



**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
227 FRENCH LANDING, SUITE 300  
HERITAGE PLACE, METRO CENTER  
NASHVILLE, TENNESSEE 37243**

**TENNESSEE BOARD OF MEDICAL EXAMINERS  
MEDICAL X-RAY OPERATOR  
(800) 778-4123, ext. 24384 or LOCALLY (615) 532-3202, ext. 24384  
[www.tennessee.gov](http://www.tennessee.gov)**

***Course Provider Statement of Training  
Upgrade for Extended Spine***

*(for licensed limited x-ray operators who are currently licensed in Lumbar Spine-AP and Lateral Lumbar Spine only)*

This form must be completed and signed, bearing the original signature, by the course provider.

Name of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I hereby certify that the above named X-Ray Operator has obtained training as required in rules and regulations 0880-5-.04(1)(c) pertaining to spine.

\_\_\_\_\_ Cervical – includes AP/PA, lateral, obliques, and open mouth odontoid

\_\_\_\_\_ Thoracic – includes AP/PA, lateral, and Swimmers

\_\_\_\_\_ Lumbar – includes AP/PA, lateral, spot lateral of L5-S1, and obliques

Please make a brief statement regarding the professional competence of this applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Course Provider (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Course Provider Signature

***To receive the upgrade please mail the completed form and supporting documentation to the attention of the Board of Medical Examiners to the address above.***