



COLORADO
Department of Public Health & Environment

State of Colorado
 Department of Public Health and Environment
 R-71
 didactic training and clinical experience
 limited scope operator

Instructions: This form must be attached to form R-70 to complete the application process. Please provide all information requested on this form. There must be signatures in each affirmation section. For questions about completing this form, please call (303) 692-3448 or (888) 569-1831 ext. 3448 toll-free (outside the 303 area code) or fax (303) 691-7841 Attention: X-Ray Certification Unit.

Student name:		Social Security No. (Last four digits):	
Didactic Requirement: Colorado Rules and Regulations Pertaining to Radiation Control, 6 CCR 1007-1, Part 2, Appendix 2D, Section 2D.2.1 The student must complete at least 80 hours of classroom training in the following topics: Basic x-ray physics (20 Hours), Radiobiology (3 Hours), Radiation protection (6 Hours), Principles of exposure (15 Hours), Procedures and processing (4 Hours), and Anatomy and positioning (32 Hours).			
Name of school:			
Address:			
City:		State:	Zip code:
Beginning date:		Ending date:	
Educator name:		Phone:	
Educator affirmation I affirm that the student has fulfilled the requirements of 6 CCR 1007-1, Part 2, Appendix 2D, Section 2D.2.1.			
Educator signature:		Date:	
Clinical Requirement: Part 2, Appendix 2D, Section 2D.2.2 and 2D.2.3 The student must complete at least 480 hours of clinical experience under direct supervision of a qualified trainer (supervisor is physically present in the room during the procedure). No more than 160 hours may come from non-clinical, laboratory experience. During the clinical experience the student must perform at least four(4) of each of the following imaging exam procedures: skull, sinuses, facial bones, cervical spine, thoracic spine, lumbar spine, chest, ribs, clavicle, shoulder, humerus, elbow, forearm, wrist, hand, hip/pelvis, femur, tibia/fibula, ankle, and foot.			
Name of clinic:		Facility registration number:	
Clinic address:			
City:		State:	Zip code:
Beginning date:		Ending date:	
Name of supervisor:			
Supervisor affirmation I affirm that the student has fulfilled the requirements of 6 CCR 1007-1, Part 2, Appendix 2D, Sections 2D.2.2 and 2D.2.3 as described above.			
Supervisor signature:		Date:	
Student affirmation I affirm that I have fulfilled the requirements of 6 CCR 1007-1, Part 2, Appendix 2D, Sections 2D.2.1, 2D.2.2, and 2D.2.3 and that all the information entered on this application is true and correct.			
Student signature:		Date:	

Office use only

Approval Denial

Reviewer signature:	Date:
Supervisor signature:	Date: