

Ohio Department of Health
Application for Approval of a General
X-Ray Machine Operator Educational Program

I. General Information PLEASE PRINT OR TYPE

Federal Tax ID number		
Name of entity		
DBA (if applicable)		
Address		
City	State	ZIP
Name of contact person	Last	First
Business phone number ()		E-mail address
Website address		MI

II. Educational Program Information

Category (choose one or more) <input type="checkbox"/> Didactic <input type="checkbox"/> Clinical <input type="radio"/> Chest/Abdomen <input type="radio"/> Extremity <input type="radio"/> Podiatric <input type="radio"/> Spine <input type="radio"/> Skull/Sinus <input type="radio"/> Bone densitometry
Title of program
Length of program
Target audience
Program objectives _____ _____
Instructional techniques or strategies to be used _____ _____ _____ _____ _____

For Office Use Only

Reviewer	Date
ODH ID#	

III. Instructor Information

Name	Last	First	MI
Address			
City		State	ZIP
Business phone ()		Home phone ()	
Number of years professional experience and proficiency in instructing		Degree	

Attach Curriculum Vitae

Name	Last	First	MI
Address			
City		State	ZIP
Business phone ()		Home phone ()	
Number of years professional experience and proficiency in instructing		Degree	

Attach Curriculum Vitae

Name	Last	First	MI
Address			
City		State	ZIP
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Attach Curriculum Vitae

NOTE: Duplicate this page as needed

IV. Didactic Curriculum Information

The didactic curriculum must include the following, at a minimum. Include a copy of your didactic curriculum and original certificate of course completion with this application.

- Radiographic equipment and often-used terms/terminology
- The nature of x-rays, their relative energy spectrum, and their fundamental properties when traveling in space and interacting with matter
- The components of the x-ray tube and their basic functions
- How x-rays are produced by the x-ray machine
- The essential factors controlling the quality and quantity of x-ray beam intensity (kVp and mA)
- The functions of the x-ray tube, control panel, table, and grid devices
- The three potential interactions of x-rays with matter, how these combine to produce a useful image, along with potential negative effects on both image clarity and radiation safety
- X-ray image formation and different processing techniques for both film/screen and digital image receptors
- Major factors that control and affect image quality forming the basis of technique chart development
- Applicable units of measurement used in dosimetry, methods to monitor occupational exposure, and when dosimetry is required
- Acute biologic effects of radiation
- Long term biologic effects of x-rays
- Cardinal rules of safety, standard safe practices in protecting both patients and operators from ionizing radiation
- Initial clinical approach to identifying the patient and explaining the procedure
- Methods of patient safety
- Methods of operator safety
- Patient assessment and patient care

V. Clinical Curriculum Information

The clinical curriculum must include the following, at a minimum. Additionally, each clinical module (chest and abdomen, extremities, skull and sinus, spine, podiatric, or bone densitometry) must also include the items specified in Appendices A through E of rule 3701-72-03 of the Ohio Administrative Code. Please include a copy of your clinical curriculum and original certificate of course completion with this application.

- Patient Evaluation and Assessment
- Verification of the correct patient
- Categorizing key factors, such as patient age and body habitus
- Basic patient history and underlying medical issues pertinent to radiography
- Patient concerns regarding radiation exposure or the procedure
- Communication problems
- Prior studies
- Pregnancy status
- Mobility and ambulatory status of the patient
- Explaining the radiologic procedure to the patient
- Measuring part thickness with calipers
- Comparing the technique chart with the patient characteristics and setting the exposure factors on the unit
- Properly placing or employing the image receptor identification labels
- Completely positioning patients for all routine procedures associated with the category of interest identified in Appendices A to F to include:
 - Appropriate immobilization and use of positioning aids
 - Visualization of pertinent anatomy
 - Correct object-image distance, source to image distance, image receptor size
 - Grid use, and compensating filters
 - Proper collimation of the radiation beam
 - Appropriate breathing instructions
- ALARA
- Processing the image
- Assessing the image for basic quality control

VI. Accreditation Information

Accredited by <input type="checkbox"/> JRCERT	Accreditation ID
<input type="checkbox"/> North Central Association of Colleges and Schools	<input type="checkbox"/> U. S. Department of Education
<input type="checkbox"/> A professional association of and recognized by licensed practitioners	
Name of professional association	

VII. Statement of Decaration

_____, affirms that _____
(Print name of authorized representative) (Name of entity)

referred to in the application for accreditation of educational program for general x-ray machine operator, that the information contained within are accurate and true in every respect; that any omission or incomplete information may result in delay of approval of the application; has read and will abide by the rules and regulations of the State of Ohio relating to licensure; permit the department, or its duly authorized representative, at all reasonable times, to inspect the entity's accreditation of educational program for general x-ray machine operators; has agreed to maintain records of individuals enrolled in the program for at least three years; and understands that all application fees are **non-refundable**. The applicant agrees to notify the department of any change that would render the information contained in the application invalid and inaccurate; and certifies that the program complies with and will remain in compliance with the requirements of this rule.

Signature of entity's authorized representative	Date
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This form is authorized under Sections 4773.07 and 4773.08 of the Ohio Revised Code.

Make check or money order in the amount of \$500.00 payable to TREASURER, STATE OF OHIO and mail with application to:
Ohio Department of Health
Attention: Revenue Processing
PO Box 15278
Columbus, OH 43215-0278

Before you mail your application:

1. Is your application signed?
2. Have you enclosed your application fee?
3. Have you enclosed a copy of your certificate of accreditation?
4. Have you enclosed the course curriculum?
5. Have you enclosed a curriculum vitae for each instructor?
6. Have you enclosed an original sample copy of your certificate of course completion?

Questions?

Contact the Radiologic Technology Section at (614) 752-4319 or at BRadiation@odh.ohio.gov.

Important information regarding your certificate of course completion

The Department is requesting the certificate you provide to GXMO course participants be on an 8 1/2" x 11" sheet of paper, landscape format, and contain the information below:

- Participant Name
- Title of the program
- Clinical module completed (if applicable)
- ODH approval number
- Date(s) of the course
- Signature of the instructor or authorized representative
- Watermark or letterhead

Please provide the Department with an original sample of the course certificate you will be providing to course participants.

NOTE: A separate certificate must be provided for didactic and clinical education.