

NOTICE TO APPLICANTS

The provisions of this publication are not to be regarded as a contract between the student and the Southern Maryland Dental Society (SMDS). The SMDS reserves the right to change any provision or Requirements when such action will serve the interests of the SMDS and other applicants. The SMDS Further reserves the right to ask a student to withdraw when it considers such action in the best interest Of the SMDS. Class size is limited. **FLUENCY IN ENGLISH IS REQUIRED.**

SMDS is committed to a policy of equal opportunity for all persons to the end that no person, on the Grounds of sex, race, age, color, national origin, ancestry, marital status or status as a qualified individual with a disability shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity of the SMDS

TO REGISTER - Complete the information on the application and return it at least 10 days prior to the starting date along with payment to: Southern Maryland Dental Society, 4920 Niagara Road, Suite 306, College Park, Maryland 20740. **REFUNDS** can only be given if you withdraw 10 days prior to the first class. A \$30.00 administration fee will be charged for your refund or transfer. **BOOKS** can be picked Up during regular office hours once registration and payment is complete. Classes are held in Suite 300 At this same address unless otherwise indicated. **CHECKS** or Money Orders are to be made payable to the Southern Maryland Dental Society (SMDS). We do not take credit or debit cards. **Late Registration** Is possible based on availability. For additional information contact Janice Farber at 301-345-4196.

Other Location: Maryland State Dental Association, Columbia, MD., 410-964-2880, Debra Lampton.

MARYLAND STATE BOARD OF DENTAL EXAMINERS APPROVED PATHWAYS FOR CERTIFIED RADIATION TECHNICIAN ALL PATHWAYS REQUIRE A BOARD APPROVED RADIATION COURSE (SOURCE MSDA)

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| Pathway I | <ul style="list-style-type: none">* 18 years of age* 3 months (300 hours full time in clinical setting in a dental office* Basic oral anatomy course* Must be working in a dental office for direct clinical supervision |
| Pathway II | <ul style="list-style-type: none">* 18 years of age* Pre-test for acceptance into radiology course (basic oral anatomy and dental terminology)* If student fails pre-test, must take basic dental assisting course* Must be working in a dental office for direct supervision |
| Pathway III | <ul style="list-style-type: none">* Basic Dental Assisting Course prior to Board approved Radiology Course (18 years of age for Radiology)
Not taken concurrently.* Must be working in dental office for direct clinical supervision, unless classroom facility offers hands on clinical. |

Students are required to have the appropriate non-returnable books, workbook & handouts for each course.

COVID-19 UPDATES

Students will be required to wear face masks and gloves in the education facility. We will be taking everyone's temperature and have you complete a short health assessment. The number of students permitted is limited to allow for social distancing. We have had all the room vents professionally cleaned and added a new medical grade air purifier. The classroom is cleaned after each use.

SOUTHERN MARYLAND DENTAL SOCIETY
IS AN ADA CERP RECOGNIZED PROVIDER

4920 Niagara Road, Suite 306, College Park, MD 20740
Tele:301-345-4196 Fax: 240-542-4774 Web site: www.smdsdentists.org E-mail: Janice@smdsdentists.org

***DENTAL ASSISTING RADIOLOGY
AND BASIC ANATOMY***

January 25 – March 1, 2021

This course prepares the dental assistant who is employed in a dental office to sit for the Dental Assisting National Board Exam in Radiation Health & Safety Certification. All clinical practice takes place at the student's place of employment (including bringing in x-rays). A total of 11 classes which is 33 hours of class time. If you have any questions, please call 301-345-4196.

Course requirements: 18 years of age, high school grad or equivalency, 3 months experience and the signature of employing dentist on the application verifying employment & commitment of clinical supervision. *Fluency in English is required.*

TUITION: Member/Staff \$550. or Non-Member \$615., Fee Includes Book Pkg.
DATES: Jan. 25,27, Feb.1,3,8,10,15,17,22,24, Mar. 1, 2021 Mon. & Wed., 11 classes
TIME: 6:00p.m.– 9:00p.m., LOCATION: College Park Classroom

APPLICATION – Please Print Clearly

COURSE TITLE: _____ DATE _____

LEGAL NAME: _____ AMOUNT ENCLOSED _____

HOME ADDRESS: _____

PHONE/CELL: _____ EMAIL _____

DENTIST'S NAME: _____ PHONE _____

OFFICE ADDRESS: _____ FAX _____

EMPLOYING DENTIST: This employee has been working for _____ months/years in this dental office and I agree to provide clinical experience under my direct in room supervision. I agree to evaluate the applicants' performance. Once the course is completed the assistant may NOT continue to perform these duties until the required boards are passed & state certification received. Dentist's Signature _____ Date _____

11/2020

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See Additional Information