To Applicant for Dental Radiography Licensure:

Please find enclosed necessary material to be completed in applying for licensure in dental radiography in the State of Maine.

The current fee schedule can be obtained by visiting the Board’s website. A money order or check payable to the Board of Dental Examiners for the application and registration fees must accompany your application and registration form (you may include the fee for your Maine Background check in this payment). Also, please forward any documentation of name changes along with your application.

The Board requires that you have successfully passed the Dental Radiation Health and Safety Exam given by the Dental Assisting National Board (DANB) or the equivalent. Proof must be submitted with your application. Official transcripts showing proof of successful completion of the dental radiography courses and exams from the University College of Bangor or the University of New England may be used in lieu of the DANB exam.

CPR certification or re-certification is required for all new Dental Radiographer licensees as well as the renewal of those same licenses (see Board rules Chapter 10 LICENSURE REQUIREMENTS FOR DENTAL RADIOGRAPHERS and Chapter 13 CONTINUING EDUCATION).

Pursuant to 5 M.R.S.A. § 5301-5303, the State of Maine is granted the authority to take into consideration an applicant’s criminal history record. As part of your application for licensure, you are required to obtain background checks from each state where you have resided within the past ten (10) years. For your convenience we have enclosed a list of contact information and procedures for obtaining this information from each state. Please provide a list of these same states to the Board so that we can check them off when the documentation is received for each state.

Please Note: Your Maine Background Check will be obtained for you by this office at a reduced fee. You may include this fee with your application and registration fees which can be found on the current fees schedule located on the Board’s website. Should you desire to request your own criminal background check you may do so directly by contacting the Maine State Bureau of Investigation.

If you have any questions, please feel free to contact this office.

Sincerely,

Lynn A. Warner
Board Administrative Assistant
Instructions for Completing the Application

1. Answer all questions on application. Be sure to return the original application; copies will not be accepted. If application is not complete, it will be returned or rejected.

2. Every false statement knowingly made by the applicant in this application is sufficient cause for rejection or revocation of license if granted.

3. Successful completion of the Jurisprudence examination is also required.

4. A notarized copy of your high school diploma will be accepted in lieu of seal on application as long as it bears the same name as this application or documentation of name change is included.

5. Please supply a list of states where you have resided in the past ten (10) years that you are in the process of obtaining your background check(s) from (other than Maine).

6. Enclose a copy of a current CPR card with your application documents.

7. Please include the appropriate application and registration fees with your application package, along with the fee for obtaining a criminal background check if you choose to have this office obtain that for you at a reduced rate. All fees may be combined so you will only have to remit one check. Current fees are available on the Current Fee Schedule on the website.
Dear Applicant for Licensure:

As you are aware from your application packet, the State of Maine is granted the authority to take into consideration an applicant’s criminal history record. Please find enclosed contact information for various states, in order to assist you in the process of obtaining your background check(s). Please submit a record check for each state where you have resided within the past ten (10) years. **Please provide a list of these same states to the Board so that we can check them off when the documentation is received for each state.**

We understand that this information may take time to collect and, therefore, if licensure is approved, it will not be delayed awaiting this documentation. However, please be advised that failure to submit the documentation in a reasonable time period could result in a delay in receiving your next license at renewal time.

Thank you for your cooperation. If you have any questions, please contact the Board office at the telephone number listed below.

Sincerely,

*Lynn A. Warner*

Lynn A. Warner  
Board Administrative Assistant  

Enclosure
<table>
<thead>
<tr>
<th>State</th>
<th>Phone Number</th>
<th>Request Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>334-353-7800</td>
<td>Signed Release with fee to Alabama Bureau of Investigation, Identification Unit-Record Checks</td>
</tr>
<tr>
<td>Alaska</td>
<td>907-269-5767</td>
<td>Personal Request with fee - Dept. of Public Safety, Records &amp; Identification</td>
</tr>
<tr>
<td>Arizona</td>
<td>602-223-2222</td>
<td></td>
</tr>
<tr>
<td>Arkansas</td>
<td>501-618-8100</td>
<td>Signed Release Form with fee to Arkansas State Police, Identification Bureau</td>
</tr>
<tr>
<td>California</td>
<td>916-227-3823</td>
<td>Contact the Maine Board of Dental Examiners to request a California Fingerprint Card and Instructions; fee to be sent with fingerprint card to California</td>
</tr>
<tr>
<td>Colorado</td>
<td>303-239-4230</td>
<td>Written request with fee to CO Bureau of Investigation</td>
</tr>
<tr>
<td>Connecticut</td>
<td>860-685-8480</td>
<td>Written request and fee sent to State Police Bureau of Identification</td>
</tr>
<tr>
<td>Delaware</td>
<td>302-739-5901</td>
<td>Contact State Bureau of Investigation</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>202-727-4247 -</td>
<td>Completed form through DC Criminal Records Section</td>
</tr>
<tr>
<td>Florida</td>
<td>850-410-7000 or 8161 -</td>
<td>Completed Request form with fee to FL Dept. of Law Enforcement</td>
</tr>
<tr>
<td>Georgia</td>
<td>404-244-2639</td>
<td>Fee</td>
</tr>
<tr>
<td>Hawaii</td>
<td>808-587-3100</td>
<td>Completed form with fee sent to Hawaii Criminal Justice Data Center</td>
</tr>
<tr>
<td>Idaho</td>
<td>208-884-7130</td>
<td>Completed form with fee</td>
</tr>
<tr>
<td>Illinois</td>
<td>815-740-5160</td>
<td>Must order UCIA request forms from Bureau of Identification, complete form and send along with appropriate fee</td>
</tr>
<tr>
<td>Indiana</td>
<td>317-323-8263</td>
<td>Completed form for either limited or full history information with fee sent to Indiana State Police</td>
</tr>
<tr>
<td>Iowa</td>
<td>515-281-4776</td>
<td>Completed forms and fee sent to Iowa Division of Criminal Investigations</td>
</tr>
<tr>
<td>Kansas</td>
<td>785-296-8200</td>
<td>Completed form with fee sent to Kansas Bureau of Investigations</td>
</tr>
<tr>
<td>Kentucky</td>
<td>502-227-8700</td>
<td>Completed form with fee sent to Kentucky</td>
</tr>
<tr>
<td>Louisiana</td>
<td>225-925-6095</td>
<td>Completed forms to Bureau of Criminal Identification and Information</td>
</tr>
<tr>
<td>Maine</td>
<td>207-624-7240</td>
<td>The Maine Board of Dental Examiners will obtain for you from the State Bureau of Identification for a fee; otherwise fee to State Bureau of Identification</td>
</tr>
<tr>
<td>Maryland</td>
<td>410-764-4501</td>
<td>Written request from applicant with fee and fingerprint card sent to CJIS – Central Repository</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>617-660-4600</td>
<td>Completed form with fee sent to Criminal History Systems Board</td>
</tr>
<tr>
<td>Michigan</td>
<td>517-322-5511</td>
<td>Obtain a prepaid account/complete form and fax to Information Center</td>
</tr>
<tr>
<td>Minnesota</td>
<td>651-793-2420</td>
<td>Send written request with fee; Web: <a href="https://cch.state.mn.us/common/BCA.home.aspx">https://cch.state.mn.us/common/BCA.home.aspx</a></td>
</tr>
<tr>
<td>Mississippi</td>
<td>601-933-2600</td>
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<tr>
<td>Missouri</td>
<td>573-526-6153</td>
<td>Completed form with fee to Criminal Record System Fund</td>
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</table>
CRIMINAL RECORD REQUEST CONTACT INFORMATION Continued

Montana / 406-444-3625 - Written request with fee and specify name or fingerprint check to MT
Nebraska / 402-479-4924
Nevada / 775-334-3875 - Completed form with Fingerprint Card and fee to Dept. of Public Safety
New Hampshire / 603-271-2538 - Notarized Signed Release Form with fee sent to New Hampshire Department of Safety
New Jersey / 609-882-2000 x-2918 - Fee to the Division of State Police
New Mexico / 505-827-9181 - Fee to Department of Public Safety
New York / 518-485-7675 - Through State Division of Criminal Justice Services
North Carolina / 919-662-4500
North Dakota / 701-328-5500 - Fee and completed forms to the Attorney General’s Office, Bureau of Criminal Investigations
Ohio / 740-845-2375 - Fee (money order or certified bank check). Obtain fingerprint card (from your local police dept.) and cross out where it says applicant (on rt.) and write in BCI, send with letter requesting background check and granting permission to State of Ohio to conduct a background check
Oklahoma / 405-848-6724 - Fee and Completed form to Oklahoma State Bureau of Investigations
Oregon / 503-378-3070 - Can set up an account, but for infrequent requests, can send a completed form with fee to Oregon State Police.
Pennsylvania / 717-783-5588 - Fee on-line through PA State Police Home Page
Rhode Island / 401-274-4400 - Through State Bureau of Criminal Investigations
South Carolina / 803-896-7043 - Fee. Follow directions on-line at www.sc.gov
South Dakota / 605-773-3331 - Contact the Division of Criminal Investigations
Tennessee / 615-726-7952 - Fee and completed forms to Tennessee Bureau of Investigations at: www.tennessee.gov

Texas / 512-424-22474
Utah / 801-965-4445 - Fee and contact Utah Bureau of Criminal Identification
Vermont / 802-244-8786 x-5237 - Signed Release Form
Virginia / 804-674-2024 - Notarized Signed & Completed Form (SP 167) with fee – Send to: Virginia State Police
Washington / 360-705-5100 - Fee
West Virginia / 304-746-2178 - Contact West Virginia State Police, Criminal Investigation Reports
Wisconsin / 608-266-1221 - On-line at http://wi-recordcheck.org
Wyoming / 307-777-7523 or 7181 - Written request with fee
Puerto Rico / 787-766-5000 x-2437
US Virgin Islands / 340-778-0400
Board of Dental Examiners

OF THE
STATE OF MAINE

APPLICATION FOR LICENSURE TO PRACTICE
DENTAL RADIOGRAPHY IN THE STATE OF MAINE

PRINT or TYPE

Last Name     First Name     Middle
Give name as it appears on your birth certificate
Please provide documentation of any name change(s).

Place of Birth       SS#        Date of Birth          Tel#

Permanen Address
Street Address
City      State    Zip

Mailing Address
Street    City   State  Zip

Have you passed a dental radiography course within a CODA accredited program?  ( ) Yes  ( ) No
If yes, include official transcript and copy of the syllabus showing a final exam was taken.

Have you passed the Dental Radiation Health and Safety Examination given by the Dental Assisting National Board (DANB)?  ( ) Yes  ( ) No
If yes include a copy of your Certificate.

Have you ever practiced any dental profession illegally?  ( ) Yes  ( ) No

Have you ever practiced a dental profession in any other state?  ( ) Yes  ( ) No
If so, please list states, types of license and indicate whether licensure was required?

State     Licensed  Date

State     Licensed  Date

Please list the states in which you have resided in the previous ten (10) years and follow the enclosed instructions for obtaining a background check.

                      
                      
                      

Application fee (non-refundable) – See Fee Schedule
Make check payable to Board of Dental Examiners
We also accept Master Card and Visa (please circle)
Card Number: ____________________________
Expiration Date/Security Code: ________________
Cardholders Name: ________________________
I certify that the information given in this application is true and the attached is a true photograph of me. (Applicant must sign in the presence of the notary public.)

Signed: ________________________________

Applicant

Notary must sign the following and affix Notarical seal over a portion of photograph.

Sworn to before me
And subscribed in My presence on this

________Day of __________, 20__

____________________________________

Notary Public

CERTIFICATION OF HIGH SCHOOL GRADUATION

I hereby certify that __________________________ matriculated in the __________________________

High School, has attended the required courses for ______ years and was graduated with diploma on the ______ day of ______________________, 19/20 ______.

________________

Seal of High School

________________

Signature of Principal or Secretary
MAINE BOARD OF DENTAL EXAMINERS
Dental Radiographers Registration Form
Renewed every five years

Name: ________________________________  SS# ________________________________

Original Registration # (Renewals) ___________________  Date of Issue ___________________

Home Address ________________________________  Telephone: Home: ______________________

________________________________________  Office: ________________________________

* * Any change of address or name that is not reported to the Board could be subject to a fine * *

E-Mail Address: ________________________________

[ ] I am applying for an initial license to practice dental radiography in Maine.

[ ] I am applying for ACTIVE status based on the enclosed copy of my CPR certification as required under Board rules Chapters 10 and 13. Enclosed is the appropriate renewal fee. (The current fee schedule can be found on the Board’s website.)

[ ] I am applying for INACTIVE status and enclosing the reduced fee. Without prior application to and approval from the Board, I certify that I will not render any dental radiography services during the five year term of my license registration. I understand that my license will be stamped “Inactive Status”.

(Please note: Reactivation is not automatic, it will require an interview and possibly a refresher course or re-take of the Radiation Health and Safety Examination)

Employer (Dentist Name & License#) ________________________________  License #: ___________________

Name of Practice ________________________________  Tel: ________________________________

Office Address ________________________________________________________________

Please list all States/Jurisdictions other than Maine in which you currently hold or have ever held a license to practice Dental Radiography:

<table>
<thead>
<tr>
<th>State</th>
<th>Lic#</th>
<th>Date Issued</th>
<th>State</th>
<th>Lic#</th>
<th>Date Issued</th>
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Please list all employers since originally registered as a Radiographer. Include names, addresses and dates of employment.

________________________________________________________________________

________________________________________________________________________
PROFESSIONAL HISTORY:
Check (X) each appropriate response: Every “Yes” response must be fully explained by a written statement on a separate sheet of paper. Each explanation must be referenced by the corresponding question number, and must be signed, dated, and enclosed with your registration form.

NOTE TO DENTAL RADIOGRAPHER: PLEASE COMPLETE THIS FORM YOURSELF – DO NOT DELEGATE ITS COMPLETION

HAVE YOU EVER:

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<th>NO</th>
<th>YES</th>
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<td>2.</td>
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SINCE YOUR LAST RENEWAL APPLICATION OR IF APPLYING FOR INITIAL LICENSURE:

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<tr>
<th></th>
<th>NO</th>
<th>YES</th>
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The purpose of the following questions is to determine the current fitness of the applicant to practice dental radiography. The following inquiries concern medical, mental health, and addiction issues. This information is treated confidentially by the Board. The mere fact of treatment for medical, mental health or addiction(s) is not, in itself, a basis on which an applicant is ordinarily denied licensure when he/she has demonstrated personal responsibility and maturity in dealing with these issues. The Board encourages applicants who may benefit from such treatment to seek it. The Board may deny a license to applicants whose ability to function in the practice of dental radiography or whose behavior, judgment, and understanding is impaired by a medical, mental health or addictive condition.

SINCE YOUR LAST RENEWAL APPLICATION OR IF APPLYING FOR INITIAL LICENSE:

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
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<td>8.</td>
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<td>9.</td>
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</tbody>
</table>
10. Are you now, or since your last renewal have you been dependent upon alcohol or
habituating drugs or undergone treatment for such?

If any of your answers to questions 7-10 is “Yes”, are the limitations or impairments caused by
your medical, mental health, or addictive condition reduced or improved because you receive
ongoing professional treatment (with or without medication) or because you participate in a
professional monitoring program?

11. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical,
mental health or addictive disorder as a defense or in mitigation of, or as an explanation for
your actions in the course of any administrative or judicial proceeding or investigation; any
inquiry or other proceeding; or any proposed termination action (educational, employer,
government agency, professional organization, or licensing authority)?

12. Are you currently engaged in the illegal use of drugs or misuse of any drugs?

13. Have you been diagnosed with or treated for any type of sexual behavior disorder?

14. Have you been charged, summoned, indicted, arrested or convicted of any criminal
offense, including when those events have been deferred, set aside, dismissed,
expunged or issued a stay of execution? Please include motor vehicle offenses but
not minor traffic or parking violations.

15. Have you ever had a claim or suit alleging malpractice liability in which you are/were
named as a defendant, including nuisance suits settled, adjudicated by a court in favor
of the other party, or settled by your insurance company/representatives without your
express consent that has not been previously reported to this Board?

16. Are you currently in default on payment of student loans?

I swear or affirm under penalties of perjury and false swearing and subject to the disciplinary laws and rules of the Board that
all information requested in this registration form has been answered and that all answers are accurate and truthful.

Date: _______________  Signed: ________________________________

Type or print: __________________________

Notice: Unless all pertinent information requested is answered, this application will be returned to the applicant for completion. For first time
applicants this form must be completed and returned with original application. For renewals, please return before expiration date to ensure continuity
of your license.

Please complete and return with a check for $100 payable to:

Board of Dental Examiners
143 State House Station
Augusta, ME 04333
Tel: 207-287-3333

SSN:
The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social
security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2)
(1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant
to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to
36 MRSA section 191.

PRIVACY:
Notice regarding Public Information
This application is a public record for purposes of Maine’s Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon
request. Information that you supply as part of this application (except your social Security number and credit card number) is public information. Other licensing
records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and
other information listed on this application may be posted on the State’s website.
Jurisprudence Examination for Radiographers

This examination must be completed with a successful grade of at least 85%. It is an open book examination. The answers may be obtained by going to our website to view the Maine Dental Practice Act or by contacting the Board office to request that a copy of the Maine Dental Practice Act be sent to you. Please circle the correct answer.

1. The Board of Dental Examiners has authority to investigate violations of or non-compliance with provisions of laws relating to dentists or dental radiographers.

2. It is unlawful for any person, not otherwise authorized by law, to practice dental radiography without having a current license issued by the Board.

3. Failure to use a lead apron on a patient when taking dental radiographs is deemed by the Board to be presumptively an act of incompetence or unskillfulness.

4. A dental assistant, under general supervision, may take x-rays without a radiography license.

5. One of the qualifications for a license to practice dental radiography is that an applicant must be a high school graduate or its equivalent.

6. A license to practice dental radiography is valid for ten years from date of issuance.

7. The renewal fee for a license to practice dental radiography may not exceed $50.00.

8. A dental radiographer must be at least 18 years of age.

9. The practice of dental radiography includes positioning the tube head of the x-ray machine.

10. The practice of dental radiography includes diagnosis from x-rays.

11. A “licensed dental radiographer” means a person who practices dental radiology and holds a valid license issued by the Board.

12. The practice of dental radiography includes setting the x-ray machine, including setting kilivolts, milliamps or time.

13. Without possessing a radiographer’s license, a dental assistant can only take x-rays under the direct supervision of a dentist.

14. A license to practice dental radiography may be suspended or revoked for violation of any rule adopted by the Board.
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<td>15.</td>
<td>Dental radiography means the use of ionizing radiation on the maxilla, mandible and adjacent structures of human beings for diagnostic purposes.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>16.</td>
<td>To practice dental radiography, a licensed dental hygienist is also required to be licensed as a dental radiographer.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>17.</td>
<td>Unprofessional conduct means the violation of any standard of professional behavior which has been established in the practice of dental radiography.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>18.</td>
<td>Fraud or deceit in obtaining a license may bring about suspension, revocation or refusal to issue or renew a license.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>19.</td>
<td>Direct supervision does not require that the dentist remain in the dental office while the radiographic procedures are being performed.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>20.</td>
<td>A test is required in order to qualify for a license to practice dental radiography.</td>
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