INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE AS A LIMITED RADIOLOGIC TECHNOLOGIST IN VIRGINIA

This is not the application for a full Radiologic Technologist or Radiologist Assistant license. *(This form has been designed to be used as a checklist when preparing to submit your application.)*  
APPLICATION FEES ARE NONREFUNDABLE

BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

DO NOT BEGIN PRACTICING BEFORE YOU ARE ISSUED A LICENSE.

This is the application for a license to practice as a LIMITED Radiologic Technologist.

You should familiarize yourself with the qualifications required for a license by reviewing the laws and regulations governing the practice of radiologic technology in Virginia. They can be found at:  
http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant’s responsibility to ensure that outside entities send the necessary documentation to the Board.

The Board provides an electronic checklist for your convenience in tracking your application. You should allow approximately 10 business days for your application checklist to be first updated on the Board’s website.

Supporting documentation will be added to your checklist as it is received. Processing of documents may take up to 10 business days after they are received. If you find your checklist does not exist or does not indicate necessary documents have been received, e-mail the Board at radtech-medbd@dhp.virginia.gov, with “Limited Radiologic Technologist Application Question” in the subject line. E-mails will be answered within 2 business days.

Your application checklist may be viewed by logging into your application and clicking on the “View Checklist” link located in the Pending Licenses section. This link will not be visible for applicants who have not yet paid the application fee. If you have submitted your application and required fee online, but no longer see your checklist in the Pending Licensing section, your license may have been issued by the Board. Before calling the Board, please visit https://dhp.virginiainteractive.org/Lookup/Index to view your newly issued license. This website is primary source license verification that meets the Joint Commission’s requirements for license verification. If you need technical assistance with your checklist contact the agency’s helpdesk at 804-367-4444. The helpdesk cannot provide assistance regarding information about your documents.

The Board of Medicine discourages the use of the United States Postal Service to send documents. If possible, and if noted below, you are encouraged to have your documents sent by pdf attachment, FAX, FED EX or UPS. The Board is unable to trace documents not delivered by the post office.

Supporting documentation sent to the Board when there is no application on file will be purged after six months.

NB: Virginia law considers material misrepresentation of fact in an application for licensure to be a Class 1 misdemeanor. Misrepresentation may be by commission or omission. Be sure of your facts and provide full responses to the Board’s questions.

PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD’S PROCESSES.
INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR LICENSURE AS A LIMITED RADIOLOGIC TECHNOLOGIST
(\textit{This form has been designed for use as a checklist for submitting required documentation.})

☐ 1  \textit{Complete the online application} https://www.license.dhp.virginia.gov/apply/ which includes paying the nonrefundable application fee of $90.00. Application fees may only be paid using Visa, MasterCard or Discover.

☐ 2  \textbf{Educational requirements:} (A) Submit evidence of successful completion of a program that is directed by a radiologic technologist with a bachelor’s degree and current ARRT certification, has instructors who are licensed radiologic technologists, and has a minimum of the following coursework: a. Image Production/Equipment Operation 25 clock hours; b. Radiation Protection - 15 clock hours; and c. Radiographic procedures in the anatomical area of the radiologic technologist-limited’s practice - 10 clock hours, OR for chiropractic (B) submit evidence of an ACRRT approved program, OR for bone density (C) submit evidence of ISCD certification for bone densitometry, OR for podiatry, submit a copy of the certificate / diploma from the Virginia Podiatric Medical Association. This evidence \textbf{may not} be faxed.

☐ 3  \textbf{Form T/C (1) Training application: This form is required} for all anatomical areas with the exception of bone density. This form must be signed by the licensed radiologic technologist, doctor of medicine, osteopathic medicine or doctor of podiatric medicine who will supervise your training, and returned directly to the board office for approval. A copy of the approved form T/C (1) will be mailed to the applicant so that training may begin. Upon completion of training, form T/C(2) must be signed by the licensed radiologic technologist, doctor of medicine, osteopathic medicine or doctor of podiatric, notarized and returned directly to the board office. There is no fee required for this training. Form T/C (1) \textbf{may} be faxed or emailed. Form T/C (2) \textbf{may not} be faxed or emailed. *\textbf{Do not begin training prior to Board approval.}

☐ 4  \textbf{Form T/E(1) Traineeship application (optional):} 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. The fee for this traineeship is $25.00. Mail a check made payable to the “Treasurer of Virginia” to the Virginia Board of Medicine. This form \textbf{may not} be faxed or emailed and must be received with the application fee. A traineeship application is not valid without a licensure application and fee on file with the Board of Medicine.

☐ 5  The American Registry of Radiologic Technologist
1255 Northland Drive
Mendota Heights, MN 55120-1155,
(651)687-0048
\texttt{www.arrt.org}
\textbf{Do Not Send Fees to the ARRT Without Your Board Eligibility Letter}

\textbf{Examinations Required}

\textbf{ARRT examination:} Upon receipt of your eligibility letter from the Virginia Board of Medicine, \textbf{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. Contact the Board for any questions regarding eligibility for the ARRT examination.

If you need to take any of the examinations listed below, please submit an application, required forms and training fees directly to the Virginia Board of Medicine. Indicate on the licensure application the specific anatomical area(s) you wish to practice. The areas listed below require examinations.
If you took the ARRT Limited Scope CORE module examination(s) previously for another state and passed, request scores directly from that approving jurisdiction. Re-examination may not be required. You will however, be required to complete clinical training for specific anatomical areas with a licensed Radiologic Technologist or doctor of medicine of osteopathy.

**Chest/thorax and/or Extremities and/or Skull/Sinuses and/or Spine**

a) Submit evidence of completion of 50-hour educational Limited Radiologic Technology program requirements and the associated clinical training forms for the anatomical areas selected on the application to the Virginia Board of Medicine.

b) Refer to the eligibility letter you will receive from the Board of Medicine, upon approval of education to sit for the ARRT examination and to train in the requested anatomical area(s).

c) Submit Clinical Form T/C-1 for approval via email to radtech-medbd@dhp.virginia.gov to add to your file.

d) Submit the notarized Clinical Form T/C-2 after completing the clinical training.

**Podiatry**

**Option 1 - ARRT EXAMINATION:**

a) Submit evidence of completion of education requirements to include core and podiatry to the Virginia Board of Medicine.

b) Refer to the eligibility letter you will receive from the Board of Medicine upon approval to sit for the ARRT examination and to train in the requested anatomical area(s).

c) Submit clinical form T/C-1 for approval via email to radtech-medbd@dhp.virginia.gov to add to your file.

d) Submit clinical form T/C-2 after completing the clinical training.

**Option 2**

If you have completed the program/examination offered by the Virginia Podiatric Medical Association (VPMA):

a) Submit a copy of the VPMA certificate / diploma to the Virginia Board of Medicine.

**Chiropractic**

If you have completed the ACRRT (American Chiropractic Registry of Radiologic Technologists) examination:

a) Submit a copy of the certificate/diploma to the Virginia Board of Medicine.

**Bone Density**

**Option 1 - ARRT EXAMINATION**

If you wish to take the test through ARRT:

a) Submit the education requirements to include Core and bone density to the Virginia Board of Medicine.

b) Refer to the eligibility letter you will receive from the Board to sit for the ARRT CORE module examination and to train in bone density.

**Option 2 - ISCD (International Society for the Clinical Densitometry) Examination**

If you have completed the ISCD (International Society for the Clinical Densitometry) examination:

a) Submit a copy of the ISCD certificate / diploma to the Virginia Board of Medicine.

**ARRT Examinations are Computer Based**

To take any of the above examinations, please submit an application and forms directly to the Virginia Board of Medicine. Upon approval of your application to sit for the ARRT CORE module examination, approval will be forwarded to the ARRT office through the ARRT website. You will be notified, in writing, by the ARRT verifying the 3 month window or time period to schedule the examination. Generally, scores are reported directly to the Virginia Board of Medicine within 2-3 weeks after the examination. You will receive written notification of the results of your examination from the Virginia Board of Medicine. Results will not be released over the telephone.

**Abdomen/Pelvis**

The ARRT Limited Scope CORE Module Examination is required for licensure as a radiologic technologist-limited in the anatomical area of abdomen/pelvis. Because there is no ARRT Limited Scope Anatomical Specific Examination in the area of abdomen/pelvis, additional training totaling 35 radiographic procedures are required for licensure in abdomen/pelvis.

Use training forms T/A (1) and T/C (1) to submit evidence of completion of training to include Core and abdomen/pelvis to the Virginia Board of Medicine.
Submit training form T/A-1 and $25 (payable to the Treasurer of Virginia) for approval. Form T/A (1) must be signed by the licensed radiologic technologist or doctor of medicine or osteopathic medicine conducting the clinical training, as well as by the applicant for licensure, and submitted (mailed) to the Board for approval. A copy of the approved form will be mailed to the applicant so that training may begin. Upon completion of training, form T/A(2) must be submitted to the Board, signed by the supervisor attesting to the successful completion of, at least, 35 radiologic examinations of the abdomen and/or pelvis under their direct supervision and observation and to further attest to competency in the areas of radiation safety, positioning, patient instruction, anatomy, pathology and technical factors.

Submit training Form T/A-2 after completing the training (25 exams). This form **may not** be faxed. Any T/A (2) and T/C (2) forms received prior to approval to train will not be processed.

**Items 6-8 are not required if you have never practiced your profession and you have never held licensure in another jurisdiction.**

- **6 Employment Activity** – All applicants must list all activities from the date of graduation from your professional school including but not limited to internships, employment, affiliations, periods of non-activity or unemployment, observerships and volunteer service in the “Employment Activity” section of the application beginning with your first activity following professional school graduation. If you are employed by a group practice or locum tenens/traveler company, please list all locations where you have provided service or held privileges.

  For applicants practicing as travelers, provide a complete list of **all locations and dates** where you have provided service.

- **7 License Verification** – Verification of radiologic technologist licenses from all jurisdictions within the United States, its territories and possessions or Canada in which you have been issued a license/certificate or registration must be received by the Board. **Please contact the applicable jurisdiction where you have been issued a licenseto inquire about having verification forwarded to the Virginia Board of Medicine.** Verification must come from the jurisdiction and may be sent by fax to (804) 527-4426, email to radtech-medbd@dhp.virginia.gov, or mailed.

- **8 NPDB Self Query** – Complete the online **Place a Self-Query Order form**. Be ready to provide:
  - Identifying information such as name, date of birth, Social Security number
  - State health care license information (if you are licensed)
  - Credit or debit card information for the $4.00 fee (charged for each copy you request)
Verify your identity. This can be done electronically as part of your order or by completing a paper form and having it notarized. You will receive full instructions as you complete your order.

Wait for your response. Once your identity is verified, the NPDB will process your order. A paper copy of your response will be sent the next business day by regular U.S. mail.

The Board does not accept emailed copies of the NPDB report. When you receive your report in the mail from NPDB DO NOT OPEN IT. Place your unopened NPDB report in an oversized envelope and forward it to the Virginia Board of Medicine. The Board recommends using Fed EX or UPS for tracking purposes. The Board of Medicine is unable to track any mail or other package that is sent via the United States Postal Service.

Any NPDB report received for an application not completed within 6 months of receipt of the NPDB report will have to be resubmitted.

Please note:

- Applications not completed within 12 months may be purged without notice from the board. Applications not completed within one year are considered inactive. Applicants who would like to continue the process after one year will be required to submit a new application and fee.

- Virginia is a direct verification state. All supporting documents must come from the original source unless specifically noted in the instructions.

- Additional information not already listed may be requested at any time during the process.

- Application fees are non-refundable.
The Board’s mailing address is:

The Virginia Board of Medicine
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

Email inquiries are normally responded to within 2 business days. Send your email inquiries to radtech-medbd@DHP.Virginia.gov.

Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.

*If you are granted a Virginia license please be advised that continued learning is required after the first renewal cycle following initial licensure. Requirements can be found on the Board’s website.

*Contact Email: radtech-medbd@dhp.virginia.gov

*Website: www.dhp.virginia.gov
Department of Health Professions
Commonwealth of Virginia

BOARD OF MEDICINE
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
(804) 367-4600

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
Radiologic Technologist-Limited Training Application

FOR ABDOMEN/PELVIS – (25 Exams)

FEE $25.00

Pursuant to Virginia Regulations 18 VAC 85-101-60 B (2)(b)(1), “Until the ARRT offers an examination in the radiographic procedures of the abdomen and pelvis, the applicant may qualify for a limited license by submission of a notarized statement from a licensed radiologic technologist or doctor of medicine or osteopathy attesting to the applicant's training and competency to practice in that anatomical area.”

Part (1) of this form must be signed by the applicant and the applicant's supervisor and returned to the Board of Medicine for approval. The approved application will be forwarded to the supervisor and copied to the applicant. Upon receipt, the applicant may begin training. *Please note that this application is only good for six months from the date of approval.

Part (1)

Name of applicant: ________________________________________________ Print or Type

Signature of applicant: _____________________________________________

Name of supervisor: ________________________________________________ Print or Type

Signature of supervisor: _____________________________________________

Supervisor's Virginia License Number ____________________________________________

Approved by the Board of Medicine

Deputy Executive Director/Licensure ____________________ Date ______________
Applicant’s name____________________________________________ Type or Print

Part (2) of this form must be signed by the applicant’s supervisor upon completion of the required training, notarized and forwarded to the Board of Medicine. Upon receipt and review the applicant’s application will be considered for licensure. This process takes approximately 3 to 5 working days. The applicant will be notified in writing.

Part (2)

ABDOMEN/PELVIS

The signature below indicates that the radiologic technologist or doctor of medicine or osteopathy attests that the above named has successfully performed at least 25 radiologic examinations of the abdomen and/or pelvis under his direct supervision and observation, and further attests to the applicant’s competency in the areas of radiation safety, positioning, patient instruction, anatomy, pathology and technical factors.

__________________________________________________________
Radiologic Technologist/Doctor of Medicine/Osteopathy Date

Notary Seal

__________________________________________________________
City/County of______________________________ State of______________________________

Subscribed and sworn to before me this__________________ day of__________________ 20__

My Commission expires__________________.

__________________________________________________________
Signature of Notary Public
Radiologic Technology-Limited Clinical Training Application

Pursuant to Virginia Regulations 18 VAC 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 radiologic examinations in the anatomical area for which he is seeking licensure under the direct supervision and observation of a licensed rad tech or a doctor of medicine or osteopathy.

Part (1) of this form must be signed by the applicant and the applicant’s supervisor and returned to the Board of Medicine for approval. The approved application will be forwarded to the supervisor and copied to the applicant. Upon receipt, the applicant may begin training. *Please note that this application is only good for six months from the date of approval.

Part (1)

Name of applicant: ____________________________

Signature of applicant: ____________________________

Name of supervisor: ____________________________

Signature of supervisor: ____________________________

Supervisor’s Virginia License Number: ____________________________

Approved by the Board of Medicine

Deputy Executive Director/Licensure ____________________________ Date ____________________________
Applicant’s name

Type or Print

Part (2) of this form must be signed by the applicant’s supervisor upon completion of the required training, notarized and forwarded to the Board of Medicine. Upon receipt and review the applicant’s application will be considered for licensure. This process takes approximately 3 to 5 working days. The applicant will be notified in writing.

Part (2)

The signature below indicates that the radiologic technologist or doctor of medicine or osteopathy attests that the above named has successfully performed at least 10 radiologic examinations in the anatomical area of __________________________ under his direct supervision and observation, and further attests to the applicant’s competency in the areas of radiation safety, positioning, patient instruction, anatomy, pathology and technical factors.

_____________________________  ________________________________
Radiologic Technologist/Doctor of Medicine/Osteopathy  Date

Notary Seal

City/County of __________________________  State of __________________________

Subscribed and sworn to before me this ______________ day of ______________ 20___

My Commission expires __________________.

______________________________
Signature of Notary Public