

Advisory Board on Radiological Technology

Virginia Board of Medicine

October 22, 2025

1:00 p.m.



Virginia Department of

Health Professions

Advisory Board on Radiological Technology

Board of Medicine

Wednesday, October 22, 2025, at 1:00 p.m.

9960 Mayland Drive, Suite 201, Henrico, VA

Training Room 1

Call to Order – Uma Prasad, MD, Vice-Chair

Emergency Egress Procedures – Kathleen LaMotte

Roll Call – Kathleen LaMotte

Introduction of Members – Uma Prasad, MD, Vice-Chair

Approval of minutes from June 5, 2024, Meeting

Adoption of the Agenda

Public Comment on Agenda Items (15 minutes)

New Business

1. Recommendation of draft amendments for licensure by endorsement – Matthew Novak
2. Election of Officers – Uma Prasad, MD, Vice-Chair
3. Approval of 2026 Meeting Calendar – Chair
4. Orientation to the Board – William Harp, MD

Announcements

Next meeting: Wednesday, February 4, 2026, at 1:00 p.m.

Adjournment



PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Training Room 1

Exit the room using one of the doors at the back of the room. **(Point)**. Upon exiting the room, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

ADVISORY BOARD ON RADIOLOGIC TECHNOLOGY

Minutes

June 5, 2024

The Advisory Board on Radiologic Technology met on Wednesday, June 5, 2024, at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT:

Uma Prasad, MD, Chair
Angela Dunn, RT,
Sandra Catchings, DDS
David Roberts, RT
Cheryl Cunningham, RT

STAFF PRESENT:

William L. Harp, MD, Executive Director
Michael Sobowale, LLM, Deputy Executive Director, Licensure
Matthew Novak, JD, DHP Policy and Economic Analyst
Arne Owens, DHP Director
Kelly Smith, DHP Director of Communications
Barbara Hodgson, PhD., Healthcare Workforce Data Center
Yetty Shobo, PhD., Healthcare Workforce Data Center
Roslyn Nickens, Licensing Supervisor
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT:

Call to Order

Dr. Prasad called the meeting to order at 1:04 pm.

Emergency Egress Procedures

Dr. Harp gave the emergency egress procedures.

Roll Call

Beulah Archer called the roll. A quorum was established.

Approval of Minutes

There were no minutes to approve.

Adoption of Agenda

Dr. Prasad moved to adopt the agenda. Dr. Catchings seconded, and the agenda was adopted.

Public Comment

None

2023 Healthcare Workforce Data Presentation

Drs. Barbara Hodgdon and Yetty Shobo provided a provided a comprehensive presentation on results from the 2023 radiologic technology healthcare workforce data survey. The data was collected during biennial licensing renewal. Among the key findings are increases in licensees entering Virginia workforce and those working in full-time employment. Members of the advisory offered suggestions to capture statistics for unlicensed technologists working in hospitals. Dr. Shobo advised that the Board would take the lead on requesting this type of data collection.

New Business

1. Regulatory Update

Mr. Novak reported that the fast-tracked action for implementation of regulatory changes following the 2022 periodic review of Chapter became effective on March 28, 2024.

2. Dr. Prasad mentioned three areas on the agenda for discussion. The first was the ability of radiologic assistants and radiological technologists to practice under remote supervision which currently is not authorized by the law and regulations. The second was how might the education of radiologist assistants and radiological technologists be accelerated. She mentioned the possibility of local educational experiences for radiologist assistants and radiologic technologists that enhance practitioner knowledge and confidence. She saw this in support of her third issue, patient safety. Such educational opportunities would enable excellent quality care and safety for patients. Dr. Prasad said that a group of clinicians in radiology will be meeting soon to discuss these issues. Dr. Harp suggested that it might be helpful to invite a Radiologist who is invested in the remote supervision of radiologist assistants to come to the next the Advisory Board meeting. Dr. Prasad moved to place this matter on the agenda of the next meeting. Mr. Roberts seconded. Motion carried.

3. Streamlining of Licensure Application Process for Radiologic Technologist-Limited

Mr. Sobowale and Mrs. Archer presented a method to streamline the initial process for Limited Scope Radiologic Technologists by requiring all clinical procedures be completed prior to applying for licensure. The applicant would provide attestation of completion of the required clinical procedures using a newly designed form. Mrs. Archer advised that edits to the language "...at least 10 "clinical" hours" will be amended to read, "...at least 10 clinical "procedures." Dr. Prasad moved that the "Clinical Attestation Form" be forwarded to the Full Board for approval. Dr. Catchings seconded; motion carried.

4. Orientation to the Board of Medicine and Advisory Board

Dr. Harp provided a detailed presentation of the history, function and importance of the Medicine and Advisory Boards as both maintain the commitment to protect the public.

ANNOUNCEMENTS

Licensing Statistics

Beulah Baptist Archer provided the radiologic technology licensing report. The Board has a total of 5,921 licensees across all licensure categories in Radiologic Technology.

Next Scheduled Meeting

The next scheduled meeting for the advisory board is October 9, 2024 at 1:00 p.m.

ADJOURNMENT

With no other business to conduct, Dr. Prasad adjourned the meeting at 3:03 p.m.

William L. Harp, MD, Executive Director

18VAC85-101-27. Educational requirements for radiologist assistants.

An applicant for initial licensure as a radiologist assistant shall be a graduate of an educational program that is currently recognized by the ARRT for the purpose of allowing an applicant to sit for the ARRT certification examination leading to the Registered Radiologist Assistant credential.

18VAC85-101-28. Licensure requirements.

A. An applicant for initial licensure as a radiologist assistant shall:

1. Meet the educational requirements specified in 18VAC85-101-27;
2. Submit the required application, fee, and credentials to the board;
3. Hold certification by the ARRT as an R.T.(R) or be licensed in Virginia as a radiologic technologist;
4. Submit evidence of passage of an examination for radiologist assistants resulting in national certification as ~~an~~ a Registered Radiologist Assistant by the ARRT; and
5. Hold current certification in Advanced Cardiac Life Support (ACLS).

B. If an applicant has been licensed or certified in another jurisdiction ~~as a radiologist assistant or a radiologic technologist~~, the application shall include verification that there has been no disciplinary action taken or pending in that jurisdiction.

C. An applicant who fails the ARRT examination for radiologist assistants shall follow the policies and procedures of the ARRT for successive attempts.

18VAC85-101-29. Licensure by endorsement requirements

An applicant for licensure by endorsement shall submit the following:

1. Evidence of a current, active license in a United States jurisdiction or Canada that is in good standing;
2. A completed application and fee;
3. Evidence of a current, valid certificate issued by the ARRT as an R.T.(R)
4. Hold current certification in ACLS; and
5. A current report from the National Practitioner Data Bank

18VAC85-101-30. Educational requirements for radiologic technologists.

An applicant for initial licensure as a radiologic technologist shall be a graduate of an educational program acceptable to the ARRT for the purpose of sitting for the ARRT certification examination.

18VAC85-101-40. Licensure requirements.

A. An applicant for ~~board~~initial licensure shall:

1. Meet the educational requirements specified in 18VAC85-101-30;
2. Submit the required application, fee, and credentials to the board; and
3. Submit evidence of passage of an examination resulting in certification by the ARRT or the NMTCB.

B. If an applicant has been licensed or certified in another jurisdiction, he shall provide information on the status of each license or certificate held ~~and verification from that jurisdiction of any current, unrestricted license.~~

C. An applicant who fails the ARRT or NMTCB examination shall follow the policies and procedures of the certifying body for successive attempts.

18VAC85-101-150. Biennial renewal of license.

A. A radiologist assistant, radiologic technologist or radiologic technologist-limited who intends to continue practice shall renew his license biennially during his birth month in each odd-numbered year and pay to the board the prescribed renewal fee.

B. A license that has not been renewed by the first day of the month following the month in which renewal is required shall be expired.

C. An additional fee as prescribed in 18VAC85-101-25 shall be imposed by the board.

D. In order to renew an active license as a radiologic technologist, a licensee shall attest to having completed 24 hours of continuing education as acceptable to the ARRT within the last biennium.

E. In order to renew an active license as a radiologic technologist-limited, a licensee shall attest to having completed 12 hours of continuing education within the last biennium that corresponds to the anatomical areas in which the limited licensee practices. Hours shall be acceptable to the ARRT, or by the ACRRT for limited licensees whose scope of practice is chiropractic, or by any other entity approved by the board for limited licensees whose scope of practice is podiatry or bone densitometry.

F. In order to renew an active license as a radiologist assistant, a licensee shall attest to having completed 50 hours of continuing education as acceptable to the ARRT within the last biennium. A minimum of 25 hours of continuing education shall be recognized by the ARRT as intended for radiologist assistants or radiologists and shall be specific to the radiologist assistant's area of practice. Continuing education hours earned for renewal of a radiologist assistant license shall satisfy the requirements for renewal of a radiologic technologist license.

G. Up to two continuing education hours may be satisfied through delivery of radiological services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services. For the purpose of continuing education credit for voluntary service, documentation by the health department or free clinic shall be acceptable.

H. Other provisions for continuing education shall be as follows:

1. A practitioner shall be exempt from the continuing education requirements for the first biennial renewal following the date of initial licensure in Virginia.
2. The practitioner shall retain in his records the Continued Competency Activity and Assessment Form available on the board's website with all supporting documentation for a period of four years following the renewal of an active license.
3. The board shall periodically conduct a random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.
4. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.
5. The board may grant an extension of the deadline for satisfying continuing competency requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date.
6. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

**BYLAWS FOR
ADVISORY BOARDS OF THE BOARD OF MEDICINE**

Article I - Members of the Advisory Board

The appointments and limitations of service of the members shall be in accordance with the applicable statutory provision of the advisory board governing such matters.

Article II - Officers

Section 1. Titles of Officers - The officers of the advisory board shall consist of a chairman and vice-chairman elected by the advisory board. The Executive Director of the Board of Medicine shall serve in an advisory capacity.

Section 2. Terms of Office - The chairman and vice-chairman shall serve for a one-year term and may not serve for more than two consecutive terms in each office. The election of officers shall take place at the first meeting after July 1, and officers shall assume their duties immediately thereafter.

Section 3. Duties of Officers.

- (a) The chairman shall preside at all meetings when present, make such suggestions as may deem calculated to promote and facilitate its work, and discharge all other duties pertaining by law or by resolution of the advisory board. The chairman shall preserve order and conduct all proceedings according to and by parliamentary rules and demand conformity thereto on the part of the members. The chairman shall appoint all committees as needed.

The chairman shall act as liaison between the advisory board and the Board of Medicine on matters pertaining to licensing, discipline, legislation and regulation of the profession which the advisory board represents.

When a committee is appointed for any purpose, the chairman shall notify each member of the appointment and furnish any essential documents or information necessary.

- (b) The vice-chairman shall preside at meetings in the absence of the chairman and shall take over the other duties of the chairman as may be made necessary by the absence of the chairman.

Article III - Meetings

Section 1. There shall be at least one meeting each year in order to elect the chairman and vice-chairman and to conduct such business as may be deemed necessary by the advisory board.

Section 2. Quorum - Three members shall constitute a quorum for transacting business.

Section 3. Order of Business - The order of business shall be as follows:

- (a) Calling roll and recording names of members present
- (b) Approval of minutes of preceding regular and special meetings
- (c) Adoption of Agenda
- (d) Public Comment Period
- (e) Report of Officers
- (f) Old Business
- (g) New Business

The order of business may be changed at any meeting by a majority vote.

Article IV - Amendments

Amendments to these bylaws may be proposed by presenting the amendments in writing to all advisory board members prior to any scheduled advisory board meeting. If the proposed amendment receives a majority vote of the members present at that advisory board meeting, it shall be represented as a recommendation for consideration to the Board of Medicine at its next regular meeting.

Orientation to the Board of Medicine & Your Advisory Board

October 2025

Executive Branch

- Governor Glenn Youngkin
- Secretary of Health and Human Resources – Janet Kelly
- DHP Director – Arne Owens
- Board of Medicine President – Peter Apel, MD
- Board members cannot speak for the Board or anyone in the Executive Branch.

Department of Health Professions

- Umbrella Agency for 13 Health Regulatory Boards
- Director Owens appointed by the Governor
- Administration, Communications, Finance, Enforcement, Administrative Proceedings, Prescription Monitoring, Health Practitioners' Monitoring, Healthcare Workforce Data Center, IT
- Medicine joined the Department in 1977

Today's Board of Medicine

18 members
appointed by
the Governor

1 MD from each
Congressional
District

1 DO

1 DPM

1 DC

4 citizen
members

Today's Board

- Pure Board of Medicine – only licenses MD's
- Composite Board – licenses other professions as well
- Doctors of Medicine, Osteopathy, Podiatry & Chiropractic
- Physician Assistants, Acupuncturists, Athletic Trainers, Licensed Midwives, Occupational Therapists, Occupational Therapy Assistants, Radiologic Technologists, Radiologic Technologists-Limited, Radiologist Assistants, Respiratory Therapists, Polysomnographic Technologists, Behavior Analysts, Assistant Behavior Analysts, Genetic Counselors, Licensed Surgical Assistants, Certified Surgical Technologists, Anesthesiologist Assistants, Advanced Practice Registered Nurses & Licensed Certified Midwives

Today's Advisory Boards

Today's Advisory Boards

- 11 Advisory Boards
- Similar structure & function
- 5 members
 - 3 of the profession
 - 1 physician
 - 1 citizen member

Today's Advisory Boards

Today's Advisory Boards (cont.)

- Chair & Vice-Chair
- Meet at least once a year
- May attend 1 meeting a year electronically for good cause
- Advise the Board of Medicine on:
 - Licensing
 - Discipline
 - Regulations

THE BOARD'S MISSION

- The protection of the public by
- Licensing only qualified applicants
- Disciplining for unprofessional conduct
- Promulgating regulations to implement law

THE BOARD'S DISCIPLINARY PROCESS

Begins with a complaint or a report



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graph TD; A[Begins with a complaint or a report] --> B[Investigated by the Enforcement Division of DHP]; B --> C[Completed investigation sent to the Board]; C --> D[Probable Cause Review];
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The diagram illustrates a four-step disciplinary process. It begins with a complaint or report, followed by an investigation by the Enforcement Division of DHP. The completed investigation is then sent to the Board, leading to a Probable Cause Review. The steps are represented by four stacked, rounded rectangular boxes of decreasing width from top to bottom, connected by downward-pointing arrows.

Investigated by the Enforcement Division of DHP

Completed investigation sent to the Board

Probable Cause Review

PROBABLE CAUSE REVIEW



Board staff and Board members



Review to understand what happened in the case



Apply the law and the regulations to determine if a violation has occurred



Two Board members must agree on violations of standard of care for physicians



If specialized review is required, retain an expert reviewer for the standard of care

OPTIONS FOR RESOLVING THE MATTER

- 85% are closed administratively
- Other options
 - Advisory letters
 - Confidential Consent Agreements
 - Pre-Hearing Consent Orders
 - Informal Conferences
 - Formal Hearings
 - Summary Suspensions

DISCIPLINARY PROCEEDINGS

- Informal Conference
- Formal Hearing
- Summary Suspension

- When a proceeding is being held for a profession not represented on the Board of Medicine, there will be a member of the appropriate Advisory Board

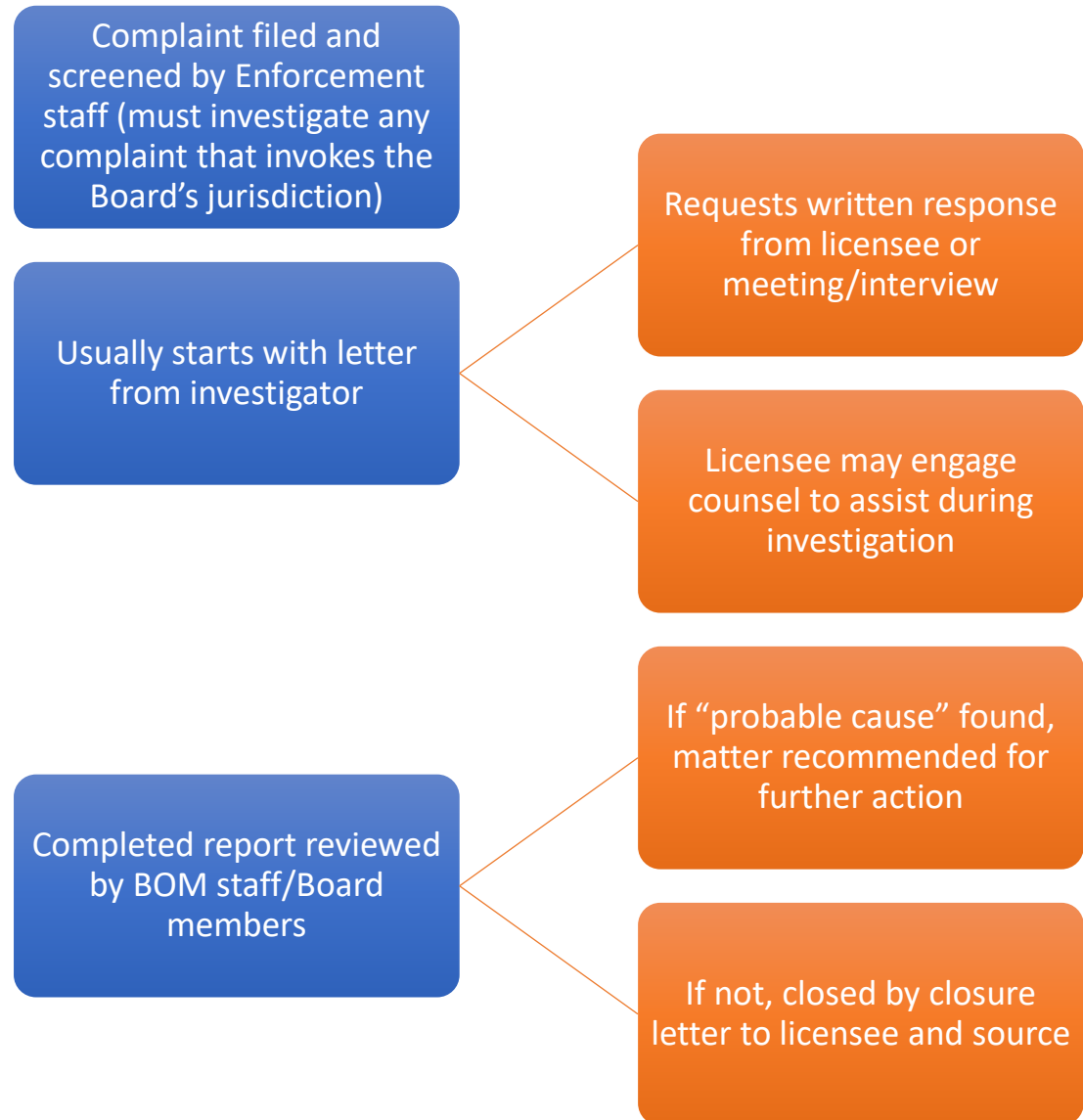
PRINCIPLES OF THE DISCIPLINARY PROCESS

- Confidentiality
- Protection of the public
- Due process for respondents
- Proportionate sanctions
- Strive to be fair to all parties

INVESTIGATIONS

- **Who Complains?**
 - The Public (e.g., patients, family members, anonymous, media)
 - Other licensees of the BOM (mandated reporters)
 - Employers
 - Healthcare institutions (e.g., hospital CEO = mandated reporter)
 - Medical malpractice insurance carriers

COMPLAINT PROCESS



ADVICE FOR RESPONDING TO COMPLAINTS

- Take the complaint seriously (even if you believe it to be frivolous)
- Fully cooperate w/the investigator (DHP/BOM is “health oversight agency” under HIPAA)
- You are responsible for ensuring a response and complete records are provided (not your office manager)
- Do NOT contact Board members to discuss your complaint
- Consult with an attorney (familiar with DHP/regulatory boards)

LAWS AND REGULATIONS TO KNOW

Fraud or Dishonesty

Substance abuse

Negligence in practice – standard of care

Mental or Physical Incapacity

Aiding and Abetting Unlicensed Practice

Ethical lapses – standards of professional conduct

LAWS AND REGULATIONS TO KNOW

Felony convictions or misdemeanors of moral turpitude

Any provision of the drug law

Failure to timely sign a death certificate

Opioid prescriptions submitted electronically

Surprise billing

Treating self and family

Patient records

LAWS AND REGULATIONS TO KNOW

Confidentiality

Communication/Termination

Subordinates and Disruptive Behavior

Sexual Boundary Violations

Reporting requirements

Continuing Medical Education

LAWS AND REGULATIONS TO KNOW



Office-Based Anesthesia



Prescription Monitoring Program



Health Practitioners' Monitoring Program



Renew License every 2 years

Hearing Protocol

Virginia Board of Medicine

June 14, 2018



Panel Members at Hearings

- Purpose of disciplinary proceedings is to protect the public by regulating professional conduct and provide fair and impartial consideration of the matter before the Board
- Panel members should avoid actual conflicts and the appearance of impropriety—if you receive case material and think you have a conflict, call staff! (procedure for potential conflict at hearing)
- Strive to be fair and impartial—goal is fairness to *respondent* and *also to the public*

Open vs. Closed Sessions

- Board business takes place in open, public forums to foster public accessibility and confidence of the public in the integrity of the regulatory process
- Any meeting of three or more members of the Board at which the members discuss *anything* related to the Board should be considered an open meeting for FOIA purposes (includes group emails).
- Closed meetings: for the Board to deliberate or receive legal advice
- Disciplinary proceedings may also close to deliberate and to protect health information of a respondent



Formal Hearings – You are on the record!



A court reporter attends formal hearings



Your words are recorded



The transcript will be reviewed by the Circuit Court if the respondent appeals for evidence of violations of a respondent's constitutional rights, failure of the Board to observe required procedure, indications that the Board may not have had substantial evidence (Erin ex.)

Hearings (IFC or formal)

- Cannot deviate earlier from noticed start time
- Choose your questions carefully (avoid answering questions from R)
- Hearings can be emotional; avoid engaging on emotional level (try not to be swayed by tears or manipulative behavior)
- Avoid texting board members (e.g., Loudoun meeting; FOIA Council)
- Do not state you have more knowledge than others-- or less-- based on specialty or non-MD status. All board members are experts in the matters before the board. This has been clearly stated by CAV.
- Do not give practice advice—do not want to bind the Board (especially if you are wrong)

Hearings (IFC or formal)

- Questions should relate to facts of the case and the allegations contained in the Statement of Particulars
- Do not sermonize, do not inject personal, religious, or political beliefs
- Do not express your personal opinion (i.e., "Well, I think your record-keeping was fine.")
- Do not argue with other panel members during hearings, or make statements disparaging other members' statements or questions
- Do not argue with witnesses, respondents, or counsel for respondents – we understand it can be hard with some!

Hearings (IFC or formal)



PANEL CHAIR WILL RULE ON ISSUES RELATED TO RELEVANCE OR THE ADMISSION OF EVIDENCE (WITH BOARD COUNSEL GUIDANCE)



AVOID "ATTORNEY TESTIMONY", THIS IS YOUR OPPORTUNITY TO HEAR FROM THE LICENSEE



DELIBERATION HAPPENS IN CLOSED SESSION



DO NOT ENGAGE, INFORM, INSTRUCT ONCE PROCEEDINGS ARE OVER (STAFF WILL HANDLE; E.G. FRIENDLY ATTORNEY AND PATIENT FAMILY IN AUDIENCE)

Procedural mysteries

Board counsel records and enters evidence

Evidence must be formally admitted even though Board members received evidence prior to hearing

Must initial and date evidence to provide record on appeal.

Procedural mysteries, cont.

Some cases appear old when they reach the formal hearing stage

Can be for any number of reasons (continuances prior to IFC or formal, length of investigation, etc.)

Staff and counsel will answer procedural questions in closed session – NOT open session!

What happens in closed session?



Decision on sanction



Craft order, including findings of fact
(refer to helpful notes you made
during proceeding)



Review conclusions of law alleged;
determine what stays



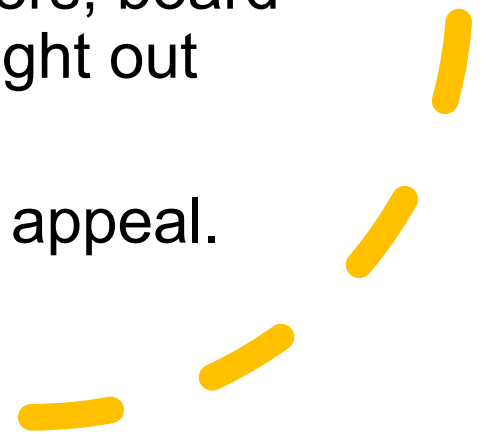
What are grounds for an appeal?

- (1) Violation of a Constitutional right, power, or privilege;
- (2) Failure to comply with statutory authority;
- (3) Failure to observe required procedure where the failure did not result in harmless error; and
- (4) Substantial evidence did not support Board decision.

(Va. Code § 2.2-4027.)

Helping to ensure that the Board's decisions do not get overturned

- Follow staff guidelines, procedures, and scripts for hearings.
- Ask legal questions in *closed session*. Do not state specific legal questions for board counsel on the record. This raises privilege issues.
- Only the chair of a panel may rule on motions made at a hearing.
- Avoid stating opinions on the record (i.e., "That does not sound like a standard of care issue to me.")
- Work with your fellow panel members, board counsel, and staff to craft well thought out orders.
- Be aware that any respondent can appeal.



A black and white photograph showing a hand holding a pen, writing the words "Thank you" in a cursive script on a white card. The card is tilted slightly to the right. The background is a dark blue gradient with a large, lighter blue circular shape on the left side.

Thank you



The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher within 30 days after completion of their trip”. (CAPP Topic 20335, State Travel Regulations, p.7). Vouchers submitted after the 30-day deadline cannot be approved.

In order for the agency to be in compliance with the state travel regulations, please submit your request for today’s meeting on or before

November 22, 2025