The DALE Foundation

Affidavit of Ohio Clinical Radiography Training

Instructions

1. Purchase and complete the DALE Foundation's online DANB RHS Review course. The Ohio State Dental Board requires a minimum of 75% on the post-course assessment.
2. Within 60 days of successfully completing the DANB RHS Review course, submit this completed *Affidavit of Ohio Clinical Radiography Training* form and a $40 processing fee to the DALE Foundation. Forms may be submitted via email, mail or fax as noted at the bottom of this document. The DALE Foundation accepts credit card, check or money order.
3. Approximately three weeks after submitting the completed form and payment, the DALE Foundation will send an email notification to the candidate informing him or her that the Ohio Clinical Radiography Training form has been processed and the Ohio State Dental Board has been notified that the education and clinical components of Ohio's dental radiography requirements have been met.
4. Contact the Ohio State Dental Board to complete the Ohio dental assistant radiographer certificate application process. It is the candidate's responsibility to read and comply with the current laws and guidelines provided by the Ohio State Dental Board. Candidates should retain a copy of the DALE Foundation email from step 3 and submit it to the Ohio State Dental Board along with the application. Visit http://www.dental.ohio.gov/forms/darapp.pdf.

Candidate Information

Name _____

Address _____

City _____ State _____ Zip _____ Email _____

Phone Numbers Office _____ Home _____ Cell _____

I hereby affirm that I have completed the DALE Foundation's online DANB RHS Review course with a minimum of 75% on the post-course assessment and have completed the radiographic work experience requirements as indicated below. The information on this document is correct and submitted with my knowledge. I understand that it is my responsibility to complete the Ohio dental radiographer certificate application process with the Ohio State Dental Board.

Candidate's Signature _____ Date _____

Employer Work Experience Statement

Name of Licensed Dentist (Employer) _____

Dentist's License Number* _____ State _____

**The dentist must be licensed in the U.S., U.S. Territories or Canada in order to verify the candidate has been trained in the functions below.*

Name of Candidate (Assistant) _____

I hereby attest that under my supervision in the dental office, the above named candidate has exposed, processed and mounted the following radiographic examinations on the indicated dates:

- ☐ 5 sets of diagnostic-quality posterior bitewings Date _____
- ☐ 3 full mouth series of diagnostic-quality radiographs (or the equivalent number of individual diagnostic bitewing and periapical radiographs) Date _____

If a panoramic x-ray machine is available in the dental office, the above-named candidate has exposed the following:

- ☐ 3 panoramic radiographs of diagnostic quality Date _____

Signature of Licensed Dentist _____ Date _____

Payment Information

- ☐ Check/Money Order payable to DANB (must include candidate's name and be in U.S. dollars)
- ☐ Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted)

Processing Fee: $40.00
Code:

Credit Card Authorization: Allows DANB to charge your credit card account.

Candidate's Name _____ Amount $ 40

Credit Card Number _____ _____ _____ _____ Expiration Date _____/_____ CVV _____

Cardholder's Name _____ Cardholder's Signature _____

Cardholder's Billing Address _____ City _____

State _____ Zip Code _____ Daytime Phone Number _____

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