



# Protecting and Improving the Health of Iowans

Gerd W. Clabaugh, Director

Kim Reynolds, Governor

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

## COMPLETION OF PEDIATRIC RADIOGRAPHY CLINICAL TRAINING AND STATEMENT OF COMPETENCY

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

A clinical program that included:

- a. Positioning, image critique, and competency testing for either chest or extremities, or both, and
- b. Direct supervision by me, a general radiographer.

I verify that the above individual is competent to perform limited radiography according to the Bureau of Radiological Health's requirements for the following categories:

pediatric chest                       pediatric extremities

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

\_\_\_\_\_  
Name (signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name printed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

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

You may fax or email this form to: Matthew J. Millard, MSTD, RT(R)(CT) at 515-281-4529 or [matthew.millard@idph.iowa.gov](mailto:matthew.millard@idph.iowa.gov)