



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 IDPH to comprehensively evaluate whether the above individual meets the IDPH training standards

Clinical Instructor Name (printed)

Clinical Instructor Signature

Date

Address

Phone Number

Email Address