

Public Health

IOWA HHS

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

COMPLETION OF SHOULDER RADIOGRAPHY CLINICAL TRAINING AND STATEMENT OF COMPETENCY

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

A clinical program that included:

- a. Positioning, image critique, and competency testing for AP internal and external rotation, AP neutral, Transthoracic lateral views, and Scapular "Y" lateral, and
- b. Direct supervision by me,

I verify that the above individual is competent to perform limited shoulder radiography according to the Bureau of Radiological Health's requirements.

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

Name (signed)

Date

Name printed

Address

Phone

Email Address

You may fax or email this form to: Matthew J. Millard, MSTD, RT(R)(CT) at 515-281-4529 or

matthew.millard@idph.iowa.gov