



Iowa Department of Public Health
Protecting and Improving the Health of Iowans

**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