

SWISS ACADEMY FOR CHIROPRACTIC SAC

C O N F I R M A T I O N

Herewith I confirm that my assistant

Name, First name

.....

took a minimum of 50 X-rays by himself/herself during the two years assistantship.

I guarantee that the assistant got practical education in radioprotection in my private office.

I have discussed with her/him the paper

*Merkblatt R-03-04
Aufgaben und Pflichten des Sachverständigen (SV) im Bereich der Anwendung ionisierender
Strahlung
12.11.2004*

or the

*Directive L-03-04
Tâches et devoirs de l'expert en matière d'utilisation des rayonnements ionisants
12.11.2004*

Date:.....

Seal of the Office:

Signature of the principal:

**To be handed in together with the assistant's application form for the
Exam in Radioprotection and X-Ray Technique to the
Swiss Academy for Chiropractic SAC, Sulgenauweg 38, CH-3007 Bern,
Ph. 031 371 03 01 – Fax 031 372 26 54 – academy@chirosuisse.ch**