

LIMITED PERMIT CLINICAL AFFILIATED SITE REQUEST

FOR RADIOLOGIC HEALTH BRANCH USE ONLY
CAN # _____ Approval _____ Denial _____ Reviewed By: _____

New

 Renewal

Please Note: This request **shall** be approved by Radiologic Health Branch (RHB) **IN WRITING** and the approved Clinical Affiliated Notice (CAN) **shall** be posted at the site before the student may start clinical training. The training site **shall** be renewed annually.

School Name	School Identification Number
Address	City, State, ZIP Code
Program Director	Telephone Number
Clinical Coordinator(s)	Contact Telephone Number:

SUBMIT the following:

1. **Completed LP Clinical Affiliated Site Request form (pages 1 and 2)**
2. **Copy of Radiation Machine Registration**
3. **Copy of Supervisor and Operator (S & O) Permit or Certificate**
4. **Copy of Secondary Certified Radiologic Technologist (CRT) or Limited Permit X-ray Technician (LPXT) Permit(s)/Certificate(s)**
5. **Affiliation Agreement (signed and dated by the S & O and designated school official)**

Clinical Training Site	RHB X-ray Facility/Machine Number	Expiration Date
Address	City, State, ZIP Code	Telephone Number
Business hours (include lunch break):		

On-Site Radiography/Radiology - S & O Licentiate (Doctor) who will supervise clinical training of the radiologic limited permit student (circle the appropriate classification):

S & O Name	Certificate/Permit RH (C, D, or L) Number	Expiration Date
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On-Site CRT/LPXT providing secondary supervision: List all CRT/LPXT(s) at this site (circle the appropriate classification): Attach additional sheet if needed.

CRT/LPXT Name	Certificate/Permit RHC (T,M,F) or RHP Number	Expiration Date
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CRT/LPXT Name	Certificate/Permit RHC (T,M,F) or RHP Number	Expiration Date
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Check each permit category requested:

Chest		Extremities		T-S		Skull		Leg-Pod		Dental Lab		Bone Density	
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On-Site days and hours the approved S & O Doctor will supervise:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
to	to	to	to	to	to

CLINICAL TRAINING SITE EVALUATION

On-site meeting between the S & O and the designated school official has been completed to explain the clinical affiliation agreement and licentiate responsibilities for the clinical training of limited permit x-ray technician student(s) to include:

_____ Supervisor and Operator shall be on premises while supervising a student.

S&O Initial

_____ Supervisor and Operator is not affiliated with another school (if so, RHB notification required).

S&O Initial

_____ California Code of Regulations, title 17, is made available to students.

S&O Initial

_____ Standard Operating Procedures (SOP) manual for radiography (with the inclusion of gonadal shielding and repeat film policies) is made available to students.

S&O Initial

_____ The following is posted and current:

S&O Initial

- Radiation Machine Registration
- CA S & O certificate/permit
- CA CRT/XT certificate/permit
- Notice to Employees and "Caution X-Ray" sign(s)
- Radiation Safety Instructions

Indicate the frequency of site visits by the clinical coordinator:

Provide the facility X-ray workload. Fill in the number of procedures performed for each category per month:

Chest		Extremities		T-S		Skull		Leg-Pod		Dental Lab		Bone Density	
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Verify by a check mark that each of the following items are in place:

- Left and right markers are used
- Radiolucent (positioning) sponges and restraining devices are available for use
- Patient gonadal shielding available and utilized
- Lead apron and lead gloves available and utilized

Analog machines:

- Film processing system is adequate
- X-ray unit has x-ray beam collimator
- Patient measuring calipers available and used
- Current exposure technique chart available and used

Digital machines:

- Technicians have a valid RHB permit authorizing the use of digital equipment

Declaration: By your signature below, you declare under penalty of perjury under the state law of California that the information submitted on this form, with its attachments, to be true and correct; and you agree to abide by all laws and regulations pertaining to the school approval, operation, and training of radiologic limited permit student(s).

Name of S & O (Please Print Clearly)	Name of Designated School Official (Please Print Clearly)
Signature	Signature
Date	Date