

# THORACIC SPINE PRACTICAL EXAM

## CCA Level II - Xray Certification Practical Exam

**NOTE: Practical Must Be Completed within 6 Months of Completing Your Written Exam**

CCA Level II Candidate Name: \_\_\_\_\_

Date: \_\_\_\_\_ CCA Cert #: \_\_\_\_\_

Sponsoring Doctor Name: \_\_\_\_\_ NC Lic. #: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

### Scoring:

**0 = Unable to perform**

**1 = Able to perform but coaching needed from doctor**

**2 = Performed to clinical standard without additional coaching**

\*Each view needs to be executed on a different patient.

X-ray Views	View #1*	View #2*	View 3*	View 4*
(Randomly assigned by sponsoring doctor)				
<b>Proper image quality</b>				
<b>Appropriate anatomy seen on view</b>				
<b>Properly marked R vs. L etc..</b>				
<b>Proper technique calculated / measurement of patient</b>				
<b>Proper technique input to controller</b>				
<b>Bucky/Tube alignment &amp; Focal film distance</b>				
<b>Patient positioning</b>				
<b>Breast &amp; Gonad shielding</b>				
<b>Can name additional views in that series</b>				
<b>Proper collimation</b>				
<b>Total of each view (Out of 20 possible points)</b>				

Total score (Out of possible 80): \_\_\_\_\_

(Must score at least 64 total points to pass.)

Signed by sponsoring doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

# LUMBAR SPINE PRACTICAL EXAM

## CCA Level II - Xray Certification Practical Exam

**NOTE: Practical Must Be Completed within 6 Months of Completing Your Written Exam**

CCA Level II Candidate Name: \_\_\_\_\_

Date: \_\_\_\_\_ CCA Cert #: \_\_\_\_\_

Sponsoring Doctor Name: \_\_\_\_\_ NC Lic. #: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

### Scoring:

**0 = Unable to perform**

**1 = Able to perform but coaching needed from doctor**

**2 = Performed to clinical standard without additional coaching**

\*Each view needs to be executed on a different patient.

X-ray Views	View #1*	View #2*	View 3*	View 4*
(Randomly assigned by sponsoring doctor)				
<b>Proper image quality</b>				
<b>Appropriate anatomy seen on view</b>				
<b>Properly marked R vs. L etc..</b>				
<b>Proper technique calculated / measurement of patient</b>				
<b>Proper technique input to controller</b>				
<b>Bucky/Tube alignment &amp; Focal film distance</b>				
<b>Patient positioning</b>				
<b>Breast &amp; Gonad shielding</b>				
<b>Can name additional views in that series</b>				
<b>Proper collimation</b>				
<b>Total of each view (Out of 20 possible points)</b>				

Total score (Out of possible 80): \_\_\_\_\_

(Must score at least 64 total points to pass.)

Signed by sponsoring doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

# CERVICAL SPINE PRACTICAL EXAM

## CCA Level II - Xray Certification Practical Exam

**NOTE: Practical Must Be Completed within 6 Months of Completing Your Written Exam**

CCA Level II Candidate Name: \_\_\_\_\_

Date: \_\_\_\_\_ CCA Cert #: \_\_\_\_\_

Sponsoring Doctor Name: \_\_\_\_\_ NC Lic. #: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

### Scoring:

**0 = Unable to perform**

**1 = Able to perform but coaching needed from doctor**

**2 = Performed to clinical standard without additional coaching**

\*Each view needs to be executed on a different patient.

X-ray Views	View #1*	View #2*	View 3*	View 4*
(Randomly assigned by sponsoring doctor)				
<b>Proper image quality</b>				
<b>Appropriate anatomy seen on view</b>				
<b>Properly marked R vs. L etc..</b>				
<b>Proper technique calculated / measurement of patient</b>				
<b>Proper technique input to controller</b>				
<b>Bucky/Tube alignment &amp; Focal film distance</b>				
<b>Patient positioning</b>				
<b>Breast &amp; Gonad shielding</b>				
<b>Can name additional views in that series</b>				
<b>Proper collimation</b>				
<b>Total of each view (Out of 20 possible points)</b>				

Total score (Out of possible 80): \_\_\_\_\_

(Must score at least 64 total points to pass.)

Signed by sponsoring doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by Candidate: \_\_\_\_\_ Date: \_\_\_\_\_