



## Dental Radiography for Dental Auxiliaries Documentation Form

Date \_\_\_\_\_

Applicant: \_\_\_\_\_  
(PRINT)

Dentist Employer: \_\_\_\_\_  
(PRINT)

Under my direct supervision or the direct supervision of a licensed dental auxiliary in my office, a minimum of three (3) months on-the-job training, either hands-on or observation, assisting in the positioning and exposing of dental radiographic film has been accomplished by the Applicant.

The dental auxiliary named above has / has not demonstrated the ability to:	Good	Fair	Poor	No Experience
Operate components of a dental x-ray unit				
Use XCP instruments				
Recognize normal dental anatomy				
Recognize normal radiographic anatomy				
Position film for bitewing exposures				
Position film for periapical exposures				
Recognize technically ideal, acceptable and unacceptable radiographs				
Recognize radiographic film artifacts and their causes				
OSHA / Infection control procedures				

(1) Signature of Dentist Employer, (2) licensing state & (3) license number, and (4) office address:

\_\_\_\_\_  
\_\_\_\_\_

**THIS DOCUMENTATION OF QUALIFICATION MUST BE COMPLETED AND RETURNED TO THE NSU CDM OFFICE OF CONTINUING EDUCATION A MINIMUM OF ONE (1) WEEK PRIOR TO THE SCHEDULED COURSE DATE. IF THIS DOCUMENT IS NOT RECEIVED WITHIN THE TIME ALLOWED THE APPLICANT WILL NOT BE PERMITTED TO PARTICIPATE IN THIS PROGRAM AND TUITION WILL NOT BE REFUNDED.**

**QUESTIONS: (954) 262-5327 or (800) 356-0026, Ext. 5327  
PLEASE FAX THIS FORM TO NSU DENTAL CONTINUING EDUCATION: (954) 262-3990**

**COMPETENCY HAS BEEN ACHIEVED:**

**NSU CDM RADIOLOGY FACULTY**