



Charlie Crist  
Governor

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Secretary of Health

## DENTAL RADIOGRAPHY CERTIFICATION APPLICATION

(Rule 64B5-9.011, Florida Administrative Code)

### SPECIAL NOTES AND INSTRUCTIONS:

1. All dentists, dental hygienists and graduates of approved dental assisting schools are exempt from certificates.
2. A **NON-REFUNDABLE fee of \$35.00 is required at application.** Please make check or money order payable to the Board of Dentistry.
3. Certification requires three (3) months continuous experience assisting in the exposing of radiographs under the **DIRECT SUPERVISION of a Florida licensed dentist** and successful completion of a Board of Dentistry approved course.
4. Attach a copy of the certificate you received from the approved course you attended. Course must have been completed within 12 months after the on-the-job training.

### TO BE COMPLETED BY THE DENTAL ASSISTANT SEEKING RADIOGRAPHY CERTIFICATION:

Name: \_\_\_\_\_ Phone:(    ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone:(    ) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dates of three (3) months continuous services:

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month      Day      Year                      Month      Day      Year

I HEREBY CERTIFY THAT THE ABOVE NAMED DENTAL ASSISTANT HAS BEEN IN MY EMPLOY FOR A MINIMUM OF THREE (3) MONTHS CONTINUOUS SERVICE.

SIGNATURE OF DENTIST & LICENSE NO. \_\_\_\_\_

FALSE INFORMATION IN THE APPLICATION PROCESS WILL RESULT IN APPLICATION DENIAL AND MAY RESULT IN CRIMINAL CHARGES AGAINST APPLICANT.

SIGNATURE OF DENTAL ASSISTANT: \_\_\_\_\_