



2018 CXT 48 Hour Training Program

March 24-25, 2018

April 7-8, 2018

Nashville, TN

ATTN: Spring 2018 Chiropractic X-Ray Technologists Candidates

SPRING 2018 CXT TRAINING - REGISTRATION OPEN!

For your convenience, this packet contains the Spring 2018 CXT 48 Hour Training Program details and required application forms.

Important: The TCA Chiropractic X-Ray Technologist (CXT) 48 Hour Training Program is a hybrid educational program with two live weekend sessions (**March 24-25 and April 7-8, 2018**) for a total of 26 classroom hours and a 22 hour distance learning component. **Attendance at each session is required.** Applicants must have an email address, computer access, and internet service to complete all requirements. 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 ACRRT text book (well below other comparable course fees). There is a separate ACRRT Exam fee of \$165.⁰⁰.

All 48 Hour Course applications and exam fees are due by March 9, 2018. Reserve your spot now, as space is limited. **If sufficient registrations are not received by this date, the course will 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 48 Hour Training Program Application and ACRRT exam application and return them with payment to the TCA office as soon as possible to secure your registration.

Thanks again for your interest in this program. We look forward to your participation in another successful CXT 48 Hour Training Program!

Tennessee Chiropractic Association
2123 8th Avenue South * Nashville, TN 37204
Phone: (615) 383-6231 * Fax: (615) 383-6233 * Email: tca@tnchiro.com



CHIROPRACTIC X-RAY TECHNOLOGY 48 HOUR PROGRAM 2018 Spring Application

Dates & Times *(All hours must be attended for the full 48 hour requirement):*

Session I	March 24, Saturday	8:00 am - 6:00 pm CT
	March 25, Sunday	8:00 am - 3:00 pm CT
Session II	Distance Learning: computer and internet required	
Session III	April 7, Saturday	8:00 am - 6:00 pm CT
	April 8, Sunday	9:30 am - 3:00 pm CT
	Exam	Following final session, testing in meeting room

*An off-site clinic visit will occur on one of the above dates.

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 March 9, 2018.

Program Fee: \$1200.00 Exam Fee: \$165.00 Total Amount Paid: \$_____
(Must also submit ACRRT Exam Application)

Send Application & Fees to: TCA, 2123 8th Avenue South, Nashville, TN 37204 or Fax (615) 383-6233

Charge My Application Fees: Credit Card #: _____ Exp. Date: _____

Print Name & Sign: _____

Billing Address _____ City: _____ Zip: _____

All fees are non-refundable & non-transferable. Program and exam fees must be submitted with applications and be received no later than March 9, 2018. **If sufficient registration is not received, this course will be cancelled.**
For further information about this program you may contact the TCA at (615) 383-6231.
Please reply ASAP, as space is limited!

AMERICAN CHIROPRACTIC REGISTRY OF RADIOLOGIC TECHNOLOGISTS
52 WEST COLFAX STREET, PALATINE, ILLINOIS 60067
PHONE / FAX: (847) 705-1178
www.acrrt.com

**LIMITED PERMIT EXAM
RADIOLOGIC TECHNOLOGIST
FEE WILL NOT BE REFUNDED**

Please indicate current AND permanent address if different.

PLEASE TYPE OR PRINT

LAST NAME FIRST NAME MIDDLE INITIAL

STREET ADDRESS CITY

STATE ZIP HOME PHONE

MALE ___ FEMALE ___ BIRTHDAY _____
MONTH/DAY/YEAR WORK PHONE

BIRTHPLACE _____
CITY STATE FAX

SOCIAL SECURITY NUMBER EMAIL
(not required for TN)

EMPLOYER

EMPLOYER ADDRESS CITY STATE ZIP

APPLICANT SIGNATURE DATE

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NOTE:
THE LIMITED PERMIT EXAMINATION IS ADMINISTERED UNDER THE AEGIS OF THE AMERICAN
CHIROPRACTIC REGISTRY OF RADIOLOGIC TECHNOLOGISTS. SUCCESSFUL COMPLETION AND ANY AWARD
OF PROFICIENCY FOR THE LIMITED PERMIT EXAMINATION DOES NOT MEET THE CRITERIA FOR ACRRT
CERTIFICATION OR MEMBERSHIP STATUS.
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CXT Continuing Education

Dates: March 24, March 25 or April 7
Location: Tennessee Chiropractic Association
2123 8th Avenue South
Nashville, TN 37204

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 any of these classes for CE at the rate of \$100 CAT Member/\$150 CAT Non-Member per session. All session times are from 8:00am - 3:00pm CT. You will need to provide signatures to verify attendance of six (6) hours on the day you attend.

Please indicate which session you will be attending :

Mar. 24, Saturday Mar. 25, Sunday

April 7, Saturday

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

Please visit our
website for more
information at
[www.tnchiro.com!](http://www.tnchiro.com)

PAYMENT OPTIONS :

TOTAL AMOUNT ENCLOSED: \$ _____

Check enclosed payable to the TCA Or Charge to:

Card No. _____ Exp. Date: _____

Billing Address: _____ Zip: _____

Signature: _____

Print Name: _____

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

Mail or Fax Registration Form & Fee to:

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