



Fall 2024 CXT 50-Hour Training Program

October 5-6, 2024
October 19-20, 2024
Nashville, TN

FALL 2024 CXT TRAINING - REGISTRATION OPEN!

For your convenience, this packet contains the Fall 2024 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 (**Oct. 5-6 and Oct. 19-20**) 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 September 20, 2024. 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: Please fill out 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 Fall 2024 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, Oct. 25. 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
2024 Fall Application

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

Session I	Oct. 5, Saturday	8:00 am - 6:00 pm CT
	Oct. 6, Sunday	8:00 am - 3:00 pm CT
Session II	Distance Learning: computer and internet required	
Session III	Oct. 19, Saturday	8:00 am - 6:00 pm CT
	Oct. 20, Sunday	Exam, Online via remote proxy
	(May be taken Oct. 20, but no later than Oct. 25. See exam application for details.)	

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 September 20, 2024.**

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 Sept. 20, 2024. **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.

The Fall 2024 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 (Oct. 20) at the time of their choosing, but no later than the following Friday, Oct. 25. 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

Return to: Tennessee Chiropractic Association
Phone: (615) 383-6231 / Fax: (615) 383-6233 / Email: tca@tnchiro.com

important information related to the internship and licensure process. **Clinical hours may not begin until notification of passing score.**

Return to: Tennessee Chiropractic Association
Phone: (615) 383-6231 / Fax: (615) 383-6233 / Email: tca@tnchiro.com



CXT Continuing Education

Dates: October 5, 6 or 19, 2024

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 :

Oct. 5, Saturday Oct. 6, Sunday

Oct. 19, Saturday



*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: _____

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

Email or Fax Registration Form & Fee to:

Email: tca@tnchiro.com • Phone: (615) 383-6231 • Fax: (615) 383-6233