



MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
1867 Crane Ridge Drive · Suite 200B, Jackson, Mississippi 39216

Physician Supervision of Radiologist Assistant Practice Registration Form

The radiologist assistant must have a current Mississippi license before obtaining authorization for physician supervision. The radiologist assistant shall not practice without written approval from this Board.

The radiologist assistant and physician should immediately notify this Board of any changes in employment, practice location, or any information submitted in this application. Having backup physicians is not a requirement, but should the primary physician not practice the radiologist assistant cannot practice.

RADIOLOGIST ASSISTANT DATA:

Name: _____ MS License #: _____

Mailing Address: _____

Home telephone: _____ Area of Specialty: _____

Liability Insurance carrier: _____

Radiologist Assistant Date of Employment: _____

Reason for Submitting this Form:

- | | | |
|--|---|---|
| <input type="checkbox"/> Initial registration | <input type="checkbox"/> Changing primary physician | <input type="checkbox"/> Deleting substitute supervisor |
| <input type="checkbox"/> Adding substitute supervisor(s) | <input type="checkbox"/> Changing substitute supervisor | <input type="checkbox"/> Deleting practice location(s) |
| <input type="checkbox"/> Adding practice location(s) | <input type="checkbox"/> Changing practice location(s) | <input type="checkbox"/> Other |

A supervising physician must hold a current unrestricted Mississippi license and is in the full time practice of medicine. The primary practice location should be the same location registered with the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration. Every physician supervising a radiologist assistant shall be qualified as a radiologist.

PRIMARY SUPERVISING PHYSICIAN DATA:

Name: _____ MS License # _____

Primary practice location: _____

Mailing address: _____

Telephone number: _____ Area of Specialty: _____

Liability Insurance carrier: _____

DEA number _____

Are you currently supervising a radiologist assistant, physician assistant and/or nurse practitioner?

Hospital Privilege(s)	Name of Hospital	Address
_____	_____	_____
_____	_____	_____

List Other practice location(s): Clinic/Address	Telephone number
_____	_____
_____	_____
_____	_____

The following is a list of items to be returned with your form to include but not limited to:

- ▶ A Certificate of Insurance from physician's or RA's liability carrier
- ▶ Statement of Responsibility of Primary Physician
- ▶ Statement of Responsibility of Substitute Supervisor
- ▶ Executed Statement of Supervision

STATEMENT OF SUPERVISION

The employing radiologist or substitute supervisor will exercise supervision and assume full control and responsibility for the services provided by the stated radiologist assistant. Any services being provided by said radiologist assistant must be performed at either the supervising radiologist’s physical location or any healthcare facility where the supervising radiologist holds staff privileges.

The radiologist assistant may perform selected procedures under the direct supervision of radiologist including static and dynamic fluoroscopic procedures; assess and evaluate the physiologic and psychological responsiveness of patients undergoing radiologic procedures; evaluate image quality, make initial image observations and communicate observations of image quality to the supervising radiologist; and administer intravenous contrast media or other prescribed medications.

The radiologist assistant will adhere to the code of ethics of the American Registry of Radiologic Technologists and to national, institutional and/or departmental standards, policies and procedures regarding the standards of care for patients.

The radiologist assistant may not interpret images, make diagnoses or prescribe medications or therapies.

The radiologist assistant will not advertise or otherwise hold himself out in any manner which would tend to mislead the general public or patients. The radiologist assistant shall at all times when on duty wear a name tag, placard or plate identifying himself as a radiologist assistant.

The radiologist assistant will not advertise in any manner which implies that he/she is an independent practitioner.

The radiologist will be present in the office suite and immediately available to furnish assistance and direction throughout the performance of all procedures. The radiologist does not have to be present in the room when the procedure is performed.

Supervising Physician Signature

Date: _____

Radiologist Assistant Signature

Date: _____

Substitute Supervisor Signature

Date: _____

Substitute Supervisor Signature

Date: _____