

Attestation of Program
Director for LXMO
Applicant

MARYLAND BOARD OF PHYSICIANS
4201 Patterson Avenue ■ P.O. Box 2571
Baltimore, Maryland 21215-0095
Telephone: 410-764-4777 800-492-6836
www.mbp.state.md.us

For Board Use Only
Program accredited?

Y N
Date verified _____

ATTESTATION OF PROGRAM DIRECTOR FOR LXMO APPLICANT

Part 1 APPLICANT: Complete Part 1 and send to the institution where you are enrolled.

Name: _____
Last name and generational indicator (Jr., Sr., II, III, etc.) First name Middle name Maiden Name

Date of Birth: ____/____/____ Social Security Number: ____-____-____
mm dd yyyy

Professional School of Attendance: _____

Dates of Enrollment: _____ to _____

Educational Program: _____

Applicant's Signature: _____ Date: _____

Part 2 PROGRAM DIRECTOR: Please email this form to: mdh.mbp_lxmo@maryland.gov

I hereby attest that, at the time of application, the above-named individual has completed:

1. The first year of an accredited radiologic technologist educational program while in good standing;
2. 115 hours of didactic training delivered by a radiologic technologist certified by the American Registry of Radiologic Technologists (ARRT) providing instruction in radiographic anatomy, procedures, pathology, digital image acquisition and display, fundamentals, ethics and laws of health care, human anatomy and physiology, image production and analysis, imaging equipments and radiation production, medical terminology, and patient care;
3. 480 hours of clinical training;
4. At least 5 competencies in the chest, spine, lower extremities, and upper extremities;
5. 6 months of clinical care experience; and
6. The Limited Scope of Practice in Radiography examination with a score of at least 75% per module (Chest, Spine, Extremities, and Core).

Name of Program Director Telephone Number Email Address

Signature of Program Director Date

SEAL

OF THE

INSTITUTION