



**ARIZONA STATE BOARD OF DENTAL EXAMINERS**

1740 W. Adams, Suite 2470 • Phoenix, Arizona 85007

Telephone (602) 242-1492 • Fax (602) 242-1445

www.dentalboard.az.gov

## Dental Assistant Radiography Certification by Credential

**Requirements:**

- ❖ You are currently certified to take dental radiographs in another state.
- ❖ The state where you are certified required successful completion of a written dental radiography examination.
- ❖ Refer the chart below:

Radiography Certification From	Does exam meet requirements?	
California	Yes	
Colorado		No
Florida		No
Indiana		No
Iowa	Yes	
Massachusetts		No
Michigan		No
Minnesota	Yes	
Mississippi		No
Montana	Yes	
Nebraska		No
New Hampshire		No
New Jersey		No
New Mexico (If you took NM Exam)	Yes	
North Carolina		No
Ohio		No
Oklahoma		No
Oregon	Yes	
Pennsylvania		No
South Dakota	Yes	
Tennessee		No
Texas	Yes	
Utah		No
Virginia		No
Washington		No

- ❖ If you have a current certificate from a state with a **Yes**, you may apply for Radiography Certification by Credential. Go to page 2, **Certification Process Section**.

- ❖ If you have a current certificate from a state with a **No**, you may **not** apply for Radiography Certification by Credential. To be certified in Arizona you must complete the Arizona Specific Radiography Exam administered by the Dental Assisting National Board (DANB). Applications are available on DANB's website – [www.DANB.org](http://www.DANB.org).
- ❖ If the state in which you are currently certified to take dental radiographs is not listed on the chart, contact Sherrie Biggs, Licensure Manager at 602.542.4453.

### **Certification Process:**

- ❑ Application Form
  - a. Provide an answer to **all** of the questions
  - b. Sign your application in the presence of a Notary Public
- ❑ Arizona Statement of Citizenship or Alien Status for State Public Benefits Form
  - a. Complete the form.
  - b. Submit a copy of one or more document(s) from the "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" lists.
  - c. Submit supporting legal documentation if the name on your evidence is not the same as your current legal name.
  - d. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph.
- ❑ Letter of Endorsement
  - a. A letter of endorsement must be sent directly to the Arizona State Board of Dental Examiners from the jurisdiction(s) in which you are certified in dental radiology.
  - b. The letter must verify your certification and that successful completion of a written dental radiography examination was required for certification
- ❑ Name Change Documentation
  - a. If any of your documents are submitted under a name other than your legal name, provide a copy of the document legally changing your name (marriage certificate, divorce decree, court papers)

### **Application Review:**

- ❖ Upon receipt, your application will be reviewed. If all requirements are met, your certification will be issued.
- ❖ If all the requirements are not met, you will receive notification of what is needed to complete your application. You have 60 days to submit missing documentation. If you do not submit missing documentation with 60 days, you must start the certification process over.



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**APPLICATION FOR  
DENTAL ASSISTANT RADIOGRAPHY CERTIFICATION BY CREDENTIAL**

**INSTRUCTIONS:** Type or print in blue or black ink. You must provide a response to each question.

1. State your legal name (Last, first, middle).

\_\_\_\_\_

2. List other names or aliases, including maiden names, and give explanation for use.

\_\_\_\_\_

Has your name changed for reasons other than marriage? \_\_\_\_\_ If yes, attach a certified copy of court order.

3. State your permanent address:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

4. State your mailing address:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

5. State your email address: \_\_\_\_\_

6. State your social security number (Pursuant to A.R.S. § 25-320 this is mandatory): \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_

Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Identifying Marks \_\_\_\_\_

8. List the jurisdiction, exam date and certification number or other form of approval for any other jurisdiction of the United States in which you are currently certified, previously certified, or have applied for certification in Radiation Health and Safety. For each certification listed, provide a verification of successful completion of the written and clinical dental radiograph examination(s) submitted directly from the certifying jurisdiction.

\_\_\_\_\_

9. List any other profession in which you are or ever have been licensed or certified to practice and the state or jurisdiction issuing that license. For each license or certificate listed, provide a verification of licensure or certificate submitted directly from the licensing state.

\_\_\_\_\_

10. Have you ever had your certificate to expose dental radiographs, or any other profession refused, denied, disciplined, suspended, revoked or cancelled by any state, territory, district or country? \_\_\_\_\_ If yes, state the full details below:

\_\_\_\_\_

\_\_\_\_\_

11. **Confidential question:** Have you received treatment within the last five years for use of alcohol or a controlled substance, prescription-only drug, or dangerous drug or narcotic or a physical, mental, emotional, or nervous disorder or condition that currently impairs your ability to exercise the judgement and skills of a dental professional?  
 \_\_\_\_\_ If yes, please provide further information, including a detailed description of the use, disorder, or condition and the name and contact information for all current treatment providers and for all monitoring or support programs in which you are currently participating.
12. a. I hereby give my permission for the Arizona State Board of Dental Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.  
 b. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.  
 c. I will notify the Board in writing within 10 working days if charged with a misdemeanor involving conduct that may affect patient safety or a felony while I am an applicant for licensure pursuant to A.R.S. § 32-3208(B).  
 d. I intend to practice my profession in dentistry in keeping with the spirit and the letter of the Dental Practice Act of Arizona and all the laws and rules enacted in the future.  
 e. I certify that I have read all the questions on this application.
13. I, \_\_\_\_\_, the applicant herein, state and depose that all facts, statements and answers outlined in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications, whether it is called for or not; and I agree that any falsification, omission, or withholding of information of facts concerning my qualifications as an applicant shall be sufficient to bar me from licensure or withholding shall serve as sufficient grounds for the revocation, cancellation, or suspension of my certification in dental radiography if it is not discovered until after issuance. A.R.S. §§ 32-1201.01(6), 32-1232(C), 32-1263, and 32-1267

STATE OF \_\_\_\_\_  
 County of \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_  
 Notary Public

Please be advised of the following pursuant to Arizona Revised Statutes (ARS) § 41-1030:  
 ARS § 41-1030(B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.  
 ARS § 41-1030(D) This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.  
 ARS § 41-1030(E) A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.  
 ARS § 41-1030(F) This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

See the enclosed letter for requirements, instructions and examination information