# **EMPLOYMENT CONTRACT FORM**

l,	, an applicant for			
(Applicant's Name)				
Certification of Radiologist Assistant, am emplo	oyed by			
(Employer's Name In	cluding Department)			
for the period beginning				
	(Month/Day/Year)			
Termination of my contract will cause my certif	ication to become null and void.			
Signature of Radiologist Assistant	Date			
Signature of Supervising Radiologist	Date			
Print Name of Supervising Radiologist				

**NOTE:** A contract from each separate employer is required.

# STATE OF VERMONT BOARD OF MEDICAL PRACTICE 280 State Drive, Waterbury, VT 05671-8320 AHS.VDHMedicalBoard@vermont.gov

### APPLICATION BY PROPOSED PRIMARY SUPERVISING RADIOLOGIST

	(Last)	(First)	(Middle)
Address where RA will be so	upervised:		
(Office Name)			<del></del>
(Street)			<del></del>
(City, State, Zip Code)		(Telephone Number)	<del></del>
Vermont Physician License	Number:		
Hospital(s) where you have	privileges:		
Hospital(s)	Lo	cation	Specialty
What arrangements have yo	ou made for supervision	when you are not available:	
List the name and addresse	ed of all radiologist assist	ants you currently supervise:	
CERTI	FICATE OF PROPOSED	PRIMARY SUPERVISING RADIO	LOGIST
by certify that, in accordance v	with 26 VSA, Chapter 52,	I shall be legally responsible for all	professional activities of (Name
by certify that, in accordance v	with 26 VSA, Chapter 52, , RA while under my	I shall be legally responsible for all supervision. I further certify that the	professional activities of (Name of e protocol outlining the scope of
by certify that, in accordance we ce, attached to this application Radiologist assistant is used, in	with 26 VSA, Chapter 52, , RA while under my n, does not exceed the no n accordance with 26 VS	I shall be legally responsible for all supervision. I further certify that th ormal limits of my practice. I furthe GA, Chapter 52, Section 2863. I also	professional activities of (Name of the protocol outlining the scope of the certify that notice will be posted affirm that I have read and will also
by certify that, in accordance vec., attached to this application Radiologist assistant is used, in provisions of 26 VSA, Chapter	with 26 VSA, Chapter 52, , RA while under my n, does not exceed the no n accordance with 26 VS 52, of the Statutes of the	I shall be legally responsible for all supervision. I further certify that thormal limits of my practice. I furthe A, Chapter 52, Section 2863. I also be Vermont Board of Medical Practic	professional activities of (Name of e protocol outlining the scope of certify that notice will be posted affirm that I have read and will also.
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by certify that, in accordance vec, attached to this application Radiologist assistant is used, in provisions of 26 VSA, Chapter I further certify that I have	with 26 VSA, Chapter 52,, RA while under my n, does not exceed the no n accordance with 26 VS 52, of the Statutes of the read the statutes and Bo	I shall be legally responsible for all supervision. I further certify that thormal limits of my practice. I furthe SA, Chapter 52, Section 2863. I also be Vermont Board of Medical Practic pard rules governing Radiologist assi	professional activities of (Name of e protocol outlining the scope of certify that notice will be posted affirm that I have read and will also.

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# APPLICATION BY PROPOSED SECONDARY SUPERVISING RADIOLOGIST

Name of Supervisor:			
	(Last)	(First)	(Middle)
Address where RA will be	supervised:		
(Office Name)			
(Street)			
(City, State, Zip Code)	(City, State, Zip Code) (Telephone Number)		
Vermont License Number	:		
Hospital(s) where you have	e privileges:		
Hospital(s)		Location	Specialty
CERT	FICATE OF PROPOS	ED SECONDARY SUPERVISING	RADIOLOGIST
			for all professional activities of (Name that the protocol outlining the scope
			d that in accordance with 26 VSA, Cha Chapter 52, of the Statutes of the Vern
I further certify that I have	e read the statutes an	d Board rules governing radiologis	st assistants.
Signature of Secondary Su	pervising Radiologist	 	te

# STATE OF VERMONT BOARD OF MEDICAL PRACTICE 280 State Drive, Waterbury, VT 05671-8320 AHS.VDHMedicalBoard@vermont.gov

### RADIOLOGIST ASSISTANT PROTOCOL

A protocol means a written document detailing those areas of medical practice including duties and medical acts, delegated to the Radiologist Assistant by the supervising physician for whom the physician is qualified by education, training, and experience. At no time shall the protocol of the Radiologist Assistant exceed the normal scope of either the primary or secondary supervising physician(s) practice.

Radiologist Assistants practice medicine with physician supervision. Radiologist Assistants may perform those duties and responsibilities, including the prescribing and dispensing of medical devices that are delegated by their supervising physician(s).

Radiologist Assistants shall be considered the agents of their supervising physician(s) in the performance of all practice-related activities, including but not limited to the ordering of diagnostic, therapeutic, or other medical services.

It is the obligation of each team of physician(s) and the Radiologist Assistant(s) to ensure that the written scope of practice submitted to the Board for approval clearly delineates the role of the Radiologist Assistant in the medical practice of the supervising physician. This should cover at least the following categories:

- Narrative: A brief description of the practice setting, the types of patients and patient encounters common to this practice and a general overview of the role of the Radiologist Assistant in that practice.
- Supervision: A detailed explanation of the mechanisms for on-site physician supervision and
  communication, back-up and secondary supervising physician utilization. Included here should be a
  description of the method of transport and back-up procedures for immediate care and transport of
  patients who are in need of emergency care when the supervising physician is not on premises. This
  explanation should include issues such as, ongoing review of the Radiologist Assistant's activities,
  retrospective chart review, co-signing of patient charts, and utilization of the services of nonsupervising physicians and consultants.
- Sites of Practice: A description of any and all practice sites (i.e. office, clinic, outpatient, hospital
  inpatient, industrial sites, schools, etc.). For each site, include a description of the RA's activities.
- Tasks/Duties: A list of the RA's tasks and duties in the supervising physician's scope of practice.

This list should express a sense of involvement in the level of medical care in that practice. The supervising physician may only delegate those tasks for which the Radiologist Assistant is qualified by education, training, and experience to perform. Notwithstanding the above, the Radiologist Assistant should initiate emergency care when required while accessing back-up assistance. At not time should a particular task assigned to the RA fall outside of the scope of practice of the supervising physician.