedures for each anatomical area selected by the candidate in your program that fulfills Virginia's regulatory requirement. Please check the procedures taught under your direct supervision for Limited Radiologic Technology licensure in the anatomical area(s) below:

☐ Abdomen / Pelvis    ☐ Chest    ☐ Extremities    ☐ Skull/ Sinuses    ☐ Spine    ☐ Podiatry

Name of Virginia Licensed Rad. Tech or Program Director/Coordinator: \_\_\_\_\_

Signature: \_\_\_\_\_ Virginia Rad. Tech License Number: 0120 \_\_\_\_\_

### Additional Clinical Training Required for Licensure

You are attesting to at least 10 radiographic procedures completed by the candidate in the selected area(s) of practice for Virginia Limited Radiologic Technology licensure. Please check the clinical training conducted under your direct supervision for Virginia Limited Radiologic Technology licensure in the anatomical area(s) below:

☐ Abdomen / Pelvis    ☐ Chest    ☐ Extremities    ☐ Skull/ Sinuses    ☐ Spine    ☐ Podiatry    ☐ Bone Density

Name of Radiologic Technologist, Doctor of Medicine/Osteopathy/Podiatry/Chiropractic: \_\_\_\_\_

Signature and License Number: \_\_\_\_\_ Date: \_\_\_\_\_

===== **FOR OFFICE USE ONLY** =====

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

\_\_\_\_\_  
**Deputy Director/Licensure**





Virginia Department of  
**Health Professions**  
Board of Medicine

**Board of Medicine**

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463  
[www.dhp.virginia.gov](http://www.dhp.virginia.gov)

Phone: (804) 367-4600  
Fax: (804) 527-4426  
Email: [radtech-medbd@dhp.virginia.gov](mailto:radtech-medbd@dhp.virginia.gov)

**TRAINEESHIP APPLICATION**  
**STATEMENT OF AUTHORIZATION**  
**FEE \$25.00**

GRADUATES WHO ARE SCHEDULED FOR THE NEXT EXAMINATION, UPON APPROVAL, MAY BE EMPLOYED UNDER DIRECT SUPERVISION OF A VIRGINIA LICENSED RADIOLOGIC TECHNOLOGIST, MD, DO, OR DPM WHILE AWAITING THE RESULTS OF THE NEXT LICENSURE EXAMINATION/COMPLETION OF PROCEDURES.

Authorization to work as a trainee is valid only for the period indicated on the "Statement of Authorization" issued by the Board of Medicine. Unforeseen circumstances that require interruption or prevent successful completion of the traineeship should be brought to the attention of the board. This traineeship may only be served under a Virginia licensed Radiologic Technologist, MD, DO, DC, or DPM. Traineeship can begin on the date of approval of this authorization and will end upon receipt of examination results, or completion of required number of procedures.

*(Please Print or Type)*

Name of Trainee: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Supervisor's Virginia License Number: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Name and Address of Institution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We, the undersigned, have read and understand Regulation 18 VAC 85-101-61 and agree to abide by the conditions contained herein. The traineeship shall terminate upon receipt by the candidate of the licensure examination results/procedures.

\_\_\_\_\_  
Signature of Trainee

\_\_\_\_\_  
Signature of Supervisor

**FOR OFFICE USE ONLY**

APPROVED BY: \_\_\_\_\_  
Deputy Director/Licensure

\_\_\_\_\_  
Date Approved