

RAD EXPERIENCE VERIFICATION FORM

LSU Health CDE's Digital & Conventional Radiology Course for Dental Assistants

Print Name: _____

Sign Name: _____ Course # _____ Course date _____

I will be working in Louisiana Mississippi Both

Please place a **check mark** beside what applies to you.

DENTAL ASSISTING EXPERIENCE:

- I've been a "chair side" dental assistant for _____ months _____ years
- I am currently in or have just finished a dental assistant training program.
- I am completely new to Dental Assisting

RADIOLOGY EXPERIENCE

- I have never taken an x-ray in my life.
- I have taken a few dental x-rays.
- I am comfortable taking any typical dental x-ray, including Periapical and Panoramic.
- I am already certified in the State of _____.
- I am certified with the _____ Military.
- I have taken Anterior & Lateral Cephalographs and Palatals.
- I have taken x-rays in a Medical or Veterinary practice, or in _____.

TYPE OF PRACTICE: Please check all that apply to you

- I am currently working in General ("Family") Practice Orthodontics Endodontics Periodontics
 Pediatric Prosthodontics Oral Surgery Other _____.

TYPE OF EQUIPMENT

- We take conventional x-rays (film packets, processed with chemicals, mounted in holders and stored in the patient folder.)
- We take digital x-rays (intraoral sensor, images viewed on a monitor and stored in computer) using equipment manufactured by
- Schick Dexis Phillips Carestream (Kodak) Other: _____.
- We're transitioning from one to another. We use both.

We provide a continental breakfast, snack and lunch for all Radiology attendees. **Please let us know if you have any food allergies or dietary restrictions:** _____