



STATE OF IOWA

IOWA DENTAL BOARD

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

JILL STUECKER
EXECUTIVE DIRECTOR

Application for Reinstatement of 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. (\$100) Do not submit payment in cash.
- For specific requirements for reinstatement of 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 reinstate your 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.**

Reinstatement Requirements

In order to reinstate your qualification in dental radiography in Iowa, you must demonstrate the following:

- Hold an active registration as a dental assistant in Iowa, be an active/current dental assistant trainee, or hold an active license with the Iowa Board of Nursing; AND
- Provide proof of 2 hours of continuing education in the area of dental radiography completed within the last two years if the qualification in dental radiography lapsed less than 4 years ago; **OR** complete a Board-approved examination in the area of dental radiography if the qualification lapsed more than 4 years ago.
 - Please note: applicants who presents evidence of current radiography qualification in another state and who has been engaged in the practice of dental radiography in that state is exempt from the examination requirement.

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 reinstatement of a 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 reinstating 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 reinstatement. 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

If your radiography qualification lapsed more than 4 years ago, you are required to complete an examination in the area of dental radiography unless you present evidence of current radiography qualification in another state and who have been engaged in the practice of dental radiography in that state. Iowa accepts also accepts the Dental Assisting National Board examination in dental radiography. 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/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. You will need to contact that Board for written authorization to sit for the Board's examination in the area of dental radiography.

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 not submit payment in cash.

Application Checklist

<input type="checkbox"/>	Application completely filled out; all questions answered.
<input type="checkbox"/>	Application and renewal fee paid. (\$100 total)
<input type="checkbox"/>	Evidence of one of following: ___ Dental assistant in Iowa with an active registration ___ Dental Assistant Trainee (active) ___ A nurse who holds an active Iowa license issued by the board of nursing
<input type="checkbox"/>	Applicant meets one of the following: ___ Radiography qualification has lapsed for LESS than 4 years & applicant has submitted proof of 2 hours of continuing education in the area of dental radiography (con. ed taken w/in the previous 2-year period); <i>OR</i> ___ Radiography qualification has lapsed for MORE than 4 years & applicant has successfully completed written examination for Qualification in Dental Radiography; <i>OR</i> ___ Radiography qualification has lapsed for MORE than 4 years, but applicant is EXEMPT FROM THE EXAMINATION requirement because he/she has a current radiography qualification issued by another state and is engaged in dental radiography in that state.
<input type="checkbox"/>	Affidavit of Applicant
<input type="checkbox"/>	Completed continuing education or examination as required (see above): ___ Min. 2 hours of continuing education in dental radiography ___ Dental radiography – state examination ___ Dental radiography – DANB
<input type="checkbox"/>	If a licensed nurse in Iowa, proof of current licensure with the Iowa Board of Nursing.
<input type="checkbox"/>	If qualified in dental radiography 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 REINSTATEMENT OF AN 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:	

REINSTATMENT INFORMATION

1. Qualification #: _____ Original Issue Date: _____ Expiration Date: _____	
2. Are you currently registered as a dental assistant or on trainee status? If yes, provide registration or trainee number. Trainee/Registration #: _____	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. Are you currently registered, certified or qualified as a dental assistant in another state? If yes, list the state(s) and type(s) of qualification: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you completed 2 hours of continuing education in the area of dental radiography? Date of course: _____ Course sponsor: _____ Attach proof of continuing education. (Required if qualification lapsed less than 4 years ago.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Applicant: _____

PERSONAL & CONFIDENTIAL DATA

Privacy Act Notice: Disclosure of your Social Security Number on this registration application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 272J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify registrations, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.			
Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, visa type or alien registration number: <input type="checkbox"/> Student Visa <input type="checkbox"/> Work Visa <input type="checkbox"/> Alien Registration			
Provide visa or alien registration number:		If visa, provide expiration date of current visa:	
Date of birth:	City of Birth:	State of birth:	Country of birth:

EXAMINATION INFORMATION

<p>Have you successfully completed a Board-approved examination in the area of dental radiography? Date of examination: _____ Location: _____ (Only required for if the qualification has been lapsed for <u>more</u> than 4 years and you cannot show qualification and use of dental radiography in another state.)</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

DEFINITIONS

Important! Read these definitions before completing the following questions.

“Medical Condition” means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

“Chemical Substances” means alcohol, legal and illegal drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of chemical substances or medical conditions may have an ongoing impact on the ability to function and practice, or has adversely affected the ability to function and practice within the past (2) two years.

“Improper use of drugs or other chemical substances” means ALL of the following:

1. The use of any controlled drug, legend drug, or other chemical substance for any purpose other than as directed by a licensed health care practitioner; and
2. The use of any substance, including but not limited to, petroleum products, adhesive products, nitrous oxide, and other chemical substances for mood enhancement.

“Illegal use of drugs or other chemical substances” means the manufacture, possession, or use of any chemical substance prohibited by law.

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: _____