



STATE BOARD OF DENTISTRY
P O BOX 2649
HARRISBURG, PA 17105-2649

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Fax: (717) 787-7769

Website: www.dos.state.pa.us/dent
Email: st-dentistry@state.pa.us

APPLICATION FOR AUTHORIZATION TO PERFORM RADIOLOGICAL PROCEDURES IN THE COMMONWEALTH OF PENNSYLVANIA

INSTRUCTIONS:

- 1) Upon successful completion of the Radiation Health & Safety (RHS) examination through the Dental Assisting National Board, Inc. (DANB), please complete this form in its entirety and return the completed form to the address listed above.
- 2) Attach a check or money order in the amount of \$20.00 made payable to the "Commonwealth of PA". DO NOT SEND CASH. Fees are non-refundable. Note: A \$20.00 processing fee will be assessed for any payment returned by your bank, regardless of the reason for non-payment.

Name: _____
Last First Middle

Address: _____
Street

City State Zip Code

Social Security Number: _____ - _____ - _____ Date of Birth: _____
Month / Day / Year

Phone: (_____) _____ Email: _____
Area Code

Examination Date: _____

IMPORTANT INFORMATION:

- 1) You may not perform radiological procedures in Pennsylvania until the Board has issued authorization. Once approval is issued, verification may be obtained through our website at www.mylicense.state.pa.us.
- 2) Upon issuance of your authorization to perform radiological procedures, you may only perform radiological procedures on the premises of a dentist under the direct supervision of the dentist. The Board's Laws and Regulations are available on our website at www.dos.state.pa.us/dent.

****NOTE** DO NOT FORWARD THIS FORM TO THE BOARD OFFICE UNTIL YOU HAVE RECEIVED NOTICE FROM THE DENTAL ASSISTING NATIONAL BOARD, INC. (DANB) THAT YOU HAVE SUCCESSFULLY COMPLETED THE RADIATION HEALTH & SAFETY (RHS) EXAMINATION.**