

# Public Health

## IOWA HHS

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

### COMPLETION OF BONE DENSITOMETRY TRAINING AND STATEMENT OF COMPETENCY

Trainee: \_\_\_\_\_  
(print name)

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

- a. Demonstrated good patient care.
- b. Demonstrated appropriate radiation protection for self, staff, and patient.
- c. Been supervised by me, a general radiologic technologist, or limited radiologic technologist.
- d. Has satisfactorily completed the required competencies with 100% accuracy.

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

\_\_\_\_\_  
Clinical Instructor Name (printed )

\_\_\_\_\_  
Clinical Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address