

Radiology Certification Course

Presented by **SOUTH FLORIDA DISTRICT DENTAL ASSOCIATION**

When: **Saturday, October 6, 2007**
Time: **9:00 a.m. - 4:00 p.m.**
Where: **South Florida District Dental Association**
420 S. Dixie Highway, Ste. 2-E Coral Gables, FL 33146
Fee: **\$ 110.00 per person**

LIMITED ATTENDANCE Course Topics Include:

Analysis of radiographs normal appearance, variation, inadequacies and causative factors; history and principles of dental radiography; preservation of radiographs, mounting, filing and storage; radiation: definition, production and control, and radio biography.

In April of 1991, the Florida Board of Dentistry amended Rule 21G-9.011, Radiography Training for Dental Assistants (Item 4 C). The new rule allows a 15-month maximum time limit for an on-the-job trained assistant to continue taking x-rays without a radiology certificate. **Dental assistants who have a minimum of three months continuous on-the-job training in positioning and exposing dental radiographic film under the direct supervision of the dentist may enroll in an accredited radiology course.** But, they ***MUST enroll within 12 months*** of on-the-job training. Dental assistants who successfully complete the **SFDDA** course, which is Board of Dentistry approved, are eligible for radiology certification.
Participants must be 18 years or older.

Each Applicant will receive a training manual (required reading) confirming enrollment 1 month before the course date. Those applying after September 21th, will receive their manuals on site, at the registration desk. Please keep this portion of the form for time, place and date. Bring a notebook and pencils for notes taken during class. Cancellations early made than 24 hours before the class will be refunded less \$10 administration fees. No shows and cancellations with less than 24 hours notice will not be refunded but may reschedule.

- **If you have any questions, call SFDDA Tel: 305. 667.3647**
- ****Please put address of where you want course materials to be sent.****

Yes, Enroll me in the Radiology Certification Course,

Enclosed is my check for **\$ 110.00** payable to: **SFDDA**

Please charge my **VISA** **MasterCard** **Discover credit card in the amount of \$110**

YOUR NAME ONLY: _____ HOME PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME OF EMPLOYER/DENTIST: _____ WORK PHONE: _____

Credit Card # _____ Exp date: _____

Signature: _____

Mail Registration form, payment and notarized form to:
SFDDA, 420 S. Dixie Hwy, #2-E, Coral Gables, FL 33146

South Florida District Dental Association
420 South Dixie Hwy, Coral Gables florida 33146 Tel. 305.667.3647

**RADIOLOGY
CERTIFICATION COURSE**

Applicants for this course must fill out, notarize, and return this form to SFDDA

**YOUR EMPLOYING DENTIST MUST SIGN AND NOTARIZE THIS FORM.
THIS ORIGINAL FORM MUST BE RETURNED WITH REGISTRATION COURSE FEE.
(ESTA FORMA DEBE DE SER COMPLETADA POR SU EMPLEADOR Y DEBE SER NOTARIZADA)**

APPLICANT'S NAME _____

EMPLOYING DENTIST'S NAME _____

OFFICE ADDRESS _____

WORK NUMBER _____

BY SIGNING BELOW I AM VERIFYING THAT THE APPLICANT NAMED ABOVE HAS BEEN UNDER MY EMPLOYMENT AND HAS "COMPLETED A MINIMUM OF AT LEAST 3 MONTHS OF CONTINUOUS ON-THE-JOB TRAINING THROUGH ASSISTING IN THE POSITIONING AND EXPOSING OF DENTAL RADIOGRAPHIC FILM UNDER THE DIRECT SUPERVISION OF A FLORIDA LICENSED DENTIST" IN ACCORDANCE WITH THE FLORIDA BOARD OF DENTISTRY RULE 64B5-9.001.

DENTIST'S SIGNATURE

DENTIST'S LICENSE
NUMBER

By signature and seal below, I hereby certify that I have verified the identification of the dentist signing above.

NOTARY PUBLIC
Commission Expires On: _____

