Virginia Department of Health Professions
Board of Medicine
Advisory Board on Radiological Technology

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APPLICATION INSTRUCTIONS TO PRACTICE AS A RADIOLOGIST ASSISTANT BY ENDORSEMENT

GUIDANCE

1. Familiarize yourself with the qualifications required for a full license by reviewing the Laws and Regulations governing the practice as a radiologist assistant in Virginia.
2. **Application fees are nonrefundable. Your application is NOT processed until the fee is paid. Fees must be submitted with the online application.**
3. The endorsement application fee is $130.00.
4. Applications EXPIRE 180 days (six months) 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.
5. National Practitioner Data Bank (NPDB) self-query reports expire within six (6) months of receipt and must be resubmitted if you do not complete your application within that timeframe.
6. When possible, submit your documents electronically. Some forms may be faxed to 804-527-4426 and are indicated as such. 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. The Board is unable to track documents delivered via USPS.
7. For mailed applications, the Board does **not** accept supporting documents that are copied *after* they are notarized.
8. Consistent with Virginia law and the mission of the Department of Health Professions, public addresses on file with the Board of Medicine are made available to the public. The Board address noted on your application may be different from the public address and is not released to the public. The Board of Medicine allows the Board address of record to be a Post Office Box or practice location.
9. The Board processes applications efficiently, but licensing time depends on external entities, so plan accordingly. Applicants must ensure all required documentation is sent to the Board. If the Board deems any of the required criteria for endorsement is unmet, your application will be routed to the traditional pathway for an initial license in Virginia.
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.
11. You may view the progress of your application online by logging into your application and clicking on the “View Checklist” link located in the Pending Licenses section. This link **is not** visible until your application fee is paid in full.

ELIGIBILITY CRITERIA

1. Hold at least one current, unrestricted license in a United States jurisdiction or Canada
2. Verify that at least one license issued by another United States jurisdiction or in Canada, is in good standing, defined as current and unrestricted, or if lapsed, eligible for renewal or reinstatement.
3. Evidence of current certification issued by the ARRT as an R.T.(R)
4. Evidence of a current certification in Advanced Cardiac Life Support (ACLS)
5. Have no grounds for denial based on provisions of the Code of Virginia §54.1-2915 or regulations of the Board.

If you DO NOT meet the eligibility criteria, you must apply through the traditional application pathway.

ENDORSEMENT APPLICATION CHECKLIST

CHECK MARK	REQUIRED DOCUMENTATION	SUBMISSION METHOD
	1. APPLICATION AND FEE	
☐	Complete the online application and submit it with the non-refundable application fee. • Many application components require additional documentation, noted when applicable. Failure to provide necessary documentation impedes progress, and it is the applicant's responsibility to submit all required supporting documentation.	**ONLINE**
	2. EMPLOYMENT CHRONOLOGY	
☐	List your employment activities in chronological order within the application. • This must include **all professional activities** for the five (5) years immediately preceding this application, or since graduation if it occurred less than 5 years ago. Include any internships, affiliations, observerships, additional training, 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). • 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, use the supplemental form and submit with your application.	**ONLINE** **EMAIL, FAX, OR MAIL**
	3. PROFESSIONAL LICENSE VERIFICATION	
☐	Request verification of your license to practice as a Radiologist assistant. • Provide verification of one license held issued by another United States jurisdiction or in Canada that is in good standing, defined as current and unrestricted, or if lapsed, eligible for renewal or reinstatement. The Board does not require verification of training licenses. • To request verification of a license to practice as a radiologist assistant from a jurisdiction within the United States, its territories and possessions, or Canada, contact the applicable jurisdiction where you were issued a license to practice medicine to request documentation be sent directly the Board via email to radtech-medbd@dhp.virginia.gov, faxed to (804) 527- 4426, or mailed to the address at the top of these instructions.	**EMAIL, FAX, OR MAIL SENT DIRECTLY FROM JURISDICTION**

	4. VERIFICATION OF PROFESSIONAL CREDENTIAL	
☐	• Request your current certification as an R.T.(R) to be sent directly to the Board office by the ARRT. • The ARRT's contact information is arrt.org, 1255 Northland Drive, St. Paul, MN 55120-1155, or 651-687-0048 • Certification must come directly from the ARRT and may also be emailed to radtech-medbd@dhp.virginia.gov	**MAIL, OR EMAIL DIRECTLY FROM ARRT**
	5. VERIFICATION OF ACLS CERTIFICATION	
	• Provide documentation of current certification in Advanced Cardiac Life Support (ACLS).	**MAIL, FAX, OR EMAIL**
	6. NATIONAL PRACTITIONER DATA BANK (NPDB) SELF-QUERY	
☐	Complete the online NPDB self-query form. • The Board accepts digitally certified electronic copies that can be emailed to radtech-medbd@dhp.virginia.gov • 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.	**ONLINE AND SENT DIRECTLY FROM NPDB**
	7. NAME CHANGE	
☐	Provide copies of documentation supporting any name changes differing from your previous license.	**EMAIL, FAX, OR MAIL**

END OF INSTRUCTIONS. PROCEED TO THE ONLINE APPLICATION.