



Application for Radiation Safety Course

Applying Dentist's Name _____ Date _____

Address _____ City _____ Zip _____

Email Address _____

(The Radiation Safety Test will be emailed to this email address)

Name of Assistant(s) taking course _____

Name of Qualified Trainer _____ Title _____

I affirm that the assistant listed above and taking the exam will receive "hands on" assistance from a qualified trainer, defined as a dental assistant with a radiology permit issued by the Wyoming State Board of Dental Examiners, a dentist or a dental hygienist licensed by the Wyoming State Board of Dental Examiners.

Signature (Dentist) _____

Circle Your Choice Below

Applicant #1, DVD's & Workbooks \$50.00 (add \$25 for each additional applicant)

Applicant #1, DVD'S only \$35.00 (add \$10 for each additional applicant)

Applicant #1, Workbooks only \$35.00 (add \$10 for each additional applicant)

Same Applicant, second attempt \$35.00 (add \$10 for each additional applicant)

Submitting Test only -no DVD's or WBooks (First 5 tests per year \$10 each/\$100 each after 5)

I have enclosed \$ _____ with this application. I understand that the exam will be mailed to me as soon as I return the DVD'S. The DVD'S may be kept for 10 working days. I understand that I may keep the workbooks for reference if desired. ***The applicant(s) will have two hours to complete the test and may not review the tapes or workbooks during the test period.*** Upon successful completion of the exam, the WDA will mail the applicant(s) a certificate and a letter with further instructions on completing the process through the Wyoming Board of Dental Examiners.

Return this application with your check to: _____ or pay by credit card (all accepted)

Wyoming Dental Association
4004 Snyder Ave
Cheyenne, WY 82001

Number _____

Security Code _____ Exp. Date _____

Signature _____

Questions? (307)237-1186 wyodental@gmail.com