

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

(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!

This is the application for a Limited Radiologic Technologist. It is not the application for a Radiologic Technologist, a Radiologic Assistant or a traineeship.

You should familiarize yourself with the qualifications required for a license by reviewing the laws and regulations governing the practice of limited 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. 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 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 call 804-270-6836 or visit <https://www.license.dhp.virginia.gov/license/>, and use your current User ID and Password to login and view your newly issued license. 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.

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
RADIOLOGIC TECHNOLOGIST BY EXAMINATION/ENDORSEMENT**
(This form has been designed for use as a checklist for submitting required documentation.)

- 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.

- Employment Activity Questionnaire (Form B)** – Forward Form B to all places where you practiced as a limited radiologic technologist for the past five (5) years or since graduation if less than five (5) years. If working for a placement company or temporary locum tenens, a Form B must be received for each location where service was provided. This form **may** be faxed to 804-547-4426, emailed to medbd@dhp.virginia.gov or mailed by the source completing the document.

- 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 license to 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 medbd@dhp.virginia.gov, or mailed.

- 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 **may not** be faxed.

- 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) **may** be faxed or emailed. Form T/C (2) **may not** be faxed or emailed. ***Do not begin training prior to Board approval.**

- 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 **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.

- The American Registry of Radiologic Technologist**
1255 Northland Drive
Mendota Heights, MN 55120-1155,
(651)687-0048
www.arrrt.org
Do Not Send Fees to the ARRT Without Your Board Eligibility Letter

Examinations Required

ARRT examination fee: The fee to take the ARRT Limited Scope core examination with specific radiographic anatomical area examination/s is **\$125.00**. Upon receipt of your eligibility letter from the Virginia Board of Medicine, **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.

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 examination(s) previously for another state, 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.

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

- a) Submit evidence of completion of education requirements to include core and specific areas to the Virginia Board of Medicine.
- b) Submit a **Cashier's check or money order** for \$100 payable to ARRT directly to the ARRT. Refer to the eligibility letter you will receive from the Board.
- c) Submit Clinical Form T/C-1 for approval.
- d) Submit Clinical Form T/C-2 after completing the clinical training.

Podiatry

Option 1 If you wish to take the test through ARRT:

- a) Submit evidence of completion of education requirements to include core and podiatry to the Virginia Board of Medicine.
- b) Submit a **Cashier's check or money order**, for \$100 payable to ARRT, directly to the ARRT. Refer to the eligibility letter you will receive from the Board.
- c) Submit clinical form T/C-1 for approval
- 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:

- a) Submit a copy of the 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

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) Submit a **Cashier's check or money order**, for \$100.00 made payable to ARRT, to take the Core Section directly to the ARRT. Refer to the eligibility letter you will receive from the Board.
- c) After passing the core section, submit a Cashier's check or money order, for \$100.00 made payable to ARRT, to take the bone density exam directly to the ARRT. Refer to your eligibility letter you will receive from the Board.

Option 2

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 completion of your application for examination, approval will be forwarded to the ARRT office. You will be notified in writing by the ARRT verifying the 3 month time period to schedule the examination. Your scores will be reported directly to the Virginia Board of Medicine and you will be sent 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 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 is required for licensure in abdomen/pelvis.

Submit evidence of completion of education requirements to include Core and abdomen/pelvis (refer to item #3) to the Virginia Board of Medicine.

Submit a **Cashier's check or money order**, for \$100.00 made payable to the ARRT, directly to the ARRT. Refer to the eligibility letter you will receive from the Board.

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 and the applicant for licensure and submitted 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 performance of at least 25 radiologic examinations of the abdomen and /or pelvis under his 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.

Please note:

*Please be aware that consistent with Virginia law and the mission of the Department of Health Professions, addresses on file with the Board of Medicine are made available to the public. This has been the policy and the practice of the Commonwealth for many years. However, with the application of new technology, which makes this information more accessible, there has been growing concern of those licensees who supply their residence address for mailing purposes. This notice is to reiterate that the Board of Medicine maintains only one address for each licensee and will allow the address of record to be a Post Office Box or practice location.

▶ 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**

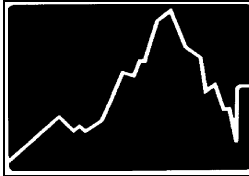
► Email inquiries are normally responded to within 2 business days. Send your email inquiries to **medbd@DHP.Virginia.gov**.

► 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 person Beulah Archer 804-367-3051. Email beulah.archer@dhp.virginia.gov – website: www.dhp.virginia.gov

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|---|---|--|--|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Genetic Counselor | <input type="checkbox"/> Osteopathy and Surgery | <input type="checkbox"/> Radiologic Technologist |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Medicine and Surgery | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Radiologic Technologist - Limited |
| <input type="checkbox"/> BCaBA | <input type="checkbox"/> Midwife | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Radiologist Assistant |
| <input type="checkbox"/> BCBA | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Polysomnographic Technologist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Occupational Therapist Assistant | | |



Rev. 7/17

Virginia Department of Health Professions

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

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

Please provide name and address of setting/organization exactly as it appears on your application chronology.

Clearly print/type name of applicant

Name of Setting: _____

Address: _____

Last 4 of Social Security Number XXX-XX-_____

City, State, Zip: _____

The Virginia Board of Medicine, in its consideration of an applicant for licensure, depends on information from persons and institutions regarding the applicant's employment, training, affiliations, and staff privileges. Please complete this form to the best of your ability and return it to the Board by mail, fax or email so the information you provide can be given consideration in the processing of his/her application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past, and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of my application.

Signature of Applicant _____

1. Date and type of service: This individual served with us as _____
from _____ to _____.
(Month/Year) (Month/Year)

2. Please evaluate: (Indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				
Clinical judgment				
Relationship with patients				
Ethical/professional conduct				
Interest in work				
Ability to communicate				

3. Recommendation: (please indicate with check mark) Recommend highly and without reservation Recommend as qualified and competent
 Recommend with some reservation (explain) _____
 Do not recommend (explain) _____

4. Of particular value to us in evaluating any applicant are any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you. _____

5. The above report is based on: (please indicate with check mark)
 Close personal observation General impression A composite of evaluations
 Other: _____

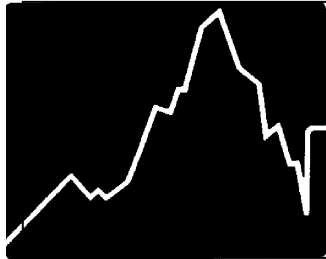
Date (Required): _____

Signed by: _____

Print or type name: _____

Signator Contact Number: (_____) _____

Title: _____



Department of Health Professions
Commonwealth of Virginia

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

(804) 367-3051

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.

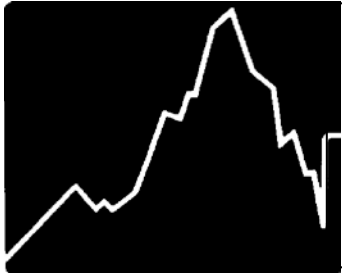
Signature of Trainee

Signature of Supervisor

FOR OFFICE USE ONLY

APPROVED BY: _____
Deputy Director/Licensure

Date Approved



Department of Health Professions
Commonwealth of Virginia

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

(804) 367-3051

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

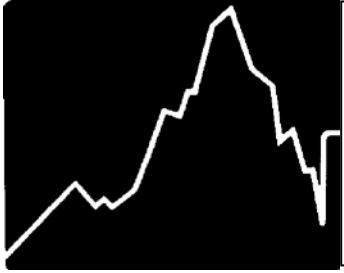
Notary Seal

City/County of _____ State of _____

Subscribed and sworn to before me this _____ day of _____ 20_____

My Commission expires _____.

Signature of Notary Public



Department of Health Professions
Commonwealth of Virginia

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

(804) 367-3051

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: _____
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)

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