[Your Name]
[Your Title]
[Your Organization]
[Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

This will serve as a formal statement of assurance regarding [Technician's Name]'s competence in applying machine-produced ionizing radiation to human beings. This assurance is provided in accordance with the regulatory requirements and is maintained for inspection by the department.

[Technician's Name] has demonstrated substantial proficiency in the use of the following equipment and procedures:

1. **Equipment**: [Specify types of X-ray machines, CT scanners, etc.]
2. **Procedures**: [List specific radiographic procedures, safety protocols, and patient care techniques]

[Technician's Name] has successfully completed the necessary training and has shown a comprehensive understanding of the principles and practices related to the safe operation of radiographic equipment. Their training has included both theoretical instruction and hands-on practice under the general supervision of licensed practitioners at [Your Organization].

Throughout their employment, [Technician's Name] has consistently adhered to all safety protocols and has demonstrated an unwavering commitment to patient care and radiologic safety. Their ability to operate the specified equipment competently and safely has been thoroughly evaluated and confirmed.

This statement of assurance is provided by myself, [Your Name], a licensed practitioner under whose general supervision [Technician's Name] is currently employed. It certifies that [Technician's Name] meets the competency standards required for the application of ionizing radiation to patients using the specified equipment and procedures.

Should you have any questions or require further information regarding [Technician's Name]'s qualifications and competency, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Your Organization]