

# LIMITED-PODIATRIC RADIOGRAPHY COMPETENCY CHECKLIST

<b>STUDENT:</b>				
<b>Examination</b>	<b>Mandatory</b>	<b>Elective</b>	<b>Comp Date</b>	<b>Recheck</b>
Foot	X			
Ankle	X			
Toes	X			
Os Calcis	X			
Sesamoid axial		X		

SIGNATURE:

DATE: