

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935  
FAX #: (608) 251-3036  
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way  
Madison, WI 53705  
E-Mail: [dps@wisconsin.gov](mailto:dps@wisconsin.gov)  
Website: <http://dps.wi.gov>

## CHIROPRACTIC EXAMINING BOARD

### CERTIFICATE OF COURSE COMPLETION FOR CHIROPRACTIC RADIOLOGICAL TECHNICIAN

This form must be completed by the certifying body where your Board-approved course was obtained.

**APPLICANT: Complete this section and submit to certifying body for completion. Form must be returned directly from the certifying body to the Department.**

Last Name  First Name  MI  Former / Maiden Name(s)

Address: (number, street, city, zip code)

Date of Completion of approved courses: / /

/ /

Applicant Signature

Date

**CERTIFYING BODY: Please complete this section and return directly to the Department. Certifying body may mail to the address above or fax or email with cover sheet or cover letter to (608) 251-3036 or [DSPSCredChiropractic@wisconsin.gov](mailto:DSPSCredChiropractic@wisconsin.gov).**

Name of Institution or Provider:

Address of Institution or Provider:  
(street, city, state, zip)

Sponsor Name:

Course Title:

The course listed above included successful completion of instruction comprising at least 48 hours including the following components: introduction to x-ray examination; physics of x-ray examination; anatomy; patient position; safety measures; machine operation; exposure techniques and accessories; processing and dark room techniques; film critique and quality assurance; professionalism; recordkeeping; emergency procedures, summary; and successful completion of an examination on the content of the course of instruction.

Dates Attended: From: / /  To: / /

Number of Credits:  Date Certificate Issued: / /

/ /

Signature of Dean or Department Head

Date