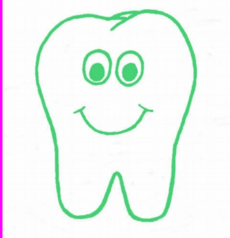


Dental Assistant Services

Dental Radiology Registration Form

Contact Information

Full Name

Primary Phone

○ Home ○ Work ○ Cell
Please Select One

Street Address

Secondary Phone

○ Home ○ Work ○ Cell
Please Select One

City/Town

State

Zip Code

Email Address

Last Four Digits of Social Security Number

Course Information

Start Date of Course (from Website)

End Date of Course (from Website)

Start and Ending Time (from Website)

The full cost of this course is $ ______ . Please call the office at 732-919-1816 for the current rate and to assure that there is an opening in this course.

Agreements

1. I would like to be called if there should be an opening for this course at an earlier date. ○ Yes ○ No

2. Have you taken our Introductory Dental Assisting Course or an equivalent course elsewhere? ○ Yes ○ No

3. Are you familiar with all eight items listed under Prerequisites? ○ Yes ○ No

Agreements (cont'd)

4. A $200 non-refundable deposit is required with this registration form in order to enroll you in this course. The remaining balance is due in full on the first day of class. I understand and accept this. Please note that you must mark **yes** to the right or you will not be permitted to register for this course.

○ Yes ○ No

5. I have read and agree to all the terms and conditions as well as the copyright notice. Please note that you must mark **yes** to the right or you will not be permitted to register for this course.

○ Yes ○ No

6. This course is approved by the New Jersey Bureau of X-Ray Compliance. Taking a state approved course such as this one is required to obtain a dental x-ray license in the state of New Jersey. This course includes a didactic (instructional) component, a laboratory component, and a clinical component. All components must be completed successfully. This course also requires the additional purchase of a textbook. I understand and accept this. Please note that you must mark **yes** to the right or you will not be permitted to register for this course.

○ Yes ○ No

7. I have located a dental office where I can complete my clinical. Please click here or call us at 732-919-1816 if you have any questions about this requirement.

○ Yes ○ No

Moral Character Statement

The Bureau of X-Ray Compliance requires that in order to become a limited dental radiologic technologist (that is, to get your dental x-ray license) you must "be of good moral character as determined by the Board". While every case in unique, if you have not engaged in any criminal behaviors such as felonies, misdemeanors, fraud, or falsification of documents you are probably "of good moral character". If you have engaged in one of these behaviors or something similar you should contact the Bureau directly.

The Bureau is not looking to prevent anyone who has ever had a run in with the law from finding work, but they do have specific criteria that they screen for. As each case is unique, if you are at all unsure of whether or not you would qualify as being "of good moral character", you should contact the Bureau directly at 609-984-5634.

By clicking yes to the right, I hereby certify that I am of good moral character.

Are you of good moral character?

○ Yes ○ No

Signature: ____

Date:

Additional Instructions

After completing this registration form in its entirety, please print it out. Sign and date the form below and mail it in along with your $100 non-refundable deposit made out to Dental Assistant Services. This will reserve your seat in the course. Alternatively, you may bring this form and your deposit to our office in person.

You will be called one week prior to the start of class to confirm your registration. Prior to this, calls will only be made if your registration form is received AFTER the course has already been filled. In other words, if you do NOT receive a call from us and your bank statement shows that your $200 has been deposited you can safely assume that your registration has been accepted.

Click here for additional information about accepted forms of payment.

A copy of your United States high school diploma or GED is required and should be mailed along with this registration form. If you attended high school and/or college outside of the United States, you must have your degree and/or transcript translated and evaluated. Click here for further information about how to do this.

Checklist

1. I have completed this registration form in full, answering every question and filling in every blank.	○ Yes	○ No
2. I have included my $200 non-refundable deposit.	○ Yes	○ No
3. I have included a copy of my United States high school diploma or equivalent.	○ Yes	○ No
4. I have included a signed Clinical Process Letter (page 4)	○ Yes	○ No

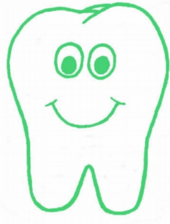
Signature

I certify that all information on this registration form was completed by me and is correct and accurate to the best of my knowledge.

Signature: ____ Date:

Please mail all registration materials together in one envelope or package to:

Dental Assistant Services
1306 Highway 33
Suite 3A
Farmingdale, NJ 07727



Dental Assistant Services

New Jersey Dental Radiology Programs: New Procedures for Student Clinicals

Dear Dental Office:

The Technologist Certification Section of the Bureau of X-Ray Compliance for the State of New Jersey (part of the Department of Environmental Protection) has instituted major changes to the clinical process that students enrolled in state approved dental radiology courses must complete. These changes apply to all New Jersey state-approved dental radiology programs and are effective as of August 1, 2013.

The changes replace the previous 30-hour clinical experience with new requirements that students completing the clinical portion of a state-approved program in your office expose three full mouth series (FMS) using the paralleling technique or the equivalent (defined as 24 periapicals and 12 bitewings) on a minimum of three patients, as well as twelve additional exposures using the bisecting technique.

Students are also now required to perform intra-oral digital imaging. This may be accomplished with the four bisecting bitewings taken with digital equipment or some of the paralleling periapical exposures. Panoramic digital exposures do not apply toward the digital imaging requirement. If your office does not have digital equipment to complete these requirements, the student must complete them elsewhere.

Once a student has accomplished the required exposures described above, they must also complete one FMS or the equivalent of 14 periapicals and 4 bitewings with at least “some” being done digitally, which must then be evaluated by a doctor or approved evaluator (a licensed dental assistant or registered dental hygienist) in your office. The requirements described here do not contain a time component. Students are considered to have accomplished the clinical portion of their education when they have completed all of the specific components of these requirements.

Furthermore, prospective students must obtain an agreement with a dental office to accomplish the clinical portion of their education ***prior*** to being permitted to enroll in a NJ state-approved dental radiology course.

Because this is a new process that entails significant changes, Dental Assistant Services understands that you may have questions or concerns. We value your feedback and welcome your input. Please contact us at 732-919-1816 if you would like to discuss these changes and/or requirements further and/or to provide your comments so that we can in turn communicate them to the Bureau. We encourage you to do so **before** signing this form. If you have no questions and are willing to permit the prospective student named below to complete the clinical component of their education in your office, please sign and date this form in the spaces below. Thank you.

________________________	________________________	________
Prospective Student's Name (printed)	Prospective Student's Signature	Date
Name of Dental Office	Doctor Granting Permission (printed)	Date
Signature of Doctor Named Above	Office Phone	Office Fax