

Register of Training of Physician Assistant in Fluoroscopic Procedures

This form or an equivalent form may be used to document clinical training of a physician assistant on fluoroscopy procedures as required under 105 CMR 120.405(K). This or an equivalent form must be submitted to the Massachusetts Radiation Control Program as proof of clinical training in order for the physician assistant to be considered for the fluoroscopy exam offered by the American Registry of Radiologic Technologists.

Physician Assistant Name: _____

Supervising Physician: _____

Healthcare Facility: _____

PA License Number: _____

Date	Fluoroscopy Procedure	Training Hours	Training Supervisor Name & Title
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