



STATE OF IOWA

IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

JILL STUECKER
EXECUTIVE DIRECTOR

Application for Qualification in Dental Radiography

Application Form and Fee

Please find enclosed the application for dental radiography qualification. When completing this application, please be advised of the following:

- The application fee is non-refundable. (\$40) Do not submit payment in cash.
- For specific requirements for a qualification in dental radiography, please refer to the Board's rules at Iowa Administrative Code 650—Chapter 22.
- Type or legibly print all information requested in the application. Complete all questions. If not applicable, please mark sections 'N/A'.
- Please allow a minimum of 14 days for your application to be processed. The Board office will contact you if additional information is required to complete your application.
- Dental radiography qualifications are issued administratively following review of a completed application and all required documentation, unless the application warrants referral to the Licensure/Registration Committee, the full Board, or unless a personal appearance is required.
- Applications are valid for only 180 days from the date of receipt. If the application has not been completed within 180 days, a new application and fee will have to be submitted if you wish to obtain an Iowa qualification in dental radiography.
- **Failure to answer all questions completely or accurately, and/or omission or falsification of material facts may be cause for denial of your application, or disciplinary action if you are subsequently registered by the Board.**

Basis of Application

In order to qualify for a qualification in dental radiography in Iowa, you must complete the following:

- Have completed Board-approved training in dental radiography; and
- Have completed a Board-approved examination in dental radiography

Public Information

All or part of the information provided on the application form may be considered a public record under Iowa Code Chapter 22 and Iowa Administrative Code 650—Chapter 6. Information about misconduct and examination results may not be subject to disclosure.

Disclosure of Medical Conditions, Criminal History and Disciplinary Actions

Be advised that the application for qualification in dental radiography asks about any medical conditions you have that might impair your ability to practice. The Board also considers any prior criminal history and disciplinary actions when issuing qualifications in dental radiography. As part of the application process, you will be asked questions about prior criminal history and disciplinary action.

If you have any questions concerning these requirements, please notify the Board office. If any of these situations pertain to you, there may be delays at the time of issuance. We suggest you contact the Board office for information as to what documentation may be necessary as part of the application. Contacting the Board office about any of these situations may avoid unnecessary delays at the time of issuance.

Examination

You must successfully complete a Board-approved examination in the area of dental radiography. Iowa accepts the Dental Assisting National Board examination in dental radiography if completed after January 1986. You may complete the examination at a number of local community colleges. A list of testing sites is available at <http://www.dentalboard.iowa.gov/forms/docs/TestingSites.pdf>.

To gain admission to the testing sites, you will need to have a letter from the Board authorizing you to sit for the examinations and photo identification. If you are a dental assistant trainee, bring your dental assistant trainee verification letter. If you are applying for a qualification in dental radiography based on prior dental assisting experience out of state, please contact the Board in writing for authorization allowing you to test.

On-The-Job Training Manual Available

The Board has approved an on-the-job training manual. The trainee manual is available through the Board office for \$70. To order a manual, submit a request in writing along with the \$70 fee for each manual requested. Do submit payment in cash.

Application Checklist

<input type="checkbox"/>	Application completely filled out; all questions answered.
<input type="checkbox"/>	Application fee paid. (\$40)
<input type="checkbox"/>	Evidence of one of following: ___ On the job while under Dental Asst. Trainee status or registered dental assistant with an active registration status ___ Graduate of a course of an accredited dental assisting program ___ A nurse who holds an active Iowa license issued by the board of nursing
<input type="checkbox"/>	Evidence of successful completion, <u>within the previous two years</u> , of a board-approved course of study in the area of dental radiography. The course of study must include application of radiation to humans pursuant to Iowa Code section 136C.3. ___ On the job while under trainee status using board approved curriculum ___ At a board-approved postsecondary school ___ From another program prior-approved by the board
<input type="checkbox"/>	Affidavit of Applicant
<input type="checkbox"/>	Completed examination: ___ Dental radiography – state examination ___ Dental radiography – DANB
<input type="checkbox"/>	Verification of training in dental radiography within the past 2 years.
<input type="checkbox"/>	If a licensed nurse in Iowa, proof of current licensure with the Iowa Board of Nursing.
<input type="checkbox"/>	If registered, certified or qualified as a dental assistant in another state – written verification from each state.
<input type="checkbox"/>	Notarized copy of marriage certificate or divorce decree (if applicant’s name is different on documentation)

Testing Sites

A list of testing sites is available at <http://www.dentalboard.iowa.gov/Forms/TestingSites.pdf>.

Contact Us

If you have any questions, or need further assistance, please feel free to contact the Iowa Dental Board at (515) 281-5157 or IDB@iowa.gov.

Board website: www.dentalboard.iowa.gov.

Board rules and Iowa Code chapters: <http://www.dentalboard.iowa.gov/iacbychapter.html>.



APPLICATION FOR IOWA DENTAL RADIOGRAPHY QUALIFICATION

IOWA DENTAL BOARD

400 S.W. 8th Street, Suite D, Des Moines, Iowa 50309-4687
 Ph. (515) 281-5157 <http://www.dentalboard.iowa.gov>

This form must be completed and returned to the Iowa Dental Board. Include the *non-refundable* application fee. Do not submit payment in cash. Complete each question on the application. If not applicable, mark "N/A."

Full Legal Name: (Last, First, Middle)			
Other Names Used: (e.g. Maiden Name)			
Home Address:			
City:	County:	State:	Zip:
Home Phone:		Home E-mail:	
Work Address:			
City:	County:	State:	Zip:
Work Phone:	Work Fax:	Work E-mail:	

TRAINING PROFILE

1. Are you a graduate of a Board-approved school of dental assisting? Year of graduation: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Did you complete a formal course of study in dental radiography through a Board-approved program in the last two years or did you obtain clinical training in dental radiography while on trainee status during the last two years? If yes, attach proof of course completion or provide trainee number. Trainee #: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you currently licensed by the Iowa Board of Nursing? License #: _____ Attach proof of current licensure.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you completed a Board-approved examination in the area of Dental Radiography?	Yes <input type="checkbox"/> No <input type="checkbox"/>

For office use only:	Qualification #:	Date Issued:
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Name of Applicant: _____

In answering each of the following questions, please check the appropriate box next to each question. **FOR EACH "YES" ANSWER TO QUESTIONS 1 THROUGH 15, YOU MUST PROVIDE A SIGNED STATEMENT GIVING FULL DETAILS, INCLUDING DATE(S), LOCATION(S), ACTION(S), ORGANIZATION(S) OR PARTIES INVOLVED, AND SPECIFIC REASON(S).**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Except for minor speeding or parking offenses, have you ever been arrested, charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime or offense, including actions that resulted in a deferred or expunged judgment?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	6. Have you ever been terminated or requested to withdraw from any dental assisting school or training program?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	7. Have you ever received a warning, reprimand, or been placed on probation during a dental assisting training program or school?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	8. Have you ever been denied a certificate/registration to practice dental radiography or dental assisting?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	9. Have you ever voluntarily surrendered a certificate/registration issued to you by any professional licensing agency?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	10. If yes, was disciplinary action pending against you, or were you under investigation by a licensing agency at the time the voluntary surrender of certificate/registration was tendered?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	11. Have any judgments been entered against you resulting from your practice of dental radiography?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	12. Are charges or an investigation currently pending relative to your dental radiography or dental assisting certificate/registration in any other state?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	13. Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a certificate/registration you held?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	14. Have you ever been notified of any charges filed against you by a licensing or disciplinary agency or any jurisdiction of the U.S. or other nation?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	15. Do you understand that if a qualification is granted by this Board, it will be based in part on the truth of the statements contained herein, which, if false, may subject you to criminal prosecution and revocation of the qualification?

Name of Applicant: _____

AFFIDAVIT OF APPLICANT

IN STATE OF _____ COUNTY OF _____

I, _____, hereby declare under penalty of perjury that I am the person described and identified in this application. I also declare, under penalty of perjury, that if I did not personally complete the foregoing application that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

If dental radiography qualification is issued to me, I understand that if I violate rules or regulations, my qualification may be revoked as provided by law. I declare under penalty of perjury that my answers and all statements made by me on this application are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my registration and/or radiography qualification.

I hereby authorize the Iowa Dental Board and/or its agents to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all colleges or universities, employers and law enforcement agencies to release any information concerning my background to the Iowa Dental Board for radiography qualification purposes. I do hereby release said person(s) from any and all liability that may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Applicant _____

Date: _____

CERTIFICATION OF DENTAL RADIOGRAPHY TRAINING

The dental assistant’s supervising dentist, who provided training in dental radiography, should complete this form.

This certifies that _____ was trained in dental radiography under my supervision* and the applicant has exhibited didactic knowledge and clinical proficiency in the area of dental radiography as indicated below.

Date:

Location:

Printed Name of Dentist

License #

Dentist’s Signature

Date

Return Completed Form to:
IOWA DENTAL BOARD
400 S.W. 8th St, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157

*If the training was provided outside of Iowa, the training dentist must also complete the Dental Radiography Training Form to verify training in all competencies in the area of dental radiography as established by the Iowa Dental Board.