

NJEMS#

APPLICATION FOR A LIMITED LICENSE IN DENTAL RADIOLOGIC TECHNOLOGY Page 1 of 2

Ms. Last First MI Telephone No.: (Home)	me Mr.				Social Security Numbe	Social Security Number		
Telephone No.: (Home) (Work)	Ms				Date of Birth:			
Dental Radiologic Technology School Completed: Name City and State Graduation Date	dress_		First		Telephone No.:	(Home)		
Dental Radiologic Technology School Completed: Name	#	# & Street Apt. #		Apt. #		(Work)		
Dental Radiologic Technology School Completed: Name	_	Cita	Ct-t- 7:-	Countries	Email:			
EASE PLACE A CHECK NEXT TO THE LICENSURE OPTION IN WHICH YOU WANT TO APPLY UNDER: (See page 1 for details and a list of information that must be submitted with your application) L: (a) am currently certified by the Dental Assisting National Board as a dental assistant and (b) successfully completed either a New Jersey approved dental radiography program or the equivalent. L: (a) passed Dental Assisting National Board Radiation Health and Safety (RHS) examination within last 5 years and (b) successfully completed either a New Jersey approved dental radiography program the equivalent within the last 5 years. L: (a) passed Dental Assisting National Board Radiation Health and Safety(RHS) examination within the last 5 years and (b) successfully completed either a New Jersey approved dental radiography program the equivalent more than 5 years ago, but (c) can document competent work experience in dental radiography obtained in another state within the last 5 years. L: (a) passed Dental Assisting National Board Radiation Health and Safety examination within the last years and (b) successfully completed either a New Jersey approved dental radiography program the equivalent more than 5 years ago and (c) cannot document competent work experience in dental radiography obtained in another state within the last 5 years. L: (a) passed Dental Assisting National Board Radiation Health and Safety examination within the last years and (b) successfully completed either a New Jersey approved dental radiography program or the equivalent more than 5 years ago and (c) cannot document competent work experience obtained within the last 5 years, but (d) am a New Jersey resident and a New Jersey licensed dentist is willing to allow to demonstrate my clinical skills with the Bureau's permission. Please call the Bureau to obtain the found that must be submitted with your application. MORAL CHARACTER STATEMENT We you ever been convicted of any Federal or state crime(s)? Yes No		City	State Zip	Country				
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APPLICATION INSTRUCTIONS FOR A LIMITED LICENSE IN DENTAL RADIOLOGIC TECHNOLOGY EFFECTIVE: JULY 1, 2016

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This application cannot be used to renew a license

General Instructions:

- Make sure the application is complete with all appropriate questions answered.
- Under the Federal Privacy Act, 5 USC 552a disclosure of your Social Security Number is voluntary. It is used solely as an internal identifier.
- All applicants must be 18 years of age at the time of application.
- All applicants must <u>submit</u> a copy of your diploma or other proof that you completed at least a high school level education in the United States or its equivalent (such as a GED or a foreign education that has been evaluated and deemed to be equivalent).
- Sign the application and have it notarized by a notary public with a current date. (Notaries can be found in your local telephone book)
- A nonrefundable/nontransferable fee must accompany all applications (**License fee is \$60.00**). Payment must be by personal check or money order, made payable to **Treasurer**, **State of New Jersey**.

License Requirement:

To be eligible for a license in limited dental radiologic technology, the applicant must comply with **one** of the four licensure options on Page 2 of the application:

- 1. If you are applying under Option 1: Please submit your current DANB certification and documents found under Item #3 at http://www.nj.gov/dep/rpp/tec/dental.htm
- 2. If you are applying under Option 2: Please submit proof that you have passed DANB's RHS examination within the last 5 years and documents found under Item #3 at http://www.nj.gov/dep/rpp/tec/dental.htm
- 3. If you are applying under Option 3: Please submit proof that you have passed DANB's RHS examination within the last 5 years, documents found under Item #3 at http://www.nj.gov/dep/rpp/tec/dental.htm and the completed work verification form with can also be found under Item #3.
- 4. If you are applying under Option 4: Please submit proof that you have passed DANB's RHS examination within the last 5 years, documents found under Item #3 at http://www.nj.gov/dep/rpp/tec/dental.htm and the "Conditional License and Attestation Statement Form" with items 1-5 completed by the dental office. (Please call for form)

Educational program equivalency will be determined by the Board based on its review of the materials that are submitted

Please send application and fee with the necessary supporting documentation to:

Department of Environmental Protection, Bureau of X-Ray Compliance US Postal Service: PO Box 420 (Mail Code 25-01), Trenton, New Jersey 08625-0420

Overnight Address: 25 Arctic Parkway, Ewing, New Jersey 08638 (Only use for FedEx, UPS, etc.)

Tel: (609) 984-5890 Fax: (609) 984-5811 Internet address: www.xray.nj.gov