

Public Health

IOWA HHS

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 clinical instructor for the above individual, I verify that this individual has:

1. Demonstrated good patient care.
2. Demonstrated appropriate radiation protection for self, staff, and patient.
3. A clinical program that included:
 - a. Equipment maintenance, exposures and positioning, image processing, image evaluation for quality

(Check the following applicable categories):

- Competency in PA and Lateral 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

4. Direct supervision by me for all practices and competencies
5. Has satisfactorily completed the required competencies with 100% accuracy.

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 HHS to comprehensively evaluate whether the above individual meets the HHS training standards

Name of Clinical Instructor (signed)

Date

Name of Clinical Instructor (printed)
