



Spring 2026 CXT 50-Hour Training Program

April 25-26, 2026

May 9-10, 2026

Nashville, TN

SPRING 2026 CXT TRAINING - REGISTRATION OPEN!

For your convenience, this packet contains the Spring 2026 CXT 50-Hour Training Program details and required application forms.

Important: The TCA Chiropractic X-Ray Technologist (CXT) 50-Hour Training Program is a hybrid educational program with two live weekend sessions (**Apr. 25-26 and May 9-10**) for a total of 24 classroom hours and a 26 hour distance learning component. Applicants must have an email address, computer access, and internet service to complete these requirements (see additional requirements for exam*). **All classroom and distance learning work must be completed before course credit is given.**

Educational sessions will provide participants with a fundamental knowledge of the nature and production of x-rays, along with radiation protection, radiographic techniques, patient care and positioning, equipment maintenance, radiographic anatomy, x-ray quality control, and instruction on Tennessee statutes and rules pertaining to the chiropractic x-ray technologist. A primary objective of this seminar will be to prepare participants to obtain a radiograph with the greatest amount of clinical benefit and with the least possible risk to both the patient and the operator.

The cost per staff person for the course is \$1200.⁰⁰ and includes all CXT study materials and (well below other comparable course fees). There is a separate Exam fee of \$180.⁰⁰.

All 50-Hour Course applications and exam fees are due by April 10, 2026. Reserve your spot now, as space is limited. **If sufficient registration is not received by the deadline this course may be cancelled.** If you need special arrangements, call the TCA office. Your commitment to the program and pre-paid fee are required to guarantee your reservation.

ACT NOW: [Register online](#) or complete the attached CXT 50-Hour Training Program Application and exam application and return them with payment to the TCA office as soon as possible to secure your registration.

*The 2026 Spring TN CXT Examination will be provided online via live remote proxy. Upon completion of the classroom training, students will be given access to the online exam, to be taken on the Exam Day at the time of their choosing, but no later than the following Friday, May 15, 2026. Examinees will be proctored via a live video proxy website using the individual's webcam/audio feed from start to finish of their exam session.

In order to utilize the online exam, individuals must be able to meet the technical requirements which may be referenced here: <https://www.proctorfree.com/technical-requirements>. For those who are not able to meet these requirements, an in-person examination opportunity will be offered. All exam applicants must adhere to testing-taking requirements provided in your CXT Handbook.

Following the initial training session, CXT examinees will receive an email from ProctorFree.com (our live proxy website) with instructions on how to set-up your ProctorFree account in preparation for the online Examination. Additionally, examinees will receive email notification once both the Examination answers and proctored session have been fully reviewed (typically within 72 business hours) to confirm results and provide important information related to the internship and licensure process.

Clinical hours may not begin until notification of passing score.



CHIROPRACTIC X-RAY TECHNOLOGY
50-HOUR PROGRAM
2026 Spring Application

Dates & Times *(All hours must be attended for the full 50-hour requirement):*

Session I	Apr. 25, Saturday	8:00 am - 6:00 pm CT
	Apr. 26, Sunday	8:00 am - 3:00 pm CT
Session II	Distance Learning: computer and internet required	
Session III	May 9, Saturday	8:00 am - 6:00 pm CT
	May 10, Sunday	Exam, Online via remote proxy
	<i>(May be taken May 10, but no later than May 15, 2026. See exam application for details.)</i>	

Please Print or Type:

CA Name:	CA Home Phone:
CA Home Address:	CA Date of Birth:
CA City, State, Zip:	
CA Personal Email:	Last 4 digits of social security #:
Employer's Name:	Office Name:
Office Phone:	Office Fax:
Address:	CA Date of Hire:
City, State, Zip:	

To secure your registration, please fax or mail your application and program fee as soon as possible, and
no later than April 10, 2026.

Program Fee: \$1200.⁰⁰ **Exam Fee: \$180.⁰⁰** **Total Amount Paid: \$ _____**
(Must also submit Exam Application)

Email or Fax Application & Fees to: tca@tnchiro.com or Fax (615) 383-6233

PAYMENT OPTIONS : TOTAL AMOUNT ENCLOSED: \$ _____

☐ Check enclosed payable to the TCA OR ☐ Charge to:

Card No. _____

Exp. Date: _____ CVV (3- or 4-digit code on back of card) _____

Billing Address: _____ Zip: _____

Signature: _____

Print Name: _____

(All fees are non-refundable and non-transferable.)

All fees are non-refundable & non-transferable. Program and exam fees must be submitted with applications and be received no later than April 10, 2026. **If sufficient registration is not received, this course may be cancelled.** For further information about this program, you may contact the TCA at (615) 383-6231. **Please reply ASAP, as space is limited!**

RADIOLOGIC TECHNOLOGIST LIMITED PERMIT EXAM APPLICATION

FEE WILL NOT BE REFUNDED IF EXAM IS NOT PASSED

PLEASE TYPE OR PRINT

APPLICANT INFORMATION

LAST NAME FIRST NAME MIDDLE INITIAL

PERMANENT STREET ADDRESS

CITY

STATE

ZIP

HOME OR CELL PHONE

MALE ____ FEMALE ____

BIRTHDATE ____ / ____ / ____
MONTH/DAY/YEAR

WORK PHONE

FAX

EMAIL

(Personal/individual email required. A group or general office email may not be used.)

EMPLOYER INFORMATION

EMPLOYER

EMPLOYER ADDRESS

CITY

STATE

ZIP

APPLICANT SIGNATURE

DATE

NOTE: THE LIMITED PERMIT EXAMINATION IS ADMINISTERED UNDER THE GUIDELINES OF THE TENNESSEE BOARD OF CHIROPRACTIC EXAMINERS. SUCCESSFUL COMPLETION OF THE LIMIT PERMIT EXAM DOES NOT CONSTITUTE CERTIFICATION OR LICENSED STATUS.

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Tennessee
Chiropractic
Association



Chiropractic
Assistants of
Tennessee



CXT Continuing Education

Dates: April 25, 26 or May 9, 2026

Location: Nashville, TN

All session times are from 8:00am - 11:00am CT.

ATTENDEE INFORMATION

Please copy for additional registrants. Please print or type:

CXT's Name: _____ Practice Name: _____

Office Address: _____

City, State, Zip: _____

Office Phone: _____ Office Fax: _____

Email Address: _____

CAT Member: Yes ☐ No ☐

Interested in CAT membership? ☐

You may attend on any of these dates for CE at the rate of
\$100 CAT Member/\$150 CAT Non-Member per session.
You will need to provide signatures to verify attendance of
three(3) hours on the day you attend.

Please indicate which session you will be attending :

☐ Apr. 25, Saturday ☐ Apr. 26, Sunday

☐ May 9, Saturday

Please visit our
Courses & Events
Catalog for more
information at:
catalog.tnchiro.com!

*Space is limited. Please register at least one (1) week
prior to your chosen date.

PAYMENT OPTIONS :

TOTAL AMOUNT ENCLOSED: \$ _____

☐ Check enclosed payable to the TCA OR ☐ Charge to:

Card No. _____

Exp. Date: _____ CVV (3 or 4 digit code on back of card) _____

Billing Address: _____ Zip: _____

Signature: _____

Print Name: _____

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