

Lake Norman Dental Assisting School
North Carolina Dental Radiology Course Application

Name _____ Birth Date _____ Date _____

Address, city, state, _____ Zip _____

E-Mail address _____

Phone, home, cell, work _____

Employer _____

Address, city, state, zip _____

Business phone and fax _____

Date you plan to attend course: _____

Course Includes:

7 hours of instruction in the health, safety, production, and use of dental radiographs

7 hours of clinical instruction (taking and developing of radiographs)

North Carolina State Board of Dental Examiners approved Dental Radiology exam.

Certificate of achievement will be awarded to those who attend all 14 hours of instruction and pass the radiology exam.

Cost of course: \$600.00 We require a \$300.00 deposit to hold your place in course

Course hours: 9:00am – 5:00pm with an hour lunch both days.

Courses are held: **January, April, July, and October.** See our website for specific dates: www.ncdentalassisting.com

Cancellation, refund, and requirements policy:

A full refund of all monies will be made to any applicant who cancels the enrollment agreement within **THREE** business days of the first class. All applicants must have at least one year of experience in clinical applications (DA1) all DA2 and CDA welcome.