



**OUT OF STATE
RADIATION SAFETY CERTIFICATION**

Cashiering No:

Fee: \$25.00 (NONREFUNDABLE)

Please allow 30 days for processing

Name _____ Phone Number _____

Address _____ Social Security No. _____

City, State _____ Zip _____ Birth Date _____

**TO BE COMPLETED ONLY BY PROGRAMS ACCREDITED BY
THE AMERICAN DENTAL ASSOCIATION**

GRADUATION DATE: _____

School Name _____ Phone No _____

Address _____

City, State _____ Zip Code _____

I hereby certify under penalty of perjury under the laws of the State of California that the applicant above successfully graduated from an ADA accredited dental assisting program

WHICH INCLUDED:

- I. Didactic instruction and demonstration. Sufficient classroom instruction was provided in a least the following subjects:
 - A. Radiation physics and biology
 - B. Radiation protection and safety
 - C. Intraoral techniques
 - D. Film exposure and processing
 - E. Film mounting and viewing
 - F. Evaluation of radiographs for diagnostic quality
 - G. Supplemental techniques

- II. Laboratory instruction. Sufficient hours of laboratory instruction were provided to ensure that the applicant listed above successfully completed at least:
 - A. Two full-mouth periapical surveys on a manikin, consisting of at least 18 films, 4 of which must have been bitewings.
 - B. Two additional bitewing surveys on a manikin, consisting of at least 4 films each.
 - C. All radiographic surveys exposed by the applicant were evaluated for acceptable diagnostic quality.

- III. Clinical Experience. Clinical experience sufficient to reach clinical competence included in the following:
 - A. A minimum of 4 full-mouth periapical surveys on human subjects, consisting of at least 18 films, 4 of which must have been bitewings, exposed for diagnostic purposes only.
 - B. Developing, processing and mounting of all exposed radiographs.

All radiographic surveys exposed by the applicant were evaluated for acceptable diagnostic quality.

All clinical instruction was performed under the general supervision of a dentist in accordance with the provisions of Health and Safety Code, Sections 25661, 25671.1, and 25672.

**Stamp or Seal
of college
Institution
or program**

Course Instructor or Administrator's signature

Course Instructor or Administrator name typed

College Address