



**COMMONWEALTH OF VIRGINIA
Board of Medicine**

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ARRT Fluoroscopy Examination Application for a Physician Assistant
Pursuant to Virginia Regulations 18 VAC 85-50-117

The ARRT Requires the following information in order to take the fluoroscopy examination:

1. Name _____
2. Address _____
Street / PO Box / Apt #

City State ZIP
3. Social Security Number _____ - _____ - _____
4. Date of Birth (mm/dd/yyyy) ____/____/____

A physician assistant who works under the supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology and that wants authorization to use fluoroscopy must verify evidence of having completed 40 hours of structured didactic education instruction and at least 40 hours of supervised clinical experience that includes demonstration of:

- Patient dose reduction and;
- Occupational dose reduction, and;
- Image recording, and;
- Quality control of fluoroscopy equipment

This form must be signed by the applicant and the applicant's supervising physician and forwarded to the Board of Medicine for approval in order to take the ARRT Fluoroscopy Examination.

This document must be accompanied with a notarized copy from the educational program certifying completion of the above-referenced required didactic and clinical experience.

My signature below attests that I have completed at least 40 hours of didactic instruction with content relevant to fluoroscopy as outlined in the ARRT Fluoroscopy Examination Content Specifications and that I have completed 40 hours of supervised clinical experience that includes Patient dose reduction; Occupational dose reduction; Image recording and Quality control of fluoroscopy equipment.

Physician Assistant _____
Print or Type

Signature of Physician Assistant _____

My signature below attests that I am a physician who specializes in the field of radiology.

My signature further attests that the physician assistant named above and who is applying to take the ARRT Fluoroscopy Examination has completed at least 40 hours of didactic instruction with content relevant to fluoroscopy as outlined in the ARRT Fluoroscopy Examination Content Specifications and that he/she has completed 40 hours of supervised clinical experience that includes Patient dose reduction; Occupational dose reduction; Image recording and Quality control of fluoroscopy equipment.

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

[Fluoroscopy Educational Framework for the Physician Assistant, December 2009, American Academy of Physician Assistants, 950 North Washington Street, Alexandria, VA 22314 and the American Society of Radiologic Technologists, 15000 Central Avenue, SE, Albuquerque, NM 87123](#)