LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130

**PHYSICIANS WHO EMPLOY PRIVATE RADIOLOGICAL** **TECHNOLOGISTS –**

You must complete this form for each Private Radiological Technologist that you employ. RETURN IN THE SAME ENVELOPE WITH ANNUAL RENEWAL FORM AND APPLICATION FEE

***LAC 46 XLV Subpart 2, Chapter 29, Subchapter B, Sec. 2917 of the Louisiana State Board of Medical Examiners’ rules governing the certification of Private Radiological Technologists requires that each physician who employs any person to perform diagnostic or therapeutic radiological examinations or treatments or both in his private office or in the clinic in which that physician practices shall report to the Board annually as a condition of issuance or renewal of that physician’s licensure to practice medicine in the state of Louisiana the following information for each person so employed. This form may be copied.***

PRIVATE RADIOLOGICAL TECHNOLOGIST

* Employee Name:
* License Number:
* Certification Number\*:
* Address at which diagnostic or therapeutic radiological examinations and/or treatments are performed:

* Initial date of employment as a Private Radiological Technologist:
* Exemption(s) Claimed:

1. [ ]  a. Physician licensed by the board to practice medicine in the State of Louisiana; or

b. Person licensed by the Radiologic Technology Board of Examiners.

2. [ ]  Person who performs the functions of a private radiologic technologist, but has been employed by the supervising physicians for less than six months shall be exempt from the requirements of Chapter 29 only for the first six months of such employment. NOTE: This temporary exemption shall not apply to anyone who has been employed previously as a private radiologic technologist or who has otherwise performed any radiological examination or treat­ment in the course of any previous employment.

**CERTIFICATION BY PHYSICIAN**

I hereby certify that this individual is proficient in, and is competent to perform the functions of a private radiologic technologist.

Date       Print Name:

License No.:       Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Only those individuals who have applied for certification have a certification number.

**Note:** Those individuals who are licensed by the Radiologic Technology Board of Examiners are exempt from the requirement of obtaining certification from the Louisiana Board of Medical Examiners.