

CHIROPRACTIC RADIOGRAPHIC ASSISTANT

The South Dakota Board of Chiropractic Examiners must certify all chiropractic assistants taking x-rays. Tests will be given periodically throughout the year as warranted by application.

20:41:13:07. Application for registration. Each person engaged in chiropractic radiography or desiring to engage in chiropractic radiography except a licensed chiropractor shall apply for registration to the board within 30 days following the effective date of this chapter or prior to engaging in chiropractic radiography. The application shall be made on a form furnished by the board and shall be filled out completely. The application shall contain a statement that the requirements of this chapter of rules have been read and understood by the applicant and shall document the training, experience, and education that qualify the applicant to engage in chiropractic radiography.

SOURCE:

GENERAL AUTHORITY: SDCL 36-5-15.2, 36-5-15.3

LAW IMPLEMENTED: SDCL 36-5-15.2, 36-5-15.3

20:41:13:08. Examination and proficiency evaluation. An applicant for registration as a chiropractic radiographer shall, unless exempt, pass a written examination administered by the board and shall present to the board written documentation from a South Dakota licensed chiropractor attesting to the clinical proficiency of the applicant based on observation of at least one month. The passing grade for the examination is 75.

Each person completing the required hours for certification as a Limited Radiographer must pass an examination process administered by the SD Board of Chiropractic Examiners.

Application fee: The application fee is \$50.00 and should be made payable to the South Dakota Board of Chiropractic Examiners. The payment must be included with your application to sit for the exam.

Renewal fee: A renewal fee of \$25 per year will be required to keep your certificate active.

Examination: The examination will consist of a practical and written portion. The practical exam will require the applicants to position and compute a technique for one or more radiographs. The written exam will consist of questions dealing with radiographic technique, patient protection, patient records, physics of imaging, or other pertinent information necessary to obtain quality radiographs.

Limitation of Certificate: The applicant who successfully completes the examination will be given a certificate that entitles the applicant to perform radiographic services for a Doctor of Chiropractic under his supervision.

Re-taking examination: Unsuccessful applicants may retake the examination upon paying a \$50.00 examination fee. Any applicant failing the examination on two occasions will be requested by the Board of Examiners to obtain 10 additional hours of radiographic education for the examination again

Current applications may be sent to:

SD Board of Chiropractic Examiners
Marcia Walter, Executive Secretary
407 Belmont Ave
Yankton, SD 57078
Phone 605-668-9017

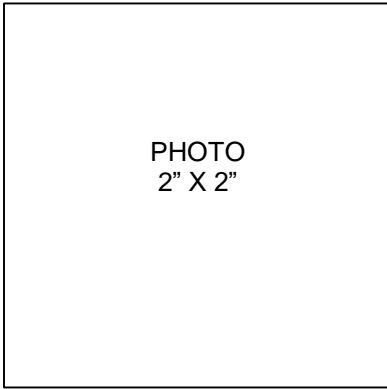


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SOUTH DAKOTA STATE BOARD OF CHIROPRACTIC EXAMINERS

CHIROPRACTIC RADIOGRAPHIC ASSISTANT APPLICATION

- 1. Full Name _____ M _____ S _____ D _____
- 2. Permanent Address _____ City _____ State _____ Zip _____
- 3. Print name as you wish it to appear on license _____
- 4. Birthplace _____ Date of Birth _____ Age _____ Sex _____
- 5. Citizen of the U.S. _____ Telephone _____ Social Security # _____ / _____ / _____
- 6. Email: _____ High School Graduated from and year _____
- 7. College Education: From _____ 20 _____ to _____ 20 _____ Degree _____
College Name & Location _____
- 8. Education: Chiropractic Radiology: _____ Total Hours _____
College or Agency _____
- 9. Other Radiographic training: From _____ 20 _____ to _____ 20 _____ Hours _____
College or Agency _____
- 10. Length of time working as a chiropractic radiographic assistant: _____
- 11. Location of work: _____

AFFIDAVIT

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I also agree to abide by the laws of the state of South Dakota concerning the practice of Chiropractic Radiography.

Signature of Applicant

Notary Public

_____ County _____

In testimony whereof, witness my hand and seal of office this _____ day of _____ 20____

My Commission Expires: _____ 20____
(SEAL)