



Description

Online Radiographic Procedures for the Chiropractic Assistant

HSC 1150 070

This course, presented by the South Carolina Chiropractic Association in partnership with York Technical College, is a 48-hour course. It is presented in an online format and can be accessed from a computer with Internet capability. A CD with an accompanying workbook will be provided. This course includes, but is not limited to Introduction to Radiation Physics, X-Ray Generation, Radiographic Film Storage and Handling, Applications, Screen Characteristics, Construction of Intensifying Screens, Automatic Processing, and Artifact Analysis. A clinical component is included. **Course work must be completed within a maximum of 52 weeks.**

Completion of this course is required to take the South Carolina Chiropractic Radiography Examination. Contact Nicki Davis at (803) 772-9376.

Instructor

Instructor: Michele Wells B.S. HCM, RT (R), (M), RDMS
Email: mwells@yorktech.com

Tuition

\$795.00. Books approximately \$150

Study Guide from SC Chiropractic Association – To order call (803) 772-9376.(approx \$75)

Mosby's comprehensive Review of Radiography- Available at YT bookstore (approx \$75)

Salary Range

\$10 - \$20 per hour

Career Opportunities

Chiropractic Offices

Computer Requirements

- CD-ROM drive with speakers
- Internet access

General Information

If you have any questions please contact:
Continuing Education/ Health and Human Services
C building, Room 103
Fax: (803) 981- 7327

Linda Bolick
Program Manager
(803) 981-7194
bolick@yorktech.com

Robert Hamilton
Program Coordinator
(803) 981-7348
rhamilton@yorktech.com

Chiropractic Assistant Radiography Information Form-HSC 1150 070

PERSONAL INFORMATION (Please type or print legibly)

Name _____ Social Security
Number _____ Date of Birth _____
Last First Middle
Street Address _____ Telephone (Work) _____
Telephone (Home) _____
City, State, Zip _____ Email
Address _____ Fax Number _____

EDUCATION

Other: School/Organization Name _____ College Name _____
High School Name _____ City, State, Zip _____ City, State, Zip _____
City, State, Zip _____ Degree / Certificate _____ Type of Training _____
Graduation/GED Completion Date _____ Date Awarded _____ Dates Attended _____ Date Awarded _____

APPLICATION INFORMATION

Chiropractic Office in which training will be completed:

Chiropractor who will be responsible for clinical supervision and evaluation:

Chiropractor's Email address: _____ Telephone _____
() _____

OCCUPATIONAL EXPERIENCE

Position/Title _____ Dates
Held _____
Employer Name _____ Telephone () _____

Street, City, State,
Zip _____

HEALTH AND PHYSICAL REQUIREMENTS

Students participating in allied health education programs must meet the criteria established for physical and mental health. This includes sufficient strength, motor coordination, manual dexterity, and mental and intellectual capacity.

SIGNATURE:

"To the best of my knowledge, the information provided on this application is both accurate and complete. If accepted, I agree to abide by all policies and procedures of the PLUS Program, York Technical College."

Applicant Signature _____

Date _____



Upon Payment, Please Fax Registration Form to 803 981 7327

How to Enroll

Mail-In

York Technical College
452 S. Anderson Rd
Rock Hill, SC 29730
Attn: Continuing Education
Send registration form and payment

Fax

Companies may fax letters of authorization
or purchase orders for registration.
FAX: 803-981-7327
Attention: Continuing Education

Phone-In

*Have Charge Card & Schedule Handy For
Charge Card Registration*
CALL: 803-325-2888
Mon. – Thurs 8:00 A.M. - 8:00 P.M.
Friday 8:00 A.M. - 5:00 P.M

In Person

Continuing Education Center
Building C
Monday – Thursday 8:00 A.M. - 8:00 P.M
Friday 8:00 A.M. - 5:00 P.M

To ensure participation, students should register five business days prior to the start of class. Refunds will not be given to persons cancelling less than two business days prior to the start of class. If we are forced to cancel a class due to low enrollment, full refunds will be made.