

MONTANA BOARD OF RADIOLOGIC TECHNOLOGISTS
301 SOUTH PARK, 4TH FLOOR
PO BOX 200513
HELENA, MONTANA 59620-0513
(406) 841-2202 FAX: (406) 841-2305
email: dlibsdrts@mt.gov
Web Site: www.radiology.mt.gov

**RADIOLOGIC ASSISTANT (RA/RPA) ENDORSEMENT ON CURRENT
MONTANA RADIOLOGIC TECHNOLOGIST LICENSE.**

No additional fee required.

Name of Applicant: _____

Please provide a current copy of your Radiologic Technologist License

Signature of Radiologist: _____

Printed Name of Radiologist: _____

Please provide a copy of your Montana License (must reside in Montana)

37-14-313 Radiologist Assistant - Scope of Practice - Board Approval

1. Submit evidence of completion from an advanced academic Radiologist Assistant (RA/RPA) program recognized by ARRT, ACR, or its' equivalent as determined by the Board.
2. Submit written evidence of radiologist-directed clinical preceptorship.
3. Radiologist must submit a written copy of the functions that the RA/RPA may perform under his/her supervision.
4. Submit written copy of the functions to the Boards' Inspector upon the inspector's request at time of inspection.
5. Submit copy of current Advanced Cardiac Life Support (ACLS) skills.

PLEASE REFER TO NEW ADMINISTRATIVE RULES FOR RADIOLOGIST ASSISTANTS ARM 24.204.602 - 24.204.607, AND 37-14-313, MCA (1), (2)(a), (b), and (c).

For Office Use Only: Board Member Comment, Date and Signature

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