



# North Dakota Medical Imaging and Radiation Therapy Board

PO Box 398 Bismarck, ND 58502 Phone: 701-425-0861

[www.ndmirtboard.com](http://www.ndmirtboard.com) Email: [info@ndmirtboard.com](mailto:info@ndmirtboard.com)

## **ND Conditional restricted Limited X-Ray Machine Operator (LXMO) Certified Clinical Chiropractic Assistant (CCCA) Clinical Information**

(This is for Chiropractic offices ONLY.)

Note: This packet of information is for **Chiropractic offices only (MUST be an already a ND licensed Certified Clinical Chiropractic Assistant, CCCA)** wishing to perform as a Limited X-Ray Machine Operator (LXMO). All prerequisite structured academic and practical clinical competency requirements MUST be completed BEFORE applying to take the State LXMO Examination administered by the ARRT.

**Competence in clinical practice for the restricted LXMO encompasses attributes of knowledge, problem solving, technical skills, comprehension, attitudes, and ethics.**

Upon satisfactory completion of the structured academic program, the applicant should begin their practical Clinical Competency requirements in a timely manner. **Applicant must have arrangements in place to perform the clinical competency requirements ahead of time and inform the Board of what/where the facility will be utilized.**

Clinical Competency requirements MUST be completed within nine (9) months. *If there is valid evidence of a hardship completing the clinical requirements within 9 months the Conditional LXMO CCCA must contact the board office immediately with written explanations.*

\*The Board strongly encourages NOT to have more than one individual completing clinicals at a time within a smaller clinical practice, as this could cause too much competition in completing examinations in small, low-volume imaging department.

**There is a total of 78 evals and finals competencies to be completed by the Conditional LXMO CCCA.** If needed simulations are allowed, but every effort should be to have patient interactions and NOT simulate.

**For the 60 clinical evals #1-3, etc.; a majority of these must be performed on actual patients and NOT simulated on the more common procedures/exams.** *(If a vast majority of these are simulated your submission may be rejected, requiring you to acquire more patient interactions and fewer simulations.)*

**For the final, of the 18 procedure/exam competencies no more than 7 may be simulated.**

The Conditional LXMO CCCA may perform procedures/examinations only while under personal supervision by a ND licensed Chiropractor (in good-standing), a ND licensed ARRT Registered Radiographer or a ND licensed currently practicing LXMO with three (3) years of experience.

- **The Conditional LXMO CCCA may ONLY perform procedures/examination independently (not under personal supervision) after successfully completing the required evaluations and final for that particular procedure/examination.**

The Conditional LXMO CCCA may obtain their clinical competencies at more than one facility if they choose, simply document each on the form provided.

With nine months to complete all clinical competency requirements, it is encouraged to make arrangements at a larger chiropractic practice with a higher volume of procedures/examinations if you are employed at a smaller chiropractic clinic with a low volume of procedures/examinations. This is not a requirement from the Board, only encouragement to assist with your success of completion and compliance of the clinical competency requirements. The Board may conduct random audits of the submitted examinations.

February 2024



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## Overview of Clinical Competency Requirements:

\*Must have a Conditional restricted LXMO CCCA License **BEFORE** beginning clinicals. **\*Must already be a licensed ND CCCA in good-standing.**

- **The Board strongly encourages not to have more than one individual per facility completing clinicals at a time, as this could cause too much competition in completing examinations in small low-volume chiropractic clinic.**
- **Applicant must have arrangements in place to perform the clinical competency requirements ahead of time and inform the Board of what/where the facility will be utilized.** Keep reading for more information on clinical requirements.
  - 1) After satisfactory completion of the structured academic program (copies of proof must be submitted to the Board office), the applicant may be issued a Conditional Restricted LXMO CCCA License and receive the packet of information regarding clinical requirements.
  - 2) Clinical Competency requirements MUST be completed within nine (9) months. *If there is valid evidence of a hardship completing the clinical requirements within 9 months, the Conditional LXMO CCCA must contact the board office immediately with written explanation(s).*
  - 3) The Board may conduct random audits of the submitted examinations/procedures.
  - 4) **There is a total of 78 evals and finals competencies to be completed by the Conditional LXMO CCCA.** If needed simulations are allowed, but every effort should be to have patient interactions and NOT simulate.
  - 5) **For the 60 clinical evals #1-3, etc.; a majority of these must be performed on actual patients and NOT simulated on the more common procedures/exams.** (If a vast majority of these are simulated your submission may be rejected, requiring you to acquire more patient interactions and fewer simulations.)
  - 6) **For the final, of the 18 procedure/exam competencies no more than 7 may be simulated.**
  - 7) The Conditional LXMO CCCA may perform procedures/examinations only while under **personal supervision** by a ND licensed Chiropractor (in good-standing), a ND licensed ARRT Registered Radiographer or a ND licensed currently practicing LXMO with three (3) years of experience. *(Personal supervision means: must be in attendance in the room during the performance of the procedure/examination.)*
  - 8) The Conditional LXMO CCCA may obtain their clinical competencies at more than one facility if they choose, simply document each on the form provided in the information packet.

With nine months to complete all clinical competency requirements, it is encouraged to make arrangements at a larger facility with a higher volume of procedures/examinations if you are employed at a smaller facility with a low volume of procedures/examinations. *This is not a requirement from the Board, only encouragement to assist with your success of completion and compliance of the clinical competency requirements.*
  - 9) The Conditional LXMO CCCA may **ONLY** perform procedures/examinations independently (not under personal supervision) **after** successfully completing the required evaluations and final for that particular procedure/examination.
  - 10) After successful completion of the Clinical Competency Requirements, complete the **Completion Agreement** *(last page of information packet)* and send to Board office with a copy of the Clinical Competency Document.
  - 11) Lastly, the Conditional LXMO CCCA notifies the Board office in writing requesting to take the ARRT LXMO exam.
  - 12) Upon completion of all prerequisites, ARRT decides if requirements and qualifications are met.
  - 13) If met, NDMIRTB forwards application to the ARRT. Exam Fees are payable directly to ARRT.
  - 14) **Required mandatory exam modules: Core, Chest, Extremities, and Spine.**
  - 15) ARRT contacts the applicant with a 90-day window to take the exam.
  - 16) Exam results are sent to NDMIRTB. If applicant fails a module, they retake only the failed exam.
  - 17) NDMIRTB contacts applicant of pass/fail. If successfully passed, will receive licensure as a ND Restricted LXMO CCCA practicing in a chiropractic setting only.



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## Reminders for Clinical Competencies:

Clinical competency assessment/evaluation of the Conditional Restricted Limited X-Ray Machine Operator Certified Clinical Chiropractic Assistant by a ND licensed Chiropractor (in good-standing), a ND licensed ARRT Registered Radiographer or a ND licensed currently practicing LXMO with three (3) years of experience should include the following:

- 1) Evaluation of requisition and patient assessment
- 2) Radiographic room readiness
- 3) Patient care and management
- 4) Equipment operation and technique selection
- 5) Positioning skills
- 6) Radiation protection for patient, self, and others
- 7) Image processing and evaluation to determine whether images demonstrate proper:
  - a) Anatomical part(s)
  - b) Alignment
  - c) Radiographic techniques
  - d) Image identification
  - e) Radiation protection

**There is a total of 87 evals and finals competencies to be completed by the Conditional LXMO CCCA. If needed simulations are allowed, but every effort should be to have patient interactions and NOT simulated.**

**For the 66 clinical evals #1-3, etc.; a majority of these must be performed on actual patients and NOT simulated on the more common procedures/exams. (If a vast majority of these are simulated your submission may be rejected, requiring you to acquire more patient interactions and fewer simulations.)**

**For the final, of the 18 procedure/exam competencies no more than 7 may be simulated.**

### Practice Standards Related to Restricted Limited X-Ray Machine Operators (LXMO) ND licensed Certified Clinical Chiropractic Assistant practicing in a chiropractic setting:

Restricted Limited x-ray machine operator CCCAs are limited in scope of practice to only those procedures approved by the NDMIRT Board while under the general supervision by a licensed practitioner.

Restricted Limited x-ray machine operators may NOT perform fluoroscopic procedures or administer contrast media or radiopharmaceuticals.

\*LXMOs practicing in a chiropractic setting are Restricted LXMO CCCAs with a further restricted scope of practice per the North Dakota Medical Imaging and Radiation Therapy Board.



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## Conditional Restricted Limited X-ray Machine Operator ND licensed Certified Clinical Chiropractic Assistant Practical Clinical Competency Documentation

*These forms MUST be retained by the Conditional restricted LXMO CCCA for five (5) years. (Form may be duplicated)*

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last First M.I.

Address: \_\_\_\_\_  
 Street Address Apartment/Unit #  
 \_\_\_\_\_  
 City State ZIP Code

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_  
 (The Board staff will communicate with you at this email address, please check regularly.)

Radiographic Procedure/ Examination Competency	Total of 18 Procedures/exams ***** Limited restricted Projections/Views:	Date Completed:  (mm/dd/yy)	Clinical Demonstration Competency ***** List your Facility <u>Patient Identifier</u> OR if Simulated:	Verified by: Signature of a ND licensed Chiropractor (in good-standing), a ND Licensed ARRT Registered Radiographer or ND licensed LXMO with 3 years' experience
<b>Ribs:</b>				
	AP/PA, Obliques		Eval #1:	
			Eval #2:	
			Final:	
			(Of the 18 procedures/exams no more than 7 may be simulated for the Final)	
<b>Hand:</b>				
	PA, Lateral, Oblique		Eval #1:	
			Eval #2:	
			Eval #3:	
			Final:	
	(Of the 18 procedures/exams no more than 7 may be simulated for the Final)			



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<b>Fingers (includes the thumb):</b>				
	PA, Lateral, Oblique		Eval #1:	
			Eval #2:	
			Final:	
			(Of the 18 procedures/exams no more than 7 may be simulated for the Final)	
<b>Wrist:</b>				
	PA, Lateral, Oblique		Eval #1:	
			Eval #2:	
			Eval #3:	
			Final: (Of the 18 procedures/exams no more than 7 may be simulated for the Final)	
<b>Forearm:</b>				
	AP, Lateral		Eval #1:	
			Eval #2:	
			Eval #3:	
			Final: (Of the 18 procedures/exams no more than 7 may be simulated for the Final)	
<b>Elbow:</b>				
	AP, Lateral		Eval #1:	
			Eval #2:	
			Eval #3:	
			Final: (Of the 18 procedures/exams no more than 7 may be simulated for the Final)	



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<b>Humerus:</b>				
	AP, Lateral		Eval #1:	
			Eval #2:	
			Eval #3:	
			Final:	
			(Of the 18 procedures/exams no more than 7 may be simulated for the Final)	
<b>Shoulder:</b>				
	AP, Internal and External Rotation, Y-view		Eval #1:	
			Eval #2:	
			Eval #3:	
			Final:	
			(Of the 18 procedures/exams no more than 7 may be simulated for the Final)	
<b>Pelvis:</b>				
	AP		Eval #1:	
			Eval #2:	
			Eval #3:	
			Eval #4:	
			Final:	
			(Of the 18 procedures/exams no more than 7 may be simulated for the Final)	
<b>Hips:</b>				
	AP, frog-leg Lateral		Eval #1:	
			Eval #2:	
			Eval #3:	
			Eval #4:	
			Final:	
			(Of the 18 procedures/exams no more than 7 may be simulated for the Final)	



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<b>Femur:</b>				
	AP, Lateral		Eval #1:	
			Eval #2:	
			Eval #3:	
			Final:	
			(Of the 18 procedures/exams no more than 7 may be simulated for the Final)	
<b>Knee:</b>				
	AP, Lateral		Eval #1:	
			Eval #2:	
			Eval #3:	
			Final:	
			(Of the 18 procedures/exams no more than 7 may be simulated for the Final)	
<b>Tibia-fibula:</b>				
	AP, Lateral		Eval #1:	
			Eval #2:	
			Eval #3:	
			Final:	
			(Of the 18 procedures/exams no more than 7 may be simulated for the Final)	
<b>Ankle:</b>				
	AP, Lateral, Oblique(s)		Eval #1:	
			Eval #2:	
			Eval #3:	
			Final:	
			(Of the 18 procedures/exams no more than 7 may be simulated for the Final)	



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**Foot:**

AP, Lateral, Oblique(s)	Eval #1:	
	Eval #2:	
	Eval #3:	
	Final: (Of the 18 procedures/exams no more than 7 may be simulated for the Final)	

**C-Spine:**

AP, Lateral, Odontoid (non-trauma), or possible Swimmer's (non-trauma)  *NO oblique views permitted	No simulations allowed	Eval #1:	
	No simulations allowed	Eval #2:	
	No simulations allowed	Eval #3:	
	No simulations allowed	Eval #4:	
	No simulations allowed	Eval #5:	
	No simulations allowed, must be actual patients	Final: (Of the 18 procedures/exams no more than 7 may be simulated for the Final)	

**T-Spine:**

AP, Lateral, or possible Swimmer's (non-trauma)	No simulations allowed	Eval #1:	
	No simulations allowed	Eval #2:	
	No simulations allowed	Eval #3:	
	No simulations allowed	Eval #4:	
	No simulations allowed	Eval #5:	
	No simulations allowed, must be actual patients	Final: (Of the 18 procedures/exams no more than 7 may be simulated for the Final)	





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Radiographic Procedure/ Examination Competency	Total of 18 Procedures/exams *****  Limited restricted Projections/Views:	Date Completed:  (mm/dd/yy)	Clinical Demonstration Competency *****  List your Facility <u>Patient Identifier</u>  OR if Simulated:	Verified by: Signature of a  ND licensed Chiropractor (in good-standing), a ND Licensed ARRT Registered Radiographer or ND licensed LXMO with 3 years' experience
<b>L-Spine:</b>				
	AP, Lateral, L5-S1 lateral spot (cone down)  *NO oblique views permitted	No simulations allowed	Eval #1:	
		No simulations allowed	Eval #2:	
		No simulations allowed	Eval #3:	
		No simulations allowed	Eval #4:	
		No simulations allowed	Eval #5:	
		No simulations allowed, must be actual patients	Final:  (Of the 18 procedures/exams no more than 7 may be simulated for the Final)	

**Please print clearly for all sections:**

Please list ALL facilities and locations, if more than one, where the Conditional restricted LXMO CCCA performed their Clinical Competencies:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_



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**REQUIRED:** If more than one, signature of EACH verifying the competency of the Conditional restricted Limited X-Ray Machine Operator (LXMO) CCCA, please included your ARRT credentials as applicable, ie: RT(R) or CT, if a ND licensed LXMO or a ND licensed chiropractor (include ND license number). **\*Also please print name after signature, board staff will verify licensure.**

\*MUST only be verified by a ND licensed Chiropractor (in good-standing), a ND Licensed ARRT Registered Radiographer *or* a ND licensed currently practicing LXMO with three (3) years of experience.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

### Reminders for competencies of the 18 required procedures/exams and the evals:

Clinical competency assessment/evaluation of the Conditional restricted Limited X-Ray Machine Operator CCCA by a ND licensed Chiropractor (in good-standing), a ND licensed ARRT Registered Radiographer or a ND licensed currently practicing LXMO with three (3) years of experience should include the following:

- 1) Evaluation of requisition and patient assessment
- 2) Radiographic room readiness
- 3) Patient care and management
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- 7) Image processing and evaluation to determine whether images demonstrate proper:
  - a) Anatomical part(s)
  - b) Alignment
  - c) Radiographic techniques
  - d) Image identification
  - e) Radiation protection

**\*The Board may conduct random audits of the submitted examinations to ensure compliance and competency.**

This form must be retained by the Conditional restricted LXMO CCCA for five years.

### Disclaimer and Signature by Conditional restricted LXMO CCCA:

*All applicants please read and sign/date the statement below. All applications will be null and void unless properly signed and dated. I hereby submit this application and supporting documents and attest to the authenticity and accuracy of the application and all information contained herein. I further understand that if any information contained in this application or supporting documents submitted on my behalf, is determined to be false or misleading, this may be cause for denial, revocation or suspension of any license pursuant to this application and criminal prosecution and punishment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Completion Agreement

*This form must be completed, signed and submitted to the Board Office upon completion of the Clinical Competency requirements.*

This agreement certifies that the Conditional restricted LXMO CCCA has successfully completed the Clinical Competency requirements as established by the North Dakota Medical Imaging and Radiation Therapy Board.

### This Certifies that

\_\_\_\_\_  
*(Enter Name of Conditional restricted LXMO CCCA)*

In signing this Agreement, the Conditional restricted Limited X-Ray Machine Operator CCCA and their immediate supervising ND Licensed Chiropractor attest that all the practical clinical competency requirements and standards have been fulfilled.

**The Conditional restricted LXMO CCCA is to retain their evaluation documentation for a period of five (5) years.**

\_\_\_\_\_  
(Conditional restricted LXMO CCCA signature)

\_\_\_\_\_  
(Immediate Supervising ND Licensed Chiropractor signature)

\_\_\_\_\_  
Date