

## **Radiation Safety Exam Registration**

1. SC State Board of Dentistry regulations which became effective in June 1990 require no specific tenure by a chair side trained assistant before the dentist can certify that they are "trained in radiation procedures."
2. By submitting this form, the dentist registering the assistant certifies that the assistant is proficient in dental radiation procedures.
3. Tests to be administered by the SCDA will be given at intervals and locations to be announced in the SCDA Bulletin and at [www.scda.org](http://www.scda.org). No one will be permitted to take the test until the SCDA receives from the employing dentist the registration form and all fees are paid in full.
4. The registration form and fees must be received **two weeks prior to the test date**. You will be emailed your study material and will be registered for the upcoming exam once all registration forms and fees have been received and checked for accuracy. One form per applicant.
5. Registrations are good for a period of six months, after which the assistant must re-register, including paying the \$60 exam fee. There are no refunds.
6. Assistants are encouraged to bring study materials to review before the test begins. Once the test begins review materials must be put away and no one will be allowed to enter or leave the room. The test may not be copied or duplicated in any manner. Test results can be reviewed by the assistant on an appointment basis at the SCDA office in Columbia.

**RETURN TO: SCDA, 120 Stonemark Lane, Columbia, SC 29210 or fax: 803-750-1644**

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Dentist's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Area/Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Assistant's Full Name: \_\_\_\_\_

Last 4 of Social Security Number: \_\_\_\_\_

Email (required for study materials): \_\_\_\_\_

\$60 test registration (includes study guide & online video)

I would like to have the video on CD-ROM for an additional \$20.

Total: \$ \_\_\_\_\_

Paid by:       Dentist       Assistant

**Make checks payable to the SCDA**

Check # \_\_\_\_\_       Money Order # \_\_\_\_\_

**If you would like to pay using a credit card, please fill out the form online.**

**Office Use Only: Deposit#** \_\_\_\_\_