

Specialized Topics in Areas of Radiologic Sciences

P.O. Box 2931 Toledo, Ohio 43606 419-471-1973

E-mail: info@xrayhomestudies.com

www.xrayhomestudies.com

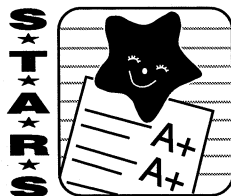
Image Analysis Unit

Prepared by:

Carolyn J. Frigmanski, M.A., B.S.R.T. ®

Founder

**Ohio Department of Health Approval for 4
continuing education hours.**



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Welcome to your **S.T.A.R.S.** self-learning product that has been approved for **4 continuing education credit hours** by the Ohio Department of Health for radiologic license requirements.

You must complete the post test in each unit with your name, address and date (social security number is optional) with a 75% or better score to receive an original signed certificate of completion with the respective CE credit amount.

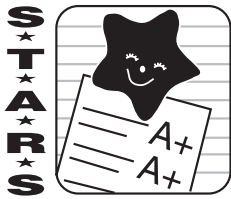
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Image Analysis Unit

Please submit the post test pages to the **S.T.A.R.S.** office **BEFORE** your biennium ends to receive CE credit. Certificates of completion are prepared with the date your post tests are received and evaluated by **S.T.A.R.S.** officials.

Thank you very much for selecting this educational product to meet your professional needs.

Carolyn J. Frigmanski, M.A.,B.S.R.T.®
Founder



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Dear GXMO/LSO/LSR participant,

Welcome to your selected S.T.A.R.S. developed continuing education home study!

In the spring of 2013, The Ohio Department of Health (ODH) approved ALL of them for GXMO license renewal. Please check with your state licensing agency if you are not a licensed GXMO in Ohio to be sure your state accepts these ce credits for your state license renewal requirement.

This product consists of a text on a desired topic and multiple question, short answer post test(s) pages. The number of Ohio Department of Health approved continuing education (ce) credits is listed on our order form. This home study product was originally developed for radiographers across the country who were registered with the American Registry of Radiologic Technologists (ARRT) and approved by the American Society of Radiologic Technologists (ASRT). Please disregard any reference to the ASRT/ARRT within this product, if any.

You must complete the reading and questions with a **75% or higher score** on the post test(s) to get your approved CE credit!

Please return all the post test pages to the **S.T.A.R.S.** address listed on our letterhead **BEFORE** your license expires. We will forward your certificate of completion on the same day your post test(s) were evaluated (except for holidays and Sundays). If you did NOT receive a 75%, we will send the pages back with the questions needing a new answer selection. Send them back for a **FREE** re-evaluation. No refund will be provided for unsatisfactory personal performance on any ce product.

Plan the return of your post test(s) pages in a timely manner. I cannot accept emailed or faxed copies since I need to retain my **ORIGINAL** records for the ODH for 3 years in case you may be audited.

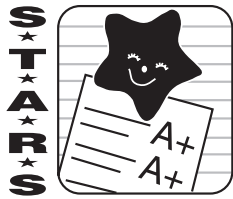
Remember to get your envelope weighed at the post office whenever submitting more than 4 pages. The post office will return it to you if you have insufficient postage, thereby delaying it for my evaluation and your certificate of completion.

Feel free to contact me by email: info@xrayhomestudies.com or telephone: **419 471-1973** if you have any questions. Please share with others in the future.

Thank you for selecting **S.T.A.R.S.** to meet your continuing education needs!

Sincerely,

Carolyn J. Frigmanski, M.A.,B.S.R.T. ®, Founder



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How to renew your GXMO license in Ohio:

The Ohio Dept. of Health (ODH) requires a **minimum of 12 continuing education credits (ceus) to be completed every 2 years (your biennium) BEFORE your license expires.** You may do more than 12 ceus, but not less than 12 ceus, if you so choose. Ceus in excess of 12 cannot be carried over to the next biennium.

You will receive a hard copy renewal notice by mail from the ODH 60 days **BEFORE** your license expires. **It is your responsibility to amend your personal information to the ODH whenever you change your name, address or place of employment as soon as possible by using the ODH website or contacting the ODH by telephone at 614 752-4319 for assistance. Failure to receive an ODH notice is not an acceptable reason for failing to renew on time.** You can add completion of clinical modules to your GXMO license on the ODH web site.

Your ODH notice informs you that you may renew online or request a hard copy form from them. **You must have your S.T.A.R.S. certificate(s) of completion immediately available when you renew since your course title(s), number of ceus, and ODH accreditation number(s) and date(s) of completion are printed on it.**

You can renew immediately when you receive your notice or you have 30 days to complete the renewal process and payment to the ODH after your license expires. Online renewal requires your credit card for payment. If you chose hard copy renewal, you may submit a check or money order.

You and/or your employer can view and/or print your renewed license on line upon completion of the process. Problems that exist with renewal should be addressed to the ODH by calling for assistance.

S.T.A.R.S. personnel are NOT responsible for your renewal. Please direct any questions or needed assistance with renewal to the ODH personnel.

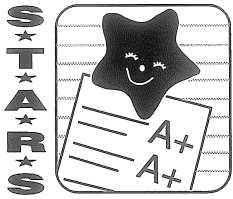
GXMOs must notify the ODH in writing within 30 days of any changes in the physician providing direct supervision. If your scope of practice changes (e.g. chiropractic to podiatric), a competency form must be completed and submitted to the ODH.

You may also want to check the ODH web site periodically for changes that may have occurred during your biennium and to share this information with your co-workers and/or administrative staff members.

The ODH website is: <http://www.odh.ohio.gov/odhPrograms/rp/rlic/ristatus.aspx>

Email is: BRadiation@odh.ohio.gov

Thank you very much.



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Instructions for Mailing your Continuing Education Post Tests

Complete ALL hard copy unit post tests for the products you purchased in legible printing BEFORE your license expires. Mail is processed the same day it is received.

You may want to copy them BEFORE you mail them to the S.T.A.R.S. office to minimize mail delivery complications. They will NOT be returned to you unless you get a 75% or less. If you do NOT get a 75% or better after evaluation, the post tests will be sent back to you with the questions needing a new answer selection. After completing the questions, send them ALL back to the S.T.A.R.S. office for re-evaluation.

Be sure to use the CORRECT postage by having it weighed at the post office if it consists of more than 5 pages. Envelopes with INSUFFICIENT POSTAGE will be sent back to the participant and delay your post test evaluation and certificate creation.

I do NOT accept faxes since faxes fade over time and I need to keep my records for 3 years in case you would get audited by the Ohio Dept. of Health for some reason.

I do NOT accept scanned pages because I do NOT want you putting your private, personal information on the internet. I do NOT open attachments due to the threat of virus contamination that may jeopardize my web site and computerized databases.

Do NOT send your study media i.e. CD, DVD, booklets and/or books back to me.

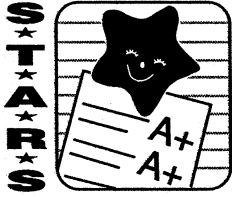
United States Postal Service (USPS):

If you are using USPS for priority or express mailing, please keep your receipt with the tracking number in case of a problem with the delivery. Please mark the section for NO SIGNATURE REQUIRED for express mail and send it to my home address: Carolyn J. Frigmanski, MA, BSRT (R) 3134 Aldringham Road Toledo, Ohio 43606. The USPS does NOT deliver to my P.O. Box address. Please call to let me know I should be expecting it at 419 471-1973.

FedEx or United Parcel Service UPS:

If you are using these delivery services, please keep your receipts with the tracking number in case of a problem with the delivery. Please mark the section for NO SIGNATURE REQUIRED for express mail and send it to my home address: Carolyn J. Frigmanski, MA, BSRT(R) 3134 Aldringham Road Toledo, Ohio 43606. Please call to let me know I should be expecting it at 419 471-1973.

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Unit: Image Analysis: This information is on hard copy in the unit.

1. The eye appeal of a radiologic image is called
2. Identify 2 criteria for image evaluation:
 - a.
 - b.
3. Identify 1 essential for mAs:
4. Identify 1 essential for kVp:
5. Identify 1 essential for time:
6. Which phase of respiration is recommended for anatomic areas above the diaphragm?
7. Identify 1 technique to use with apprehensive patients scheduled for a radiographic exam:
8. Identify 1 technique to use when your patient is
 - a. hearing impaired
 - b. vision impaired
 - c. experiencing altered LOC
 - d. bedridden and/or wheelchair bound
 - e. mentally challenged
9. Identify 1 method of identifying a patient **BEFORE** the radiographic examination:
10. A hypersthenic patient is described as
11. Identify 1 factor to consider when measuring body tissue thickness:
12. Identify 1 method of patient immobilization:
13. When should a compensatory filter be used?
14. The greatest cause of unnecessary exposure to patients is:
15. Identify 1 essential for viewing images:

16. How is technique adjusted for:
 - a. additive diseases?
 - b. destructive diseases?
17. Identify 1 essential for grid use:
18. Identify 1 essential to maximize detail:
19. Identify 1 essential for Extremity imaging:
20. Identify 1 essential for Spine imaging:
21. Identify 1 essential for Chest Imaging:
22. Identify 1 essential for Abdominal imaging:
23. Identify 1 essential for Skull imaging:
24. Identify 1 essential for Pediatric patients:
25. Identify 1 essential for Geriatric patients:
26. Identify 1 essential for Trauma patients:
27. Identify 1 essential for Pregnant patients:
28. Identify 1 essential for Shielding patients:
29. Identify 1 essential for Clinical history taking:
30. Identify 1 essential for Image identification:

Fill in the following information so that you can receive a signed certificate of completion from an official from S.T.A.R.S..

Name _____

Address _____

Social Security Number (optional) _____ - _____ - _____ Date _____