

APPLICATION INSTRUCTIONS FOR LICENSURE
AS A RADIOLOGIST ASSISTANT

A. APPLICATION FOR LICENSURE AS A RADIOLOGIST ASSISTANT

1. A Radiologist Assistant (RA) may be considered for licensure if he/she meets the following qualifications:
 - (a) Has completed a radiologist assistant program accredited by the American Registry of Radiologic Technologists, **and**
 - (b) Is certified and registered as an R.R.A.(Registered Radiologist Assistant) with the American Registry of Radiologic Technologists.
2. All required documents, forms, and fees must accompany each application before it will be presented to the Radiologist Assistant Advisory Committee.

B. APPLICATION TO PRACTICE AS A RADIOLOGIST ASSISTANT

A Radiologist Assistant may perform no health care services until the supervising physician and Radiologist Assistant jointly file a current application to practice and a letter authorizing practice to begin is approved. Applications to Practice received between meetings of the Committee will be reviewed by the Secretary of the Board who may grant permission by letter to practice temporarily until the next meeting of the Committee and the Board.

C. APPLICATION AND FORMS FOR LICENSURE AS A RADIOLOGIST ASSISTANT

1. All sections of the online application must be completed.
2. The photo attached to the application **MUST** show the notary seal impressed partially on the photograph and partially on the application to insure that the photo on the application was the same photo notarized. Photo must be firmly affixed to the application and must not exceed the space provided, nor obscure other information on the application.
3. Any **YES** answer to the questions **MUST** be explained in a statement, signed by the applicant, and notarized. If you answer “Yes” to any of the questions regarding previous arrests you must additionally submit copies of all police reports/court records. If you have previously obtained an assessment and/or been treated for the use of any drug or chemical substance (including alcohol), please submit copies of the assessment and treatment records.
4. **Education must be verified.** Graduation from an accredited Radiologist Assistant Program must be verified on FORM #1. Applicants must also submit a transcript of grades issued by the school.
5. **Certification and registration as an R.R.A.** by the American Registry of Radiologic Technologists must be verified.
6. Evidence of all current or previously issued licenses or certificates to practice as an RA must be verified on FORM #3 by the licensing jurisdiction granting the license/certificate.
7. The supervising physician and RA must jointly complete and sign the Form #5, Application to Practice.
8. Pursuant to Oklahoma Statutes, every applicant must sign the Affidavit Verifying Lawful Presence in the United States verifying either U.S. citizenship (Option 1) or qualified alien status (Option 2).

D. EXTENDED BACKGROUND CHECK

All applicants for licensure are required to request an **Extended Background Check** (EBC) by completing the online EBC Authorization Form.

E. FEES (ALL FEES ARE NON-REFUNDABLE)

1. Initial Licensure Fee	\$100.00 (paid on line – do not resubmit)
2. Disciplinary Hearing Fee.....	\$150.00
4. Renewal Fee (biennial).....	\$200.00
5. Late Renewal Fee.....	\$300.00

F. RENEWALS:

1. Licenses are renewed biennially by application PRIOR to March 31 for the subsequent two years beginning April 1 and ending the last day of March. Licenses issued BEFORE March 31 must be renewed for the next occurring renewal period most immediately subsequent to the date of issue of the license.
2. Following initial licensure, each RA must provide proof of current certification and registration as an R.R.A. by the American Registry of Radiologic Technologists in order to renew.
3. Unrenewed licenses become inactive as of April 1 and if reactivated on or after April 1, a late payment fee is assessed in addition to the renewal fee.
4. If a license is not renewed by May 31, the RA will be required to submit a new Application for Licensure and a new Application to Practice, and pay the initial licensure fees.

PRACTICE MAY NOT BEGIN UNTIL APPROVED BY THE STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION. TO FACILITATE THE APPLICATION AND RENEWAL PROCESS, KEEP THIS OFFICE INFORMED OF YOUR CURRENT ADDRESS AT ALL TIMES.

I, the undersigned, have read the instructions and understand their content. I swear/affirm the contents of my application are true. All information supplied by application may be verified by the Oklahoma State Board of Medical Licensure and Supervision. I have read and understand the Radiologist Assistant Act that I received with my application information.

Date

Printed Name

Signature

MAIL THESE SIGNED INSTRUCTIONS WITH ALL REQUIRED FORMS AND DOCUMENTS TO:

**Oklahoma State Board of Medical Licensure and Supervision
P. O. Box 18256
Oklahoma City, OK 73154-0256**

OR BRING TO:

**Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105**