

### **XXX. REGULATIONS GOVERNING THE PRACTICE OF RADIOLOGIST ASSISTANTS**

#### **A. SCOPE**

1. The following regulations pertain to radiologist assistants performing any x-ray procedure or operating any x-ray equipment in a physician's office, hospital or clinical setting.
2. The radiologist assistant shall evaluate the day's schedule of procedures with the supervising radiologist and determine where the radiologist assistant's skills will be best utilized.
3. After demonstrating competency the radiologist assistant when ordered to do so by the supervising radiologist may:
  - a. perform selected procedures under the direct supervision of a radiologist including static and dynamic fluoroscopic procedures;
  - b. assess and evaluate the physiologic and psychological responsiveness of patients undergoing radiologic procedures;
  - c. evaluate image quality, make initial image observations and communicate observations of image quality to the supervising radiologist; and
  - d. administer intravenous contrast media or other prescribed medications.
4. The radiologist assistant may not interpret images, make diagnoses, or prescribe medications or therapies.
5. The radiologist assistant shall 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.

#### **B. DEFINITIONS**

1. A.R.R.T. - American Registry of Radiologic Technologists.
2. Full Certification - Certification obtained by submitting certification issued by the A.R.R.T.
3. Radiologist - A physician licensed by the Mississippi State Board of Medical Licensure who is certified or eligible to be certified by the American Board

of Radiology or the American Osteopathic Board of Radiology.

4. Radiologist Assistant Certification - Certification obtained by submitting proof of A.R.R.T. certification as a radiologist assistant which will enable the holder to perform any and all radiologist assistant procedures or functions as defined in Section C below in a radiology practice or radiologist's office.
5. Direct Supervision - The radiologist must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of all procedures. "Direct supervision" does not mean that the supervising radiologist must be present in the room when the procedure is performed.

### **C. QUALIFICATIONS FOR LICENSURE**

1. Applicants for radiologist assistant licensure must be graduates of a radiologist assistant education program accredited by the American Registry of Radiologic Technologists or graduate of a RPA school holding a RA certification from the ARRT, passed the radiologist assistant examination provided by the A.R.R.T., have current and unencumbered registration as a radiologic technologist with the Mississippi State Department of Health, have current certification in advanced cardiac life support (ACLS), and meet the following additional requirements:
  - a. Satisfies the Board that he is at least twenty-one (21) years of age and of good moral character.
  - b. Submits an application for license on a form supplied by the Board, completed in every detail with a recent photograph (wallet-size/passport type) attached. A Polaroid or informal snapshot will not be accepted.
  - c. Pays the appropriate fee as determined by the Board.
  - d. Presents a certified copy of birth certificate.
  - e. Proof of legal change of name if applicable (notarized or certified copy of marriage or other legal proceeding).
  - f. Provide information on registration or licensure in all other states where the applicant is or has been registered or licensed as a radiologist assistant.
  - g. Must have favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.

- h. No basis or grounds exist for the denial of licensure as provided at Article J below.

Radiologist assistants meeting these licensure requirements will be eligible for license renewal so long as they meet standard renewal requirements.

**D. SUPERVISION**

The employing radiologist(s), or a radiologist designated by the employing physician(s) as a substitute supervisor, shall exercise supervision and assume full control and responsibility for the services provided by any person practicing as a radiologist assistant employed in the radiologist's practice. Any services being provided by a radiologist assistant must be performed at either the physical location of the radiologist's primary medical practice or any healthcare facility where the supervising radiologist holds staff privileges.

**E. DUTY TO NOTIFY BOARD OF CHANGE OF ADDRESS**

Any radiologist assistant who is licensed or receives a license to practice as a radiologist assistant in this state and thereafter changes his practice location from what was noted in the application upon which he received a license, shall immediately notify the Board in writing of the change of location. Failure to notify within 30 days could result in disciplinary action.

**F. CONTINUING EDUCATION**

- 1. Biennially attend and complete at least twenty-four (24) hours of radiological related continuing education courses sponsored or approved by any of the following organizations:
  - a. Mississippi Society of Radiologic Technologists
  - b. Mississippi Radiological Society
  - c. Mississippi Medical Association or Mississippi Osteopathic Medical Association
  - d. American Medical Association or American Osteopathic Association
  - e. American Society of Radiologic Technologists
  - f. American Registry of Radiologic Technologists
  - g. American College of Radiology or American Osteopathic College of

## Radiology

### **G. IDENTIFICATION**

1. The supervising physician shall be responsible to ensure that any radiologist assistant under his supervision does not advertise or otherwise hold himself out in any manner which would tend to mislead the general public or patients. Radiologist assistants shall at all times when on duty wear a name tag, placard or plate identifying themselves as radiologist assistants.
2. Radiologist assistants may not advertise in any manner which implies that the radiologist assistant is an independent practitioner.
3. A person not licensed as a radiologist assistant by the Board who holds himself out as a radiologist assistant is subject to the penalties applicable to the unlicensed practice of medicine.

### **H. PHYSICIAN LIABILITY**

Prior to the supervision of a radiologist assistant, the physician's and/or radiologist assistant's insurance carrier must forward to the Board a Certificate of Insurance.

### **I. RENEWAL SCHEDULE**

1. The license of every person licensed to practice as a radiologist assistant in the State of Mississippi shall be renewed annually.
2. On or before May 1 of each year, the State Board of Medical Licensure shall mail an application for renewal of license to every radiologist assistant to whom a license was issued or renewed during the current licensing year. The applicant shall complete the application and return it to the Board before June 30 and the renewal fee of an amount established by the Board. The payment of the annual license renewal fee shall be optional with all radiologist assistants over the age of seventy (70) years. Upon receipt of the application and fee, the Board shall verify the accuracy of the application and issue to applicant a certificate of renewal for the ensuing year, beginning July 1 and expiring June 30 of the succeeding calendar year. Such renewal shall render the holder thereof a licensed radiologist assistant as stated on the renewal form.
3. A radiologist assistant practicing in Mississippi who allows his license to lapse by failing to renew the license as provided in Subsection 2 may be reinstated by the Board on satisfactory explanation for such failure to renew, by completion of a reinstatement form, and upon payment of the renewal fee

for the current year, and shall be assessed a fine of Twenty-five Dollars (\$25.00) plus an additional fine of Five Dollars (\$5.00) for each month thereafter that the license renewal remains delinquent.

4. Any radiologist assistant not practicing in Mississippi who allows his license to lapse by failing to renew the license as provided in Subsection 2 may be reinstated by the Board on satisfactory explanation for such failure to renew, by completion of a reinstatement form, and upon payment of the arrearage for the previous five (5) years and the renewal fee for the current year.
5. Any radiologist assistant who allows his license to lapse shall be notified by the Board within thirty (30) days of such lapse.
6. Any person practicing as a radiologist assistant during the time his license has lapsed shall be considered an illegal practitioner and shall be subject to the same penalties as provided at Mississippi Code (1972) Annotated, Section 73-25-14.

## **J. DISCIPLINARY PROCEEDINGS**

### **1. GROUNDS FOR DISCIPLINARY ACTION AGAINST RADIOLOGIST ASSISTANTS**

For the purpose of conducting disciplinary actions against individuals licensed to practice as radiologist assistants, the Board hereby incorporates those grounds for the non-issuance, suspension, revocation, or restriction of a license or the denial of reinstatement or renewal of a license, as set forth in Mississippi Code (1972) Annotated, Sections 73-25-29 and 73-25-83. As a basis for denial, suspension, revocation or other restriction, the Board may initiate disciplinary proceedings based upon any one or more of those grounds as set forth in Sections 73-25-29 and 73-25-83, and may make provision for the assessment of costs as provided therein.

### **2. HEARING PROCEDURE AND APPEALS**

No individual shall be denied a license or have his license suspended, revoked or restriction placed thereon, unless the individual licensed as a radiologist assistant has been given notice and opportunity to be heard. For the purpose of notice, disciplinary hearings and appeals, the Board hereby adopts and incorporates by reference all provisions of the "Rules of Procedure" now utilized by the Board for those individuals licensed to practice medicine, osteopathic medicine, and podiatric medicine in the State of Mississippi.

### **3. REINSTATEMENT OF LICENSE**

- a. A person whose license to practice as a radiologist assistant has been revoked, suspended, or otherwise restricted may petition the Mississippi State Board of Medical Licensure to reinstate his license after a period of not less than one (1) year has elapsed from the date of the revocation or suspension. The procedure for the reinstatement of a license that is suspended for being out of compliance with an order for support, as defined in Section 93-11-153, shall be governed by Sections 93-11-157 or 93-11-163, as the case may be.
- b. The petition shall be accompanied by two (2) or more verified recommendations from physicians or osteopaths licensed by the Board of Medical Licensure to which the petition is addressed and by two (2) or more recommendations from citizens each having personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed and such facts as may be required by the Board of Medical Licensure.

The petition may be heard at the next regular meeting of the Board of Medical Licensure but not earlier than thirty (30) days after the petition was filed. No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which he is under probation or parole. The hearing may be continued from time to time as the Board of Medical Licensure finds necessary.

- c. In determining whether the disciplinary penalty should be set aside and the terms and conditions, if any, which should be imposed if the disciplinary penalty is set aside, the Board of Medical Licensure may investigate and consider all activities of the petitioner since the disciplinary action was taken against him, the offense for which he was disciplined, his activity during the time his certificate was in good standing, his general reputation for truth, professional ability and good character; and it may require the petitioner to pass an oral examination.

## **K. IMPAIRED RADIOLOGIST ASSISTANTS**

1. For the purpose of the Mississippi Disabled Physician Law, Mississippi Code (1972) Annotated, Sections 73-25-51 to 73-25-67, any individual licensed to practice as a radiologist assistant, shall be subject to restriction, suspension, or revocation, in the case of disability by reason of one or more of the following:
  - a. mental illness;

- b. physical illness, including but not limited to deterioration through the aging process, or loss of motor skills; and/or
  - c. excessive use or abuse of drugs, including alcohol.
- 2. If the Board has reasonable cause to believe that a radiologist assistant is unable to practice with reasonable skill and safety to patients because of one or more of the conditions described above, referral of the radiologist assistant shall be made, and action taken, if any, in the manner as provided in Sections 73-25-55 through 73-25-65, including referral to the Mississippi Recovering Physicians Program, sponsored by the Mississippi State Medical Association.

**L. EFFECTIVE DATE OF REGULATIONS**

The above rules and regulations pertaining to the Practice of Radiologist Assistants shall become effective upon adoption.

**Adopted November 17, 2005. Amended July 20, 2006.**

**(A) Questions 1-26.** The questions on pages one and two of the application must be completed by the applicant. Please either type or print these pages. If there is an affirmative answer for questions 6-23, please explain in detail on a separate sheet.

**(B) Section I.** Applicant must list name as appears at each current practice location. Number 1 should be your "Current" practice location (where you spend the majority of your practice time.) Number 2 should be your "Intended" Mississippi practice location. Numbers 3 & 4 may be used for additional practice locations.

**(C) Section II.** Applicant must list dates, name and addresses of the school(s) where Baccalaureate and/or Masters degree was received. An official copy of education transcript must be sent directly from the school(s) to the Mississippi State Board of Medical Licensure.

**(D) Section III.** Applicant must list dates, name, and addresses of the school(s) where radiologist assistant education was received. Appendix A must be submitted to the school where education was received. School must complete Appendix A and submit directly to the Mississippi State Board of Medical Licensure.

**(E) Section IV.** Applicant must list two radiologist (other than family members) licensed in the United States or Canada with whom he/she has worked or trained within the last two years.

**(F) Section V.** Applicant must account for all time since completion of radiologist assistant education. The intentional failure to cover any time period shall constitute falsification which is grounds for denial of the application. Appendix B must be submitted to institution where activities were performed. Institution must complete Appendix B and submit directly to the Mississippi State Board of Medical Licensure.

**(G) Section VI.** Applicant must list all hospitals where privileges have been held. Appendix C must be submitted to each hospital where privileges have been held. Each hospital must complete and return Appendix C directly to the Mississippi State Board of Medical Licensure.

**(H) Section VII.** Applicant must list all states where he/she has been licensed or applied for a license, whether application was granted or denied, withdrawn or left incomplete. Appendix D must be submitted to each state where he/she has been licensed or applied for a license, whether application was granted or denied, withdrawn or left incomplete. Each state must certify and return Appendix D directly to the Mississippi State Board of Medical Licensure.

**(I) Section VIII.** Applicant must list dates and results of radiologist assistant examination provided by the ARRT.

**(J) Section IX.** Applicant must list malpractice insurance carriers from whom he/she has obtained medical malpractice liability insurance. Appendix E must be submitted to each malpractice insurance carrier. Each insurance carrier must complete and return Appendix E directly to the Mississippi State Board of Medical Licensure.

**(K) Photograph.** Applicant must attach a photograph taken within the last sixty (60) days of the date of application. This should be a wallet-size, passport-type photograph attached to the application. Computer generated or informal snapshots will not be accepted.

**(L) Section X.** Applicant shall read carefully the oath of the truthfulness of information supplied in this application and the releases which give consent to release information to and from the Board. Applicant shall execute the application and have notarized(see enclosed Notary Guide).

***Duplicate as many copies of each appendix as you need.***

**(M) Appendix A.** Applicant shall send this form to each radiologist assistant education program attended and request the radiologist assistant program to forward the completed form to the Board. This form will be accepted only if sent directly from the radiologist assistant school to the Board. Do not have the school send this form back to you.

**(N) Appendix B.** Applicant must account for all time since graduation from radiologist assistant school. All activities following radiologist assistant school must be accounted for. Each activity must be verified by the institution. Applicant shall send this form to the institution where activities were performed. This form will be accepted only if sent directly from the institution to the Board. Do not have the institution send



this form back to you.

**(O) Appendix C.** Applicant shall make copies from original and forward to each hospital where he/she holds or has held staff privileges. This form will be accepted only if sent directly from the hospital to the Mississippi Board. Do not have the hospital send this form back to you.

**(P) Appendix D.** Applicant must complete top portion and forward one to each state in which he/she holds or has held a license to practice as a radiologist assistant. Include temporary, limited, restricted, revoked, active and inactive licenses. This form will be accepted only if sent directly from the state board to the Mississippi Board. Do not have the state board send this form back to you.

**(Q) Appendix E.** Applicant shall send this form to each insurance company where he/she has or has had medical malpractice insurance. Pending malpractice insurance is not needed. This form will be accepted only if sent directly from the insurance company to the Mississippi Board. Do not have the insurance company send this form back to you.

**(R) Appendix F.** Applicant must sign and have notarized the "Authorization to Release Information" form. A copy of this form must be included with each hospital privilege form and each malpractice form that is sent to a hospital or insurance carrier. The original "Authorization to Release Information" form must be returned to the Mississippi State Board of Medical Licensure.

**(S) Request Pertaining to Military Records Form.** If applicant has ever served in any branch of the military, applicant must go to <http://orderdd214.com/> to request DD Form 214 or equivalent to be sent to this office.

**(T) Physician Supervision of Radiologist Assistant Practice Registration Forms.** These forms must be completed and returned with application for licensure.

**(U) Birth Certificate.** Applicant shall submit a certified copy or notarized (see notary guide) copy of original birth certificate or passport.

**(V) Radiologist Assistant School Diploma.** Applicant shall submit a copy of original radiologist assistant school diploma.

**(W) Registration as a Radiologist Technologist.** Applicant shall submit a notarized copy of current and unencumbered registration as a radiologic technologist with the Mississippi State Department of Health.

**(X) ACLS Certificate.** Applicant shall submit a notarized copy of current certification in advanced cardiac life support.

**(Y) English Translation.** Any document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.

**(Z) Name Change.** In the event the name of the applicant differs from the name reflected on the applicant's birth certificate or other certification, the applicant shall submit evidence satisfactory to the Board that establishes the true identity of the applicant (legal name change, marriage certificate, divorce decree, etc.)

**(AA) Application Fees.** Applicant must submit check or money order made payable to the MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE in the amount of \$500.00 with completed application form.

**NO FOREIGN CHECKS OR MONEY ORDERS WILL BE ACCEPTED.**

**A \$25.00 FEE WILL BE CHARGED FOR ALL RETURNED CHECKS.**

**NOTE\*\*\* INFORMATION PERTAINING TO APPLICATION OF RADIOLOGIST ASSISTANT LICENSE IS GIVEN TO THE APPLICANT ONLY. PLEASE DO NOT ALLOW OTHERS TO CONTACT THIS AGENCY ON YOUR BEHALF. POWER OF ATTORNEY WILL NOT BE ACCEPTED.**

**MEMORANDUMS CONTAINING DOCUMENTS MISSING FROM APPLICANT'S FILE WILL BE MAILED OUT WEEKLY.**

## **IMPORTANT**

Upon submission of an application for licensure to the Board, the applicant shall promptly provide all information deemed necessary by the Board to process the application, including, but not limited to letters of recommendation, certification of graduation from medical school, photograph of applicant, internship certificate and birth certificate. The Board shall have a reasonable period of time within which to collect and assimilate all required documents and information necessary to issue a medical license. If, after submitting an application for medical license, an applicant has failed to respond or make a good faith effort to pursue licensure for a period of three (3) months, the application will be considered null and void, and applicant will have to reapply for licensure, including, but not limited to, all fees, application, certifications, and references. Additionally, if after one year from the date of receipt of application, applicant has not received a medical license, the application will be considered null and void, and applicant will have to reapply for licensure, including, but not limited to, all fees, application, certifications, and references. Under no circumstances will the one year time limit be waived.

When having your application, birth certificate, passport, or any other documents notarized, please use the following checklist as a guide to ensure proper notarization.

All documents require the following:

1. Notary's stamp or seal
2. Notary's name
3. Notary's signature
4. Notary's commission expiration date
5. Date of notarization (must be original and dated within the last six (6) months)

Documents which must be certified require the notary to certify that the document is a "true & correct copy of the original." If the notary will not certify the document, you may attest that it is a "true & correct copy of the original" and sign the statement. The notary may then notarize your signature.

The notary may attach an affidavit, or cover sheet, if he/she chooses. Some states require an affidavit be used instead of notarizing the actual document. Affidavits must also meet the above checklist requirements and be attached to the document.

If your document is not in English, it must be translated into English. This translation must also be notarized as outlined above. The translation and the original language document must both be notarized and submitted.

Please submit only photocopies of your documents. DO NOT SUBMIT ORIGINAL DOCUMENTS.

Photocopies of the notarization will **NOT** be accepted.

## **CHECK LIST**

**Before you submit your application for Mississippi radiologist assistant licensure please remember to:**

- Have application signed and notarized.**
- Attach photograph.**
- Enclose a copy of radiologist assistant school diploma.**
- Enclose certified or notarized copy of birth certificate or passport.**
- Enclose Appendix F signed and notarized.**
- Enclose \$500.00 check or money order.**
- Enclose notarized copy of RT registration.**
- Enclose notarized copy of ACLS certification.**
- Enclose completed supervision forms.**
- Enclose any additional information concerning questions 1-26.**
- Account for all periods of time since graduation of radiologist assistant school. If there is any lapse in time, application will be returned for clarification.**

**NOTE:** If any of the above are not completed, processing of your application for Mississippi medical license will be delayed. Applications returned to applicant for additional information will require that notary attest to new information added as referenced by applicant. Addendums to the original application must be notarized.

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**APPENDIX A**

**RADIOLOGIST ASSISTANT EDUCATION CERTIFICATION**

Name of Radiologist Assistant			
Name of Institution			
Institution Address			
City, State, Zip			
Country			
Total number of weeks of radiologist assistant education			
Dates of Attendance	From:	To:	
Type of Degree		Award Date of Degree	
Was radiologist assistant ever dropped, suspended, placed on probation, or asked to resign? (If yes, please explain)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the radiologist assistant attend school for a period other than the normal curriculum, or was he/she required to repeat any education? (If yes, please explain)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did radiologist assistant take any type of break or leave of absence for any reason during school? (If yes, please explain)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of certifying official		School Seal	
Title			
Email address			
Date of signature			

**INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:**

**Please fill in all applicable spaces and return to the Mississippi State Board of Medical Licensure at the above address. Do not send this certification back to the applicant. The Board will not consider the certification unless it is received directly from the institution. Board policy requires original documents from primary source, do not fax or email.**

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**APPENDIX B**

ACTIVITY CERTIFICATION

Name of Applicant								
Name of Employer								
Employer Address								
City, State, Zip								
Position/Title of Applicant								
Type of Activity		Medical		Non-Medical		Educational		
Activity Status		Inactive		Active		Volunteer		Other
Dates of Activity	From:			To:				
Was applicant ever placed on probation, disciplined, placed under investigation, or asked to resign? (If yes, please explain)							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were any limitations or special requirements placed upon applicant because of questions of incompetence, disciplinary problems or any other reasons? (If yes, please explain)							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was applicant in good standing during the above stated period of time? (If no, please explain)							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did applicant take any type of leave of absence or break from this activity? (If yes, please explain)							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Certifying Official								
Title				Signature Date				
Email address				Telephone No.				

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**APPENDIX C**

**STAFF MEMBERSHIP CERTIFICATION**

Name of Applicant						
Name of Hospital, Clinic or Facility						
Hospital, Clinic or Facility Address						
City, State, Zip						
Position/Title of Applicant						
Type of Membership		Employee		Staff Member		Locum Tenens
		Instructor		Emergency Room		Other
Dates of Membership	From:			To:		
Was applicant ever placed on probation, disciplined, placed under investigation, or asked to resign? (If yes, please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Were any limitations or special requirements placed upon applicant because of questions of incompetence, disciplinary problems or any other reasons? (If yes, please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Was applicant in good standing during the above stated period of time? (If no, please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Did applicant take any type of leave of absence or break from membership? (If yes, please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Signature of Certifying Official						
Title				Signature Date		
Email address				Telephone No.		

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**APPENDIX D**

STATE MEDICAL BOARD LICENSURE CERTIFICATION

Name of State Medical Board	
State Medical Board Address	
City, State, Zip	

Name of Applicant	
Applicant Address	
City, State, Zip	

Medical License #		Current Status	
Area of Specialty		Type of License	
Issue Date		Expiration Date	

Licensure Base		Endorsement		Reciprocity		State Board
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Has applicant's license ever been suspended, revoked or had restrictions imposed? (If yes, please attach documents.)
Is applicant currently under investigation for any reason? (If yes, please explain.)

Signature of Certifying Official			
Title		Signature Date	
Email address		Telephone No.	

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**APPENDIX E**

**MALPRACTICE INSURANCE CERTIFICATION**

Name of Applicant			
Name of Insurance Carrier			
Name of Insurance Agency			
Agency Address			
City, State, Zip			
Policy Number			
Dates of Coverage	From:	To:	
Have any specific procedures been excluded from this coverage? (If yes, please explain)			
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
Are there any current pending judgments or settlements on behalf of this provider? (If yes, please explain)			
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
Have there been any paid judgments or settlements on behalf of this provider? (If no, please explain)			
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
Have any professional liability suits been defended for this provider? (If yes, please explain)			
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
<b>If any of the above questions are “Yes”, please provide a claims history report and an explanation of the details on a separate sheet.</b>			
Signature of Certifying Official			
Title		Signature Date	
Email address		Telephone No.	

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**APPENDIX F**

**PERPETUAL AUTHORIZATION TO RELEASE INFORMATION**

Name of Applicant			
<p>The undersigned applicant for a radiologist assistant license in the State of Mississippi, hereby authorizes each educational institution at which the undersigned has applied for any license, permit, certificate or registration; each person, firm, corporation, clinic, office, or institution by whom or with whom the undersigned has been employed as a radiologist assistant; each insurance company with which the undersigned has obtained or made application for medical malpractice liability insurance; each physician or other health care practitioner with whom the undersigned has consulted or seen for diagnosis or treatment; and each professional organization or specialty board to which the undersigned has applied for membership, to disclose and release to the Mississippi State Board of Medical Licensure, 1867 Crane Ridge Drive, Suite 200-B, Jackson, MS 39216, any and all information and documentation concerning the undersigned which the Board deems material for consideration of his/her application. Further, the undersigned hereby consents to the disclosure and release of such information and documentation to the Mississippi State Board of Medical Licensure and waives any privilege or right of confidentiality which the undersigned would otherwise possess with respect thereto.</p> <p>The undersigned hereby authorizes any person, firm, corporation, clinic, office, institution, state or federal agency from whom the Mississippi State Board of Medical Licensure has requested information to rely on a copy of this release, the original now on file in the office of the Mississippi State Board of Medical Licensure at the above noted address.</p> <p>The undersigned also agrees to execute any other release or authorization, the execution of which may be required under federal or state law prior to release of any of the documents or information requested. Otherwise, this authorization shall constitute a complete and perpetual release and authorization for all purposes set forth therein.</p>			
Signature of Applicant			
Printed Name of Applicant		Signature Date	
Sworn to and subscribed to before me this the _____ day of _____, 20____.			
<u>My Commission Expires:</u>			
		_____ Notary Public	

**INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:**

**Please fill in all applicable spaces and return to the Mississippi State Board of Medical Licensure at the above address. A fax is not acceptable.**

# **INSTRUCTIONS FOR SUBMITTING PROTOCOL**

## **LOCATION**

List specific locations and facilities in which the radiologist assistant will function.

## **ACTIVITIES**

List specific activities, patient services, and procedures which will be performed by the radiologist assistant.

## **SUPERVISION**

Describe the methods to be used to ensure responsible direction and control of the activities of the radiologist assistant including the review of files and scheduled conferences between the supervising radiologist and the radiologist assistant. Request for Statement of Responsibility of Primary Physician form must accompany protocol.

## **BACKUP COVERAGE**

Provide a list of backup radiologists including name, speciality, and Mississippi medical license number. The backup radiologist must have a current unrestricted license in Mississippi and must be practicing in the same community as the radiologist assistant. Request for Approval Statement of Responsibility of Substitute Supervisor form must accompany protocol.

## **INSURANCE COVERAGE**

List the insurance carrier and the entity/radiologist/radiologist assistant that holds the insurance. Copy of coverage must accompany protocol.



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 RESPONSIBILITY OF SUBSTITUTE SUPERVISOR**

I, hereby certify that I have reviewed the current rules and regulations of the Mississippi State Board of Medical Licensure pertaining to radiologist assistants and understand my responsibilities. I understand that as the substitute supervising physician, I am responsible for the medical services rendered by the radiologist assistant as outlined in the attached "Statement of Supervision" in the absence of the primary supervising physician.

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
Print Name    Signature of Physician    Date

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
Print Name    Signature of Radiologist Assistant    Date

**SWORN** to before me and subscribed in my presence this the \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**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: \_\_\_\_\_





## Mississippi State Board of Medical Licensure

1867 Crane Ridge Drive, Suite 200 B

Jackson, MS 39216

601-987-3079

### **Radiologist Assistant Memorandum of Understanding**

1. The employing radiologist(s) shall exercise supervision and assume full control and responsibility for the services provided by any person practicing as a radiologist assistant employed in the radiologist's practice. Any services being provided by a radiologist assistant must be performed at either the physical location of the radiologist's primary medical practice or any healthcare facility where the supervising radiologist holds staff privileges.
2. The radiologist assistant and supervising radiologist shall notify the Board in writing immediately upon the radiologist assistant's termination; radiologist retirement; withdrawal from active practice; or any other change in employment, functions or activities. Failure to notify can result in disciplinary action.
3. Radiologist assistant cannot practice in the absence of a supervising radiologist without the back-up radiologist being in the same community.
4. Protocols should be followed. All changes must be submitted in writing to the Board for approval. Changes in protocol must be approved by the Board prior to changes being implemented.
5. Biennially attend and complete at least twenty-four (24) hours of radiological related continuing education courses sponsored or approved by any of the following organizations:
  1. Mississippi Society of Radiologic Technologists
  2. Mississippi Radiological Society
  3. Mississippi Medical Association or Mississippi Osteopathic Medical Association
  4. American Medical Association or American Osteopathic Association
  5. American Society of Radiologic Technologists
  6. American Registry of Radiologic Technologists
  7. American College of Radiology or American Osteopathic College of Radiology
6. Prior to the supervision of a radiologist assistant, the radiologist's and/or radiologist assistant's insurance carrier must forward to the Board a Certificate of Insurance.
7. The supervising radiologist is responsible for the radiologist assistant's actions.
8. The supervising radiologist shall be responsible to ensure that any radiologist assistant under his or her supervision does not advertise or otherwise hold himself or herself out in any manner which would tend to mislead the general public or patients. Radiologist assistants shall at all times when on duty wear a name tag, placard or plate identifying themselves as radiologist assistants.

By signing below, I certify that the protocol is complete and accurate to the best of my knowledge. I have

read and understand that as a radiologist, backup radiologist or radiologist assistant, I assume legal liability for the services provided. I also have read and understand the requirements listed above.

\_\_\_\_\_  
Supervising Radiologist Signature

\_\_\_\_\_  
Backup Radiologist Signature

License Number \_\_\_\_\_

License Number \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Radiologist Assistant Signature

License Number \_\_\_\_\_

Date \_\_\_\_\_

County of \_\_\_\_\_

State of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_.

\_\_\_\_\_

Notary Public

(SEAL)

My Commission Expires \_\_\_\_\_