

	<p>COMMONWEALTH OF VIRGINIA</p>
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PHYSICIAN ASSISTANT AUTHORIZATION TO USE FLUOROSCOPY

Physician Assistant Name _____ VA. License Number 0110 _____

18VAC85-50-117. Authorization to use fluoroscopy.

A physician assistant working under the supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology is authorized to use fluoroscopy for guidance of diagnostic and therapeutic procedures provided such activity is specified in his protocol and he has met the following qualifications:

1. Completion of at least 40 hours of structured didactic educational instruction and at least 40 hours of supervised clinical experience as set forth in the Fluoroscopy Educational Framework for the Physician Assistant created by the American Academy of Physician Assistants (AAPA) and the American Registry of Radiologic Technologists (ARRT); and
2. Successful passage of the ARRT Fluoroscopy Examination.

The signatures below attest that the named physician assistant has completed at least 40 hours of structured didactic educational instruction, at least 40 hours of supervised clinical experience that includes the demonstration of (1) patient dose reduction, and; (2) occupational dose reduction, and; (3) image recording, and; (4) quality control of fluoroscopy equipment and has passed the ARRT Fluoroscopy Examination as set forth in 18VAC85-50-117 of the Regulations Governing the Practice of Physician Assistants.

The signatures below attest that the physician assistant is competent to perform fluoroscopy and the physician is totally aware of the implications of performing the procedure.

The supervising physician will adequately monitor the procedure performed by the physician assistant and he takes full responsibility for the performance of this procedure by the physician assistant.

Signature of Physician Assistant

Printed Name of Supervising Physician

Date

Signature of Supervising Physician

Reviewed-Board of Medicine

License Number of Supervising Physician

Date

Date