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Radiation Control Program

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## **Request to take the American Registry of Radiologic Technologists (ARRT) Fluoroscopy Examination**

Physician Assistants (PA's) interested in taking the ARRT examination required for the operation of fluoroscopic systems must complete and submit this form to the Massachusetts Radiation Control Program (RCP). All information requested below must be provided or requests will not be processed. Please see "Instructions for Physician Assistants (PA's) Regarding the Operation of Fluoroscopic Systems" for additional information on meeting the requirements for operating fluoroscopic systems in Massachusetts.

RCP will provide information on each applicant to the ARRT. PA's meeting the requirements will be invited to take the ARRT examination for fluoroscopy.

PA License Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Category of Exam: \_\_\_\_\_

School Identification Number (if applicable): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Please submit with this form the documents described below. Further information is available in the RCP document “*Instructions for Physician Assistants (PAs) Regarding the Operation of Fluoroscopic Systems*”.**

- **Proof of 40 hours didactic training in fluoroscopy;**
- **Proof of 40 hours clinical training in fluoroscopy; and**
- **A letter from the supervising physician confirming the PA’s qualifications to carry out fluoroscopy under his/her supervision.**
- **A copy of the contract between the supervising physician and the PA.**

**Please complete this form and return it along with the other required materials to:**

**RT Licensing Coordinator  
Radiation Control Program  
Schrafft Center, Suite 1M2A  
529 Main Street  
Charlestown, MA 02129**