



## RADIATION SAFETY CERTIFICATION FOR AN APPLICANT FROM A CALIFORNIA DENTAL HYGIENE EDUCATIONAL PROGRAM

Please **READ** all instructions and general information prior to completing this certification. **ALL** questions on this certification must be answered, and all supporting documents (if requested) must be submitted with this certification as per instructions. If something does not apply to you, write "N/A". Failure to do so may cause a delay in processing your certification. When space provided is insufficient, attach additional sheets of paper. Please type or print neatly; illegible certification will be returned.

### APPLICANT PERSONAL INFORMATION

<b>Name: Last</b>	<b>First</b>	<b>Middle</b>
<b>Other Names/Aliases</b>		
<b>Social Security Number/Individual Taxpayer Identification Number</b>		<b>Birthdate (MM/DD/YYYY)</b>
<b>Address of Record/Mailing Address</b>		
<b>Number and Street (including apartment number, if applicable)</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Email Address (Required)</b>		
<b>Telephone Numbers (Required)</b>		
<b>Home</b>	<b>Cell</b>	<b>Work</b>

### DENTAL HYGIENE EDUCATIONAL PROGRAM (DHEP) INFORMATION

<b>DHEP Name</b>		
<b>DHEP Mailing Address</b>		
<b>Number and Street</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>DHEP Director Name</b>	<b>DHEP Director Email</b>	<b>DHEP Phone Number</b>

## REQUIRED RADIATION SAFETY CONTENT – TO BE FILLED OUT BY DHEP ONLY

<p>1. Instruction was of sufficient duration for the applicant to develop minimum competence in the radiation safety techniques and was a minimum of thirty-two (32) clock hours, including at least eight (8) hours of didactic instruction, at least twelve (12) hours of laboratory instruction, and at least twelve (12) hours of clinical instruction.</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>2. Areas of instruction included at least the following as they relate to exposure, processing and evaluations of dental radiographs:</p> <ul style="list-style-type: none"> <li>• Radiation physics and biology;</li> <li>• Radiation protection and safety;</li> <li>• Recognition of normal anatomical landmarks and abnormal conditions of the oral cavity as they relate to dental radiographs;</li> <li>• Radiograph exposure and processing techniques using manual, automatic, and computerized digital methods;</li> <li>• Radiograph mounting and/or sequencing, and viewing, including anatomical landmarks of the oral cavity;</li> <li>• Intraoral techniques and dental radiograph armamentaria, including holding devices;</li> <li>• Interproximal examination including principles of exposure, methods of retention and evaluation;</li> <li>• Intraoral examination including, principles of exposure, methods of retention and evaluation;</li> <li>• Identification and correction of faulty radiographs;</li> <li>• Infection control in dental radiographic procedures; and</li> <li>• Radiographic record management</li> </ul>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>RADIATION SAFETY COMPETENCY</b>		
<p>3. The applicant successfully completed a radiation safety competency at a minimum of 75% and was required prior to utilization of radiographic techniques in laboratory and clinic.</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>LABORATORY INSTRUCTION</b>		
<p>4. Sufficient hours of laboratory instruction was provided to ensure that a student successfully completed, on a radiology manikin, a minimum the procedures set forth below. Radiographs were of diagnostic quality.</p> <ul style="list-style-type: none"> <li>• Two (2) full mouth periapical series, consisting of at least eighteen (18) radiographs each, four (4) of which were bitewings;</li> <li>• Two (2) bitewing series, consisting of at least four (4) radiographs each; and</li> <li>• Developing or processing and mounting of analog exposed radiographs, or computer digital exposure and sequencing may be utilized.</li> <li>• Student and instructor written evaluation of radiographs</li> </ul>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>CLINICAL EXPERIENCE</b>		
<p>5. There were sufficient clinical experiences to obtain clinical competency in radiographic techniques. Radiographs were of diagnostic quality.</p> <ul style="list-style-type: none"> <li>• Clinical instruction included clinical experience on four (4) different patients with one (1) of the four (4) patients to be utilized for clinical competency.</li> <li>• Successful completion of a minimum of four (4) full mouth periapical series, consisting of at least eighteen (18) radiographs each, four (4) of which were bitewings.</li> </ul>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## APPLICATION CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that I have read the questions in the foregoing certification and that all information, statement, attachment, and representations provided by me in this certification are true and correct. By submitting the certification and signing below, I am granting permission to the Board or its assignees and agents to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

**NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS CERTIFICATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING OR REVOKING A LICENSE.**



APPLICATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_