

**RADIOGRAPHY FOR DENTAL ASSISTANTS**

Vermont Technical College  
Department of Dental Hygiene  
301 Lawrence Place  
Williston, VT 05495  
802-879-5643

This continuing education course is designed to prepare Dental Assistants to take, develop and mount dental radiographs. Emphasis is placed on understanding and practicing the essentials of this clinical procedure.

Participants must be at least 18 years old, a high school graduate and be registered as a Traditional Dental Assistant, this occurs after six consecutive months of employment and after submitting application to the Vermont Board of Dental Examiners.

During the clinical portion of this course participants will make a complete mouth radiographic survey for an adult patient. It is the responsibility of the participant to provide the patient.

Tuition for the course is \$450. Additional information about the course can be obtained by calling Dr. Ellen B. Grimes at (802) 879-5643.

**All participants must attend the lecture session on April 20, 2010 from 8:30 am to 4:30 pm.**

\*\*Pre-clinical days are scheduled on May 3, 4, 2010 from 8 am - 5 pm Participants are required to attend **ONLY ONE DAY** of the pre-clinical session and the day requested should be indicated on the registration form below. Please indicate a 1<sup>st</sup> and 2<sup>nd</sup> choice. Students are admitted and scheduled into the course as soon as registration with payment in full is received. At that time a course outline will be sent and a pre-clinical date assigned.

The clinical session exam is scheduled for May 5, 2010. Participants and their patient **must** be available on this day.

If you intend to enroll in the course please return the registration form below together with tuition payment by March 15, 2010. In addition, if there are not a sufficient number of participants registered the course may be cancelled and tuition will be refunded.

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**RADIOGRAPHY FOR DENTAL ASSISTANTS**

NAME \_\_\_\_\_ TELEPHONE (w) \_\_\_\_\_ (h/c) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

Please make checks payable to VTC Dental Hygiene

Return by March 15, 2010 to: Vermont Technical College  
Department of Dental Hygiene  
301 Lawrence Place  
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Pre-Clinical Day Requested Monday May 3 \_\_\_\_\_ Tuesday May 4 \_\_\_\_\_  
(Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choice)