



STATE BOARD OF DENTISTRY  
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HARRISBURG, PA 17105-2649

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Email: [st-dentistry@pa.gov](mailto:st-dentistry@pa.gov)

## APPLICATION FOR AUTHORIZATION TO PERFORM RADIOLOGICAL PROCEDURES IN THE COMMONWEALTH OF PENNSYLVANIA

### INSTRUCTIONS:

- 1) Upon successful completion of the Radiation Health & Safety (RHS) examination through the Dental Assisting National Board, Inc. (DANB), please complete this form in its entirety and return the completed form to the address listed above.
- 2) Attach a check or money order in the amount of \$75.00 made payable to the "Commonwealth of PA". **DO NOT SEND CASH.** Fees are non-refundable. Note: A \$20.00 processing fee will be assessed for any payment returned by your bank, regardless of the reason for non-payment.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

City State Zip Code

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month / Day / Year

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Area Code

Examination Date: \_\_\_\_\_

### IMPORTANT INFORMATION:

- 1) You may not perform radiological procedures in Pennsylvania until the Board has issued authorization. Once authorization is issued, verification may be obtained through our website at [www.mylicense.pa.gov](http://www.mylicense.pa.gov).
- 2) Upon issuance of your authorization to perform radiological procedures, you may only perform radiological procedures on the premises of a dentist under the direct supervision of the dentist. The Board's Laws and Regulations are available on our website at [www.dos.pa.gov/dent](http://www.dos.pa.gov/dent).

**\*\*NOTE\*\* DO NOT FORWARD THIS FORM TO THE BOARD OFFICE UNTIL YOU HAVE RECEIVED NOTICE FROM THE DENTAL ASSISTING NATIONAL BOARD, INC. (DANB) THAT YOU HAVE SUCCESSFULLY COMPLETED THE RADIATION HEALTH & SAFETY (RHS) EXAMINATION. IF YOU HAVE TAKEN THE EXAMINATION OUT OF STATE, YOU MUST REQUEST DANB TO TRANSFER YOUR SCORES TO PENNSYLVANIA.**