

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.