

CERTIFICATE OF COMPETENCY FOR: **(CHEST AND EXTREMITIES)**

Name:	
Address:	
Profession:	
Location where used:	

I hereby certify that, in my opinion as a professional diagnostic radiographer, the abovementioned person has demonstrated competency in the following areas:

- Problems and faults in the darkroom**
Demonstrated ability to identify problems and faults in the darkroom and be able to carry out light and safelight tests.

- Processor operation**
Demonstrated knowledge of processor operation and the ability to maintain processor cleanliness and chemical preparation.

- Care and handling of films and ancillary equipment**
Demonstrated ability in the care and handling of films, screens, cassettes and other ancillary equipment.

- Exposure parameters**
Demonstrated ability to alter exposure parameters to compensate for incorrect exposure, different body thicknesses, different film/screen combinations and the use of grids, plaster etc.

- Image artefacts**
Appreciation of film faults and the errors that produce them in relation to X-ray technique and processing.

- Production of radiographs**
Demonstrated ability to produce diagnostic radiographs of the chest and extremities which have a high standard of image quality.

- Use of computerised radiography equipment**
Demonstrated ability to use CR equipment to produce a plain image, perform any post processing necessary, store the image on CD and hard drive and transfer it electronically to another site for assessment by a medical practitioner.

I therefore recommend that this person be considered eligible for a **chest and extremities licence**.

Signature: _____ Date: _____
(diagnostic radiographer approved by the Director, Radiation Health):

Licence No: _____