

IOWA DEPARTMENT OF PUBLIC HEALTH
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: _____

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

1. The required didactic training course approved by the Bureau; and
2. A clinical program that included:
 - a. Equipment maintenance, exposures and positioning, film processing, film evaluation for quality, and mounting and filing of radiographic films;
 - 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; and
 - c. 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.

As clinical instructor, 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.

Name (signed)

Date

Name printed

Title

Address

Phone