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. (fee increase pending)

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
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. High school graduate from _____________________________________________________ Year____________

7. College Education: From _______19____ to _______20____ ________________ Degree__________
   College Name & Location

8. Education: Chiropractic Radiology: ____________________________ Total Hours __________________
   College or Agency

9. Other Radiographic training: From _________19___ 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

My Commission Expires: 
(SEAL)

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