

**Bloomsburg University**  
**Department of Biological and Allied Health Sciences**  
**RADIOLOGIST ASSISTANT PROGRAM**

<h2><b>Radiologist Preceptor Agreement</b></h2>
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I agree to serve as the Radiologist preceptor, without remuneration, for the student named below as he/she completes the Bloomsburg University Radiologist Assistant program.

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

I have reviewed the online Bloomsburg University RA program information and the ARRT clinical activities list at: <http://www.arrt.org/web/radasst/finalraroledelineation.pdf>

I understand and accept that my responsibilities as Radiologist preceptor include, but are not limited to:

- Teaching and guiding the RA student as he/she develops overall RA clinical skills
- Supervising and overseeing all RA student interactions with patients
- Teaching, evaluating, and documenting successful completion of the RA clinical competencies (required and elective) as identified by the RA curriculum
- Verifying the RA student's number of clinical contact hours
- Maintaining communication with the Bloomsburg University faculty about the progress of the RA student in the program

I understand that the student MUST have a radiologist Preceptor to participate in the Bloomsburg University RA program. I understand that the student will function under the affiliation and privileges extended to the radiologist or radiology group by the facilities served.

If, for any reason, I can not continue to serve as this student's preceptor, I will immediately notify the Bloomsburg University RA program. I understand that the student must identify another radiologist willing to serve as Radiologist Preceptor to remain in the program.

Signed,

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Radiologist Preceptor Name/Date

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Printed Radiologist name

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Authorizing Signature for Group Practice/Date

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Student Signature