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Registration for Intraoral Radiography for the Office Trained Dental Assistant

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: \$500

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.

Employment Verification

Date: _____

Employer Contact Information:

Name: Dr. _____ Title: _____

Company/Office: _____

Phone: _____

Address: _____

Student/Employee's name: _____

This letter is to verify that _____ is an employee in my office and is/has been under my supervision as of _____, 20____.

Signature: _____ Date: _____

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