

**XT Certification – Practical Exam  
Conducted By Sponsoring Chiropractor  
The Thoracic Spine**

XT Candidate Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ CCCA Cert #: \_\_\_\_\_  
 Sponsoring Doctor Name: \_\_\_\_\_  
 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.

<b>X-ray Views</b>	<b>View #1*</b>	<b>View #2*</b>	<b>View 3*</b>	<b>View 4*</b>
(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 get at least 64 total points to pass.)

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

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

**XT Certification - Practical Exam  
Conducted By Sponsoring Chiropractor  
The Lumbar Spine**

XT Candidate Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ CCCA Cert #: \_\_\_\_\_  
 Sponsoring Doctor Name: \_\_\_\_\_  
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<b>Total of each view (Out of 20 possible points)</b>				

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

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

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

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

**XT Certification - Practical Exam  
Conducted By Sponsoring Chiropractor  
The Cervical Spine**

XT Candidate Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ CCCA Cert #: \_\_\_\_\_  
 Sponsoring Doctor Name: \_\_\_\_\_  
 Office Name: \_\_\_\_\_  
 Office Address: \_\_\_\_\_

**Scoring:**

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

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

<b>X-ray Views</b>	<b>View #1*</b>	<b>View #2*</b>	<b>View 3*</b>	<b>View 4*</b>
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<b>Proper collimation</b>				
<b>Total of each view (Out of 20 possible points)</b>				

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

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

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

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