



Name
 Mr.
 Ms. _____
 Last First MI
Address _____
 # & Street Apt. #

 City State Zip Country

Social Security Number _____
Date of Birth: _____
Telephone No.: _____ (Home)
 _____ (Work)
Email: _____

Dental Radiologic Technology School Completed:

Name	City and State	Graduation Date

PLEASE PLACE A CHECK NEXT TO THE LICENSURE OPTION IN WHICH YOU WANT TO APPLY UNDER:
 (See page 1 for details and a list of information that must be submitted with your application)

1. ____ I: **(a)** am currently certified by the Dental Assisting National Board as a dental assistant and **(b)** successfully completed either a New Jersey approved dental radiography program or the equivalent.
2. ____ I: **(a)** passed Dental Assisting National Board Radiation Health and Safety (RHS) examination within the last 5 years and **(b)** successfully completed either a New Jersey approved dental radiography program or the equivalent within the last 5 years.
3. ____ I: **(a)** passed Dental Assisting National Board Radiation Health and Safety(RHS) examination within the last 5 years and **(b)** successfully completed either a New Jersey approved dental radiography program or the equivalent more than 5 years ago, but **(c)** can document competent work experience in dental radiography obtained in another state within the last 5 years.
4. ____ I: **(a)** passed Dental Assisting National Board Radiation Health and Safety examination within the last 5 years and **(b)** successfully completed either a New Jersey approved dental radiography program or the equivalent more than 5 years ago and **(c)** cannot document competent work experience obtained within the last 5 years, but **(d)** a New Jersey licensed dentist is willing to allow me to demonstrate my clinical skills with the Bureau's permission. Please call the Bureau to obtain the form that must be submitted with your application.

MORAL CHARACTER STATEMENT

Have you ever been convicted of any Federal or state crime(s)? Yes ____ No ____
 If yes, please submit official documentation from the court that includes the date(s) of conviction, the name and degree of the crime(s), the court sentence(s) and the status of completing the sentence(s).

NOTARIZE HERE

I understand that any false statement made by me may be cause for the denial of this application and may subject me to penalties allowed by law. _____ Signature of Applicant _____ Maiden Name (if any)	Sworn to and subscribed before me this _____ day _____ A.D. _____
	_____ Signature of Official Administering Oath
	_____ Title (Official Seal)

Bureau Use Only:
 Amount Received: _____ Check # _____ Date Processed _____ License # _____ Initials _____
 NJEMS # _____

**APPLICATION INSTRUCTIONS FOR A LIMITED LICENSE IN DENTAL RADIOLOGIC
TECHNOLOGY EFFECTIVE: JULY 1, 2016**

Page 2 of 2

This application cannot be used to renew a license

General Instructions:

- Make sure the application is complete with all appropriate questions answered.
- Under the Federal Privacy Act, 5 USC 552a disclosure of your Social Security Number is voluntary. It is used solely as an internal identifier.
- All applicants must be 18 years of age at the time of application.
- All applicants must **submit** a copy of your diploma or other proof that you completed at least a high school level education in the United States or its equivalent (such as a GED or a foreign education that has been evaluated and deemed to be equivalent).
- Sign the application and have it notarized by a notary public with a current date. (Notaries can be found in your local telephone book)
- A nonrefundable/nontransferable fee must accompany all applications (**License fee is \$60.00**). Payment must be by personal check or money order, made payable to **Treasurer, State of New Jersey**.

License Requirement:

To be eligible for a license in limited dental radiologic technology, the applicant must comply with **one** of the four licensure options on Page 2 of the application:

1. If you are applying under Option 1: Please submit your current DANB certification and documents found under Item #3 at <http://www.nj.gov/dep/rpp/tec/dental.htm>
2. If you are applying under Option 2: Please submit proof that you have passed DANB's RHS examination within the last 5 years and documents found under Item #3 at <http://www.nj.gov/dep/rpp/tec/dental.htm>
3. If you are applying under Option 3: Please submit proof that you have passed DANB's RHS examination within the last 5 years, documents found under Item #3 at <http://www.nj.gov/dep/rpp/tec/dental.htm> and the completed work verification form with can also be found under Item #3.
4. If you are applying under Option 4: Please submit proof that you have passed DANB's RHS examination within the last 5 years, documents found under Item #3 at <http://www.nj.gov/dep/rpp/tec/dental.htm> and the "Conditional License and Attestation Statement Form" with items 1-5 completed by the dental office. (Please call for form)

Educational program equivalency will be determined by the Board based on its review of the materials that are submitted

Please send application and fee with the necessary supporting documentation to:

**Department of Environmental Protection, Bureau of X-Ray Compliance
US Postal Service: PO Box 420 (Mail Code 25-01), Trenton, New Jersey 08625-0420**

**Overnight Address: 25 Arctic Parkway, Ewing, New Jersey 08638
(Only use for FedEx, UPS, etc.)**

Tel: (609) 984-5890 Fax: (609) 984-5811 Internet address: www.xrav.nj.gov