

Doctor Privilege

News from the Tennessee Chiropractic Association to leaders of Tennessee's chiropractic community

April 5, 2010

2010 CXT Training Attendee Commitment Information

We are currently accepting applicants for 2010 Chiropractic X-ray Technician (CXT) 48 Hour Training. These classes will be held over 3 weekends in the Nashville area and dates/location will be finalized pending sufficient applicants. *Important:* The CXT 48 Hour Training will include three weekend sessions (Saturday and Sunday) for a total of 16 course hours each. To obtain all 48 hours, each participant must attend the entire two days of class of all three sessions. Class times are tentatively Saturday 8am-6pm and Sunday 8am-3pm. The exam will be held following the final Sunday session. Two session dates are scheduled; however we are asking for your preferences on the remaining session date.

These sessions are designed to provide the participants with a fundamental knowledge of the nature and production of X-rays. Associated equipment and darkroom procedures, as well as positioning and related anatomy will be studied. The primary objective of this seminar will be to teach participants to provide a radiograph with the greatest amount of benefit and with the least possible risk to both the patient and the operator. The training cost per staff person is \$1000⁰⁰, well below other comparable course fees, which includes all study materials, Sunday lunches and other training items. *An additional exam fee of \$135⁰⁰ will be required.* We are committed to offering you quality opportunities for chiropractic staff training and we look forward to your participation in another successful CXT 48 Hour Program!

2010 CXT Training Attendee Commitment Form

To reserve your seat for this training and to be notified of final date/location details, **please fill out this 48 Hour CXT Training Attendee Commitment Form and return it to the TCA office by Monday, April 19th by fax to (615) 383-6233 or e-mail: TCA@TNChiro.com** . Respond **a.s.a.p.** - space is limited!

Please Print or Type:

CA Name: _____ **C.A. Home Phone:** _____

CA Home Address: _____ **C.A. Date of Birth:** _____

CA City, State, Zip: _____

CA Personal E-mail: _____ **Social Security #:** _____

Employer Name: _____ **Office Name:** _____

Office Phone: _____ **Office Fax:** _____

Address: _____ **C.A. Date of Hire:** _____

City, State, Zip: _____

REQUIRED: Scheduled dates are underlined. Please rank your 1st and 2nd preference for the remaining session.

____ May 22-23 June 5-6 June 19-20 ____ June 26-27

Response deadline is 4/19. Once date/location is finalized, you will be sent all necessary paperwork. All forms and payments in full will be required prior to the first session. All fees are non-refundable/non-transferable.

Please e-mail or fax to the TCA: TCA@TNChiro.com or (615) 383-6233