

Ohio Department of Health • Radiologic Technology Section

General X-Ray Machine Operator Clinical Module Affidavit

Applicant/Licensee name	
Social Security number	License number (if applicable)
Radiologic Technology Program name	

Applicants for a General X-ray Machine Operator license who are currently enrolled and in the last year of an accredited radiography educational program or who have graduated from an accredited radiography program and are within 12 months of their graduation, may submit a signed affidavit from the director or instructor of the educational program as proof of meeting one or more of the competency-based training modules: Chest/Abdomen, Extremity, Skull/Sinus, Spine, Podiatric or Bone Densitometry.

I affirm that the above named applicant/licensee has completed the following competency-based training module(s) and has completed the required anatomic training as described in appendices A-F of rule 3701-72-03 of the Ohio Administrative Code (OAC), as well as training in film image receptors and automatic film processing and digital image receptors and digital image acquisition.

Clinical module	Date completed
<input type="checkbox"/> Chest/Abdomen	/ /
<input type="checkbox"/> Extremity	/ /
<input type="checkbox"/> Skull/Sinus	/ /
<input type="checkbox"/> Spine	/ /
<input type="checkbox"/> Podiatric	/ /
<input type="checkbox"/> Bone densitometry	/ /

Additionally, the above named student has received instruction on the following, as required by rule 3701-72-03(E)(6) of the OAC: evaluating and assessing the patient; explaining the radiologic procedure to the patient; measuring part thickness; comparing the technique chart with patient characteristics and setting the exposure factors on the unit; properly placing image receptor identification labels; competently positioning patients; operating equipment safely by keeping radiation exposures as low as reasonably achievable; processing the image; and assessing the image for basic quality control

Signature of Program Director or Clinical Instructor	Date / /
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College/University Seal or Stamp

Mail or fax completed form to:
 Ohio Department of Health
 Radiologic Technology Section
 246 North High Street
 Columbus, OH 43215
 (614) 466-0381 (fax)