



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
**Radiologic Technology Board of Examiners**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0035

### Clinical Training Program

As part of the Traineeship, Trainee Radiographers must complete a Clinical Training Program.

By selecting a category below (maximum of 2), the Trainee acknowledges that the minimum number of required procedures must be successfully completed during the 1-year term of the traineeship as outlined in Chapter 6, Section 8(1) of the Board's rules. The required procedures must be performed under the direct supervision of the supervising licensed practitioner or a fully-licensed radiographer.

The Trainee also acknowledges that any change to the clinical training program or request to complete alternate procedures or experience must be submitted to and approved by the Board prior to executing the change or completing the alternate procedure or experience.

Trainees must submit monthly progress reports and maintain a log (board approved format) of all procedures performed during the Clinical Training Program. The log must be submitted upon request of the Board or upon application for licensure as a limited radiographer.

Training Site Data (Must be completed in full)		
Name of Training Site:	Telephone:	
Mailing Address:		
City:	State:	Zip Code:
Physical Address (if different from mailing address):		
Anticipated Start Date of Training:		
Training Categories (choose a maximum of 2): <input type="checkbox"/> Skull <input type="checkbox"/> Spine <input type="checkbox"/> Chest <input type="checkbox"/> Extremities <input type="checkbox"/> Podiatry		

Trainee Name: \_\_\_\_\_

<b>Supervisor Data</b> <b>(To be completed in full by Supervisor)</b>		
Name of Supervisor:		
Mailing Address:		
City:	State:	Zip Code:
Supervisor's Education/School:		Degree Awarded:
Type of License:		License Number:
Place of Employment:		Work Telephone:

<b>Supervisor's Responsibility Statement</b> <b>(To be completed in full by Supervisor)</b>	
As the Supervisor:	Agree:
1) I possess a valid license as outlined in the board rules to supervise a limited radiographer trainee.	<input type="checkbox"/>
2) I will immediately notify the trainee and the Board of any disciplinary action that affects my ability or right to supervise.	<input type="checkbox"/>
3) I know and understand the laws and rules pertaining to the supervision and practice restrictions of limited radiographer trainees.	<input type="checkbox"/>
4) I will include in the clinical training program the patient safety protocols described in Chapter 8, Section 5(C)(E) and (G) of the board's rules.	<input type="checkbox"/>
5) I understand that training, other than radiation safety training, may not commence until the Board has reviewed and approved the trainee's application.	<input type="checkbox"/>
6) I will provide the Board with monthly progress reports signed by myself and the trainee on forms provided by the board. I will promptly address any deficiencies or concerns with the trainee's progress communicated by the Board.	<input type="checkbox"/>
7) If I terminate supervision of this trainee I will immediately inform the Board.	<input type="checkbox"/>
By my signature I attest that I have read and agree with the above statements. I also understand and accept the conditions and responsibilities of the supervisory relationship as outlined by the Rules of the Radiologic technology Board of Examiners and by the Statutes of the State of Maine.	
SIGNATURE: _____	DATE: _____

Trainee Name: \_\_\_\_\_

Summary of Required Procedures	
Training Category #1:	
Body Part	Approximate Number of Procedures to be Performed <small>(must meet minimum requirements as shown in the table in Chapter 6, Section 8(1)of the Board's Rules)</small>

Trainee Name: \_\_\_\_\_

Summary of Required Procedures	
Training Category #2 (if applicable):	
Body Part	Approximate Number of Procedures to be Performed (must meet minimum requirements as shown in the table in Chapter 6, Section 8(1) of the Board's Rules)