

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.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 at the above address.**

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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. You may also fax/email with cover sheet/letter to 608-261-7083 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 above course listed included successful completion of: instruction comprising at least 48 hours and 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**