

REGISTERED DENTAL ASSISTANT X-RAY PROGRAM FACULTY DATA SHEET

Name _____

Academic Rank or Title _____

Type of Appointment: _____ Full Time _____ Other (describe): _____

Years of Professional Experience: _____

Years of Teaching Experience: _____

Type of Institution: _____

Employment History: **Attach resume**

Educational Background:

Degree	Where Obtained	Year Conferred
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

License/Certificates:

License Type _____ Number _____ Expiration Date: _____ Radiology _____

Other: _____

Teaching Credentials: Type: _____ Date Conferred _____

And/or

Teaching methodology certification _____

A copy of instructor's data sheet, curriculum vita, current CPR certification, and teaching credential and/or teaching methodology certification for all faculty must be included with this application.

Make additional copies of form as needed.

