

Limited Radiography Initial Clinical Site Form

Must be Submitted Prior to Starting Clinical Education

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

Trainee: _____ (print name)

A principal instructor shall:

1. Be an Iowa-licensed chiropractor teaching spine and extremities categories only; or
2. Be an Iowa-permitted general radiologic technologist and have at least two years of current experience in radiography; or
3. Hold a current ARRT registration and have at least two years of current experience in radiography if the clinical site is located outside of Iowa.

A clinical instructor shall:

1. Be an Iowa-licensed chiropractor teaching spine and extremities categories only; or
2. Be an Iowa-permitted general radiologic technologist and have at least two years of current experience in radiography; or
3. Be an Iowa-permitted limited radiologic technologist in the category of instruction and have at least two years of current experience in radiography; or
4. Hold a current ARRT registration and have at least two years of current experience in radiography if the clinical site is located outside of Iowa.

Clinical instructors shall be supervised by the principal instructor. A principal instructor may also act as clinical instructor, if applicable. All competency testing for limited radiography shall be directly supervised by the principal or clinical instructor. Clinical instructors shall directly supervise all students before the student's competency for a specific projection is documented and indirectly supervise after the student's competency for a specific projection is documented. Classroom and clinical standards are listed in 641- 42.31(136C).

By signing below, you are agreeing that you meet these minimum requirements.

Site where clinical education will take place _____

Signature (Trainee) Date

Principal Instructor name (printed)

Signature Date

Clinical Instructor name (printed)

Signature Date

This form must be returned to the HHS for approval BEFORE Clinical Practices and/or Clinical Competencies can begin. You may fax or email this form to: Matthew J. Millard, MSTD, RT(R)(CT) at 515-281-4529 or matthew.millard@hhs.iowa.gov