

Public Health

IOWA HHS

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

COMPLETION OF PODIATRIC RADIOGRAPHY TRAINING AND STATEMENT OF COMPETENCY

Trainee: _____
(print name)

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
 - b. At least 20 total exposures as part of clinical instruction;
 - c. Clinical competency projections of 10 projections with only 2 of any single projection allowed to count toward determining competency
4. Direct supervision by me, a general radiographer, or a certified podiatric radiographer for any exposures before the competency was documented and indirect supervision after the competency was documented.
5. Has satisfactorily completed the required competencies with 100% accuracy.

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

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

Clinical Instructor Name (printed)

Clinical Instructor Signature

Date

Address

Phone Number

Email Address