

# Certification Review Request

Submitting Candidate: .....

Date: .....

Reviewing doctor: .....

**Submission**

**Level 1**

- 4 Alignment films
- 1 set of PRE positioning film [Not mandatory]
- 5 consecutive sets of PRE positioning films
- 2 consecutive sets of PRE & POST positioning films

**Level 2**

- 1 set of PRE positioning and analysis films [Not mandatory]
- 5 consecutive sets of PRE positioning and analysis films
- 2 consecutive sets of PRE & POST positioning and analysis films

**Level 3**

- 1st set
- 2 consecutive sets
- 3 consecutive sets
- 4 consecutive sets

**Board Certification**

- 10 consecutive sets for board certification

**Requirements**

\*\* Any submission provided for review, must be current and the films taken must be within 30 days of the submission date.

\*\* Each level of candidate participation must be whole and complete prior to submitting it to the next level of the certification process

\*\* Only submit the required sets of films for each step of the level you are submitting for.

\*\* Previously reviewed x-rays may not be resubmitted.

**ALL Submissions must include**

- Certification Review Request sheet
- Completed Xray Film & Analysis Self Evaluation sheet for each set. (E.g. 5 sets need 5 sheets)
- Return envelopes (ONLY for Films)
- Return postage (ONLY for Films)

**Level 3 & Board Certification ONLY**

- Biomechanical explanation for each set. (E.g. 5 sets need 5 sheets)

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LATERAL		A	B	N
Exposure	Under ___ Over ___ Correct ___			
Head Clamp Position				
C6-C7 on film and clarity				
Head Tilt				
Head Rotation				
Facial Structures on film/clarity				
Level Hard Palate				
Atlas S Line	<input type="checkbox"/> S <input type="checkbox"/> I _____			
Film Marker				

## Pre Certification Evaluation

Submitting Candidate: \_\_\_\_\_

Patient ID/ Initial/ Case# \_\_\_\_\_

Date of PRE xray: \_\_\_\_\_

Date of POST xray: \_\_\_\_\_

| A | Acceptable | N | Not acceptable | B | Borderline

PRE   NASIUM		A	B	N
Exposure: Skull	Under ___ Over ___ Correct ___			
Exposure: C1	Under ___ Over ___ Correct ___			
Clarity of lower cervicals C7	Under ___ Over ___ Correct ___			
Location of C1 on film	Low ___ High ___ Correct ___			
Head Clamp Position	Low ___ High ___ Correct ___			
Head Rotation	Lt ___ mm Rt ___ mm			
Atlas S Line	<input type="checkbox"/> S <input type="checkbox"/> I _____			
Posterior Arch	Low ___ High ___ Correct ___			
Posterior Arch attachments	Low ___ High ___ Correct ___			
Atlas Plane Line				
Atlas Check Line				
Central Skull Line				
IML	R / L _____			
Horizontal Line				
Axis Body Cent/odontoid Center				
C2 Spinous Identification				
Cervical Line				
Condylar Circle				
Axial Circle				
Vertical Axis Line				
Listing of AT; BC; SP Factors				
PL   HT   C/A   Angles   H(+) L(-)				
Filtration	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> No filter			
Marker				

POST   NASIUM		A	B	N
Exposure: Skull	Under ___ Over ___ Correct ___			
Exposure: C1	Under ___ Over ___ Correct ___			
Clarity of lower cervicals C7	Under ___ Over ___ Correct ___			
Location of C1 on film	Low ___ High ___ Correct ___			
Head Clamp Position	Low ___ High ___ Correct ___			
Head Rotation	Lt ___ mm Rt ___ mm			
Atlas S Line	<input type="checkbox"/> S <input type="checkbox"/> I _____			
Posterior Arch	Low ___ High ___ Correct ___			
Posterior Arch: Pre vs Post	Lower ___ Higher ___ Correct ___			
Posterior Arch attachments	Low ___ High ___ Correct ___			
Atlas Plane Line				
Atlas Check Line				
Central Skull Line				
IML	R / L _____			
Horizontal Line				
Axis Body Cent/odontoid Center				
C2 Spinous Identification				
Cervical Line				
Condylar Circle				
Axial Circle				
Vertical Axis Line				
Listing of AT; BC; SP Factors				
PL   HT   C/A   Angles   H(+) L(-)				
Filtration	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> No filter			
Marker				

PRE   VERTEX		A	B	N
Exposure	Under ___ Over ___ Correct ___			
Head Clamp Position	Posterior ___ Anterior ___			
Central ray rt. Angle to skull floor	Short ___ Long ___			
Skull Rotation	Clockwise ___ CounterClockwise ___			
Glabella	R ___ L ___ Centered ___			
Odontoid	R ___ L ___ Centered ___			
EOP	R ___ L ___ Centered ___			
C7	R ___ L ___ Centered ___			
Division of Condyles OR Transverse Foramen				
Vertex Central Skull Line				
Spinous Identification Mark				
Measurement of C1 rotation				
Filtration				
Marker				

POST   VERTEX		A	B	N
Exposure	Under ___ Over ___ Correct ___			
Head Clamp Position	Posterior ___ Anterior ___			
Central ray rt. Angle to skull floor	Short ___ Long ___			
Central ray rt. Angle: Pre vs Post	Shorter ___ Longer ___ Correct ___			
Skull Rotation	Clockwise ___ CounterClockwise ___			
Glabella	R ___ L ___ Centered ___			
Odontoid	R ___ L ___ Centered ___			
EOP	R ___ L ___ Centered ___			
C7	R ___ L ___ Centered ___			
Division of Condyles OR Transverse Foramen				
Vertex Central Skull Line				
Spinous Identification Mark				
Measurement of C1 rotation				
Filtration				
Marker				

Submitting Candidate: \_\_\_\_\_

Patient ID/ Initial/ Case# \_\_\_\_\_

### PRE

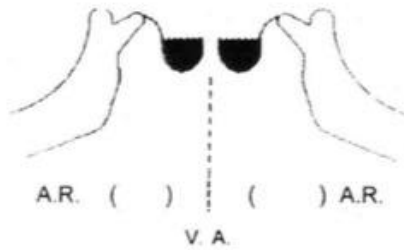
Date of PRE xray: \_\_\_\_\_

AT	( )
BC	
SP	

Rt Ear	
PL	
HR	
C/A	
Ang	
Height Vector	

C
A

Sline	S   I
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Adj. Vector	
B.T. 1   2   3   4 IN   OUT	

Headiece Placement	
Round   Elongated Head	
HP	1   2   3   4
Square	A   B   C
Round	D

Landmark for contact \_\_\_\_\_

Short Leg: R   L
Anatometer : RL   LL      A   P      R   L

### POST

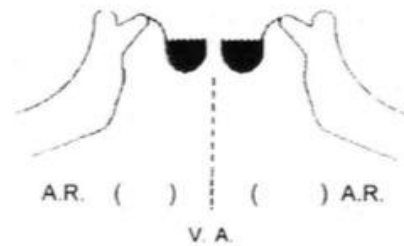
Date of POST xray: \_\_\_\_\_

AT	( )
BC	
SP	

Rt Ear	
PL	
HR	
C/A	
Ang	
Height Vector	

C
A

Sline	S   I
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Adj. Vector	
B.T. 1   2   3   4 IN   OUT	

Headiece Placement	
Round   Elongated Head	
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Landmark for contact \_\_\_\_\_

Short Leg: R   L
Anatometer : RL   LL      A   P      R   L