Program Location:
Main Lecture Room-NC Dental U-Offered at the two main campuses in Wake Forest, NC and Greenville, NC.

Program Description
This course has been developed by NC Dental U and meets the requirements set forth in the North Carolina Dental Practice Act. Successful completion of this course will legally qualify participants to take radiographs in the dental office in North Carolina. Through lecture, attendance, self-study and clinical practice, each participant will learn how to expose, develop, fix, mount, and evaluate dental films. The course is divided into two parts, and includes didactic and clinical aspects of dental radiography. Laboratory training will allow the students to practice skills on manikins.

Objectives
At the conclusion of this activity, participants should be able to:
- Explain the function of each x-ray machine component.
- Recognize radiographic signs of disease abnormalities.
- Demonstrate the technical procedures used to limit radiation exposure to the safest practice levels.
- Identify normal radiographic anatomy of the teeth and surrounding structures.
- Discuss the fundamental principles involved in paralleling and bisecting-the-angle.
- Describe the procedures for obtaining extra-oral and intraoral supplemental projections.

Prerequisites/Exemptions
Participants registered for Training: be at least 18 years of age prior to starting the training, and be currently employed in a dental practice.

Registration Fee: $595

Cancellations must be made no later than seven business days before the program. A cancellation fee of $150 will be deducted from the registration fee.
Radiology Registration

Please choose a Campus: Wake Forest, NC or Greenville, NC

Please choose a RAD class start date: (schedules posted @NCDentalU.com)

Name MI Last / Social Sec. # (required by state of NC)

Employer’s Name

Student’s Job Title

Address where certificate should be mailed

City

State

Zip

Best Phone # to Reach Student

Alternate Phone #

Payment Options *Payment or supervisor signature must accompany registration.*

☐ Check mailed. (Make payable to NC Dental U) OR

Charge my: ☐ Discover ☐ MasterCard ☐ VISA ☐ AMEX

_________________________________________/_________________________________________/____________________

Card #

Exp. Date

3 digit security code

Authorized Signature

Name as it appears on card

Billing Address

City

State

Zip Code

Fax Registration form to 888-494-8114 Attn: Radiology

Please include employment verification form certifying current employment in a licensed dental setting (see next page) OR a copy of a RAD certificate/license from an approved program in another state.
Employment Verification

Date:_________

Employer Contact Information:

Dr. _________________________

Dr. or manager email address:________________________________________

Company/Office: ___________________________________________________

Office Phone: __________________________________________

Office physical address: ____________________________________________

Student/Employee’s name: ____________________________________________

The statement with my signature verifies that ______________________________is an employee in my office and has been under my supervision as of _________________________, 20______.

Supervising Dr. signature:____________________________________________

Date:________________________________________

Please complete and fax to Stephen Hughes @ 888-494-8114.