IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau of Radiological Health
Lucas State Office Building, 5th Floor
321 East 12th Street, Des Moines, IA 50319

COMPLETION OF RADIOGRAPHY CLINICAL TRAINING AND STATEMENT OF COMPETENCY

Trainee: _____

As radiographic clinical instructor for the above individual, I verify that this individual has completed a clinical program that included:

a. Equipment maintenance, exposures and positioning, film processing, film evaluation for quality, and mounting and filing of radiographic films;

b. Check the following applicable categories:

[ ] Competency in Pa and Lat chest procedures
[ ] Competency in upper extremities procedures
[ ] Competency in lower extremities procedures
[ ] Competency in spinal procedures
[ ] Competency in shoulder procedures
[ ] Competency in additional pediatric procedures

As clinical instructor, I verify that the above individual is competent to perform radiography in the above checked areas according to the Bureau of Radiological Health's requirements. I have records of the clinical competencies on file at my facility for review.

I grant permission for a representative of IDPH to comprehensively evaluate whether the above individual meets the IDPH training standards.

_____ _____
Name of Clinical Instructor (signed) Date

_____
Name of Clinical Instructor (printed)

_____
Address

_____
Phone

You may fax or email this form to: Charlene Craig at 515-281-4529 or charlene.craig@idph.iowa.gov. Thank you.