

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF X-RAY COMPLIANCE  
PO BOX 420, MAIL CODE 25-01, TRENTON, NEW JERSEY 08625-0420  
609-984-5890  
www.xray.nj.gov

APPLICATION FOR SCHOOL OF DENTAL RADIOLOGY TECHNOLOGY

Prior to submission of an initial application to sponsor a School of Dental Radiology Technology, sponsors/applicants must attend a pre-application meeting with a Bureau representative. To schedule the meeting, please call Mr. Albert Orlandi at (609)984-5890.

A. SCHOOL ORGANIZATIONAL INFORMATION

1. Name: \_\_\_\_\_  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code
2. Telephone Number \_\_\_\_\_
3. Fax Number \_\_\_\_\_
4. School's web address \_\_\_\_\_
5. School Administrator/Owner: \_\_\_\_\_  
\_\_\_\_\_ Title: \_\_\_\_\_
6. Person responsible for the course:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
7. Will Dental Radiography be taught as: (i) Part of a dental assistant program? \_\_\_\_\_  
(ii) stand alone dental radiography program? \_\_\_\_\_
8. When will it be offered?  
i) A Day course \_\_\_\_\_ (ii) An Evening course \_\_\_\_\_ (iii) A Weekend course \_\_\_\_\_
9. How many times per year will the course be offered? \_\_\_\_\_  
Indicate starting date(s) \_\_\_\_\_  
Indicate completion date(s) \_\_\_\_\_
10. Requested Size of class: \_\_\_\_\_
11. Laboratory Option Chosen \_\_\_\_\_ Clinical Option Chosen: \_\_\_\_\_  
(See page 15 of the attached curriculum for details)
12. Name of the radiation monitoring company that will be used and frequency that monitors will be exchanged:  
\_\_\_\_\_

**B. REQUIREMENTS**

1. Along with the items below, submit an application fee of \$1,650.00 pursuant to N.J.A.C. 7:28-19.10(b).
2. The applicant school must submit a narrative response documenting how it will achieve and maintain compliance with each section of the “New Jersey Radiologic Technology Board of Examiners Accreditation Standards for Schools of Dental Radiologic Technology”.
3. The applicant must submit the following documents in support of its compliance with the Board’s Accreditation Standards:
  - a. The school’s curriculum and a list of required textbook(s), reference materials and instructional aides that will be used during didactic and laboratory instruction as contained in Section II.A. of the Board’s Standards (Please submit the textbook(s) for review. The textbook(s) will be returned once our review is completed.)
  - b. Lesson Plans and a sample class schedule (month/date/time) that reflects the lesson plans as contained in Section II.B of the Board’s Standards
  - c. Based on the options chosen in Section A.10 of the application, laboratory and clinical objectives and the evaluation instruments with grade policies that will be used to evaluate students as contained in Section II.C. of the Board’s Standards. If laboratory evaluations do not include manual film processing, radiographic duplication and cephalometric radiography, describe the educational techniques that will be used to demonstrate these tasks and the form used to document that demonstration was provided to students. (See pages 6, 8 and 9 of the curriculum for details)
  - d. A copy of all documents/policies that are published and given to candidates as contained in Section III. of the Board’s Standards.
  - e. A copy of all documents that are published and given to persons interested in enrollment into school (to include a copy of the admission application) as contained in Section IV. of the Board’s Standards
  - f. A copy of all documents/policies that are published and given to enrolled students as contained in Section V. of the Board’s Standards
  - g. A list of all didactic and laboratory instructors and a copy of each instructor’s resume and professional credential(s); a written description of the classroom resources to ensure that they are sufficient to accommodate the number of students requested; the name and address of the facility where laboratory instruction will occur and a list all laboratory and clinical resources as contained in Section VI .of the Board’s Standards.
  - h. A copy of clinical education policies that will be provided to students and the clinical education centers as contained in Section VIII.A, D, E, F, G, H and I. of the Board’s Standards.
  - i. A sample identification name badge as contained in Section VIII. F. of the Board’s Standards.
  - j. A copy of a sample certificate of completion as contained in Section X.A. of the Board’s Standards.

**INSTRUCTIONS:** In order for the Radiologic Technology Board of Examiners (Board) to evaluate this application all information above must be submitted. The application must be in a binder that is organized in the order listed above. All program documents (e.g. curriculum, lesson plans, evaluation forms, etc) must include the name of the school on each page. For large exhibits (e.g. student policy manual), please include a table of contents that identifies the various policies. If your application is incomplete, at the time that it is submitted, (e.g. an instructor has not been employed), you must identify all such deficiencies in your application and submit a plan for future compliance. The last page of the application must be signed by the owner, president or other responsible office of the school.

In addition to the Board’s approval, the New Jersey Department of Labor and Workforce Development and Department of Education require schools that charge student tuition/fees to be approved prior to operating a program. Please call (609) 984-5262 for information regarding these requirements.