



Tennessee  
Chiropractic  
Association

## Fall 2026 CXT 50-Hour Training Program

October 24-25, 2026  
November 7-8 2026  
Nashville, TN

### **FALL 2026 CXT TRAINING - REGISTRATION OPEN!**

**For your convenience, this packet contains the Fall 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 (**Oct. 24-25 and Nov. 7-8**) 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<sup>.00</sup> and includes all CXT study materials and (well below other comparable course fees). There is a separate Exam fee of \$180<sup>.00</sup>.

**All 50-Hour Course applications and exam fees are due by October 9, 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 Fall 2026 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, Nov. 13, 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  
**Fall 2026 Application**

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

Session I	Oct. 24, Saturday	8:00 am - 6:00 pm CT
	Oct. 25, Sunday	8:00 am - 3:00 pm CT
Session II	Distance Learning: computer and internet required	
Session III	Nov. 7, Saturday	8:00 am - 6:00 pm CT
	Nov. 8, Sunday	Exam, Online via remote proxy
	<i>(May be taken Nov. 8, but no later than Nov. 13, 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 Oct. 9, 2026.**

**Program Fee: \$1200.<sup>00</sup>**      **Exam Fee: \$180.<sup>00</sup>**      **Total Amount Paid: \$ \_\_\_\_\_**  
*(Must also submit Exam Application)*

**Email or Fax Application & Fees to: [tca@tnchiro.com](mailto: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 Oct. 9, 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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# CXT Continuing Education

**Dates:** Oct. 24, 25 or Nov. 7, 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 :**

Oct. 24, Saturday  Oct. 25, Sunday

Nov. 7, 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.)* For further information about this program, you may contact the TCA at (615) 383-6231.

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