



PAUL R. LEPAGE
GOVERNOR

STATE OF MAINE
BOARD OF DENTAL EXAMINERS
143 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0143

To Applicant for Dental Radiography Licensure:

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

The following fees are in effect:

1. Application fee = \$50
2. Registration for five years = \$125

A money order or check payable to the Board of Dental Examiners for a total of \$175 must accompany your application and registration form (you may include the \$21 for your Maine Background check in this payment should you choose to do so for a total of \$196). 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 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 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; the fee for this service is \$21.00. You may include this fee with your application and registration fees (for a total of \$196). Should you desire to request your own criminal background check you may do so directly by contacting the Maine State Bureau of Investigation; their direct fee is \$31.00.

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

Sincerely,

Lynn A. Warner

Lynn A. Warner, AS
Board Assistant

Instructions for Completing the Application

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.

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

Successful completion of the Jurisprudence examination is also required.

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.**

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).

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

The following fees are in force:

Application Fee	\$ 50.00
Registration Fee	\$125.00

The fee for obtaining a criminal background check through the SBI is \$31.00; the Maine Board of Dental Examiners can obtain this background check for you for a fee of \$21.00. Please add this fee to your check or money order if you wish the MBDE to obtain it for you. All fees may be combined so you will only have to remit one check.

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.



PAUL R. LEPAGE
GOVERNOR

STATE OF MAINE
BOARD OF DENTAL EXAMINERS
143 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0143

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, AS
Board Assistant

Enclosure

PHONE: (207) 287-3333
FAX: (207) 287-8140

WEBSITE ADDRESS: www.mainedental.org
E-MAIL ADDRESS: dental.board@maine.gov

CRIMINAL RECORD REQUEST CONTACT INFORMATION

Alabama / 334-353-7800 -	Signed Release with \$25 to Alabama Bureau of Investigation, Identification Unit-Record Checks
Alaska / 907-269-5767 -	Personal Request \$20- Dept. of Public Safety, Records & Identification
Arizona / 602-223-2222 -	Is a 'non-release' state; you will need to do your criminal background check through the FBI; use contact number for information.
Arkansas / 501-618-8100 -	Signed Release Form \$20 to Arkansas State Police, Identification Bureau
California / 916-227-3823 -	Contact the Maine Board of Dental Examiners to request a California Fingerprint Card and Instructions; fee of \$32.00 to be sent with fingerprint card to California
Colorado / 303-239-4230 -	Written request with \$13.00 fee to CO Bureau of Investigation
Connecticut / 860-685-8480 -	Written request and fee of \$25 sent to State Police Bureau of Identification
Delaware / 302-739-5901 -	Contact Mrs. Teresa Jones
District of Columbia / 202-727-4247-	Completed form through DC Criminal Records Section
Florida / 850-410-7000 or 8161 -	Completed Request form with \$23 to FL Dept. of Law Enforcement
Georgia / 404-244-2639 -	\$15
Hawaii / 808-587-3100 -	Completed form with fee of \$15 or \$25 sent to Hawaii Criminal Justice Data Ctr.
Idaho / 208-884-7130 -	Completed form with \$10 fee
Illinois / 815-740-5160 -	Must order UCIA request forms from Bur. Of Identification, complete form and send along with appropriate fee
Indiana / 317-232-8263 -	Completed form for either limited or full history information with \$7 or \$10 fees sent to Indiana State Police
Iowa / 515-281-4776 -	Completed forms and \$13.00 sent to Iowa Division of Criminal Investigations
Kansas / 785-296-8200 -	Completed form with \$30 fee sent to Kansas Bureau of Investigations
Kentucky / 502-227-8700 -	Completed form with \$10 fee sent to Kentucky
Louisiana / 225-925-6095 -	Completed forms to Bureau of Criminal Identification and Information
Maine / 207-624-7240 -	The Maine Board of Dental Examiners will obtain for you from the State Bureau of Identification, you will be invoiced \$21.00; otherwise \$31.00 to the State Bureau of Identification if you wish to access it yourself
Maryland / 410-764-4501 -	Written request from applicant with \$19 fee and fingerprint card sent to CJIS – Central Repository
Massachusetts / 617-660-4600 -	Completed form with \$30 fee sent to Criminal History Systems Board
Michigan / 517-322-5511 -	Obtain a prepaid account/complete form and fax to Information Center
Minnesota / 651-642-0670 -	Send written request with \$4.00 fee. Web: https://cch.state.mn.us/common/BCA/home.aspx
Mississippi / 601-933-2600	
Missouri / 573-526-6153 -	Completed form with \$4 or \$14 fee to Criminal Record System Fund

CRIMINAL RECORD REQUEST CONTACT INFORMATION *Continued*

Montana / 406-444-3625 -	Written request with \$10 fee and specify name or fingerprint check to MT
Nebraska / 402-479-4924	
Nevada / 775-334-3875 -	Completed form with Fingerprint Card and \$21 fee to Dept. of Public Safety
New Hampshire / 603-271-2538 -	Notarized Signed Release Form \$25 sent to New Hampshire Department of Safety
New Jersey / 609-882-2000 x-2918 -	\$30 to the Division of State Police
New Mexico / 505-827-9181 -	\$17 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 -	\$15 and completed forms to the Attorney General's Office, Bureau of Criminal Investigations
Ohio / 740-845-2113 -	\$15 (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 -	\$15 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 \$10 fee to Oregon Sate Police.
Pennsylvania / 717-783-5588 -	\$10 on-line through PA State Police Home Page
Rhode Island / 401-274-4400 -	Through State Bureau of Criminal Investigations
South Carolina / 803-896-7043 -	\$25 Directions on-line at www.sc.gov
South Dakota / 605-773-3331 -	Contact the Division of Criminal Investigations
Tennessee / 615-726-7952 -	\$29 Completed forms to TN Bureau of Investigations at www.tennessee.gov
Texas / 512-424-2478	
Utah / 801-965-4445 -	\$10 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) \$15 – Send to: Virginia State Police
Washington / 360-705-5100 -	\$10
West Virginia / 304-746-2178 -	Contact WV 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 \$15-\$20 fee
Puerto Rico / 787-766-5000 x-2437	
US Virgin Islands / 340-778-0400	

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.

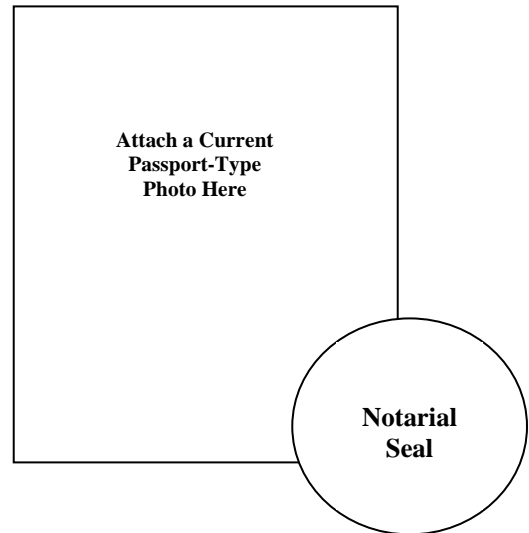
I certify that the information given in this application is true and the attached is a true photograph of me.
(Applicant must sign in the presence of the notary public.)

Signed: _____
Applicant

Notary must sign the following and affix Notarial 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
Registration Fee - \$125

For Office Use Only:

Date Rec:
Fee:
RHSE:
Issue Date:

Make checks payable to Board of Dental Examiners
We also accept Master Card & Visa (Please Circle)

Card No:
Expiration Date:
Cardholders Name:

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.
I am applying for INACTIVE status. 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 with 6 columns: State, Lic#, Date Issued, State, Lic#, Date Issued

Please list all employers since originally registered as a Radiographer. Include names, addresses and dates of employment.

Blank lines for listing employers

- | | | |
|----|---|------------|
| 1. | Have you, in the last ten (10) years <u>or since your last renewal</u> ...? | Circle one |
| A. | Had a disabling physical or mental illness(es) that resulted in any hospitalization or that prevented you from working or carrying out your usual daily responsibilities for more than 30 days? | No Yes |
| B. | Been arrested or convicted for anything other than minor traffic violations? (OUI is not considered a minor traffic violation) | No Yes |
| C. | Been addicted to or abused any substance or drug (including the use or abuse of alcohol)? | No Yes |
| D. | Rendered any dental services illegally? | No Yes |
| 2. | Has any state or jurisdiction every taken any disciplinary action against your license to practice? (i.e. fine, reprimand, modification, suspension, revocation) | No Yes |
| 3. | Are you currently under investigation by any other state's dental board? | No Yes |
| 4. | Are there currently any civil or criminal actions (including malpractice) pending against you in any federal or state court, including courts martial? | No Yes |
| 5. | Have you ever had any malpractice settlements made on your behalf? | No Yes |

“Yes” answers should be explained in detail on a separate sheet and returned as part of this application.

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 \$125 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

Name _____

Date _____

To successfully complete this examination 17 of the 20 questions must be answered correctly. It is an open book examination. The answers may be obtained by going to our website at www.mainedental.org, then clicking on laws and rules on the home page; 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.

- | | True | False |
|--|------|-------|
| 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 | T | F |
| 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. | T | F |
| 3. Failure to use a lead apron on a patient when taking dental radiographs is deemed by is deemed by the Board to be presumptively an act of incompetence or unskillfulness. | T | F |
| 4. A dental assistant, under general supervision, may take x-rays without a radiography license. | T | F |
| 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. | T | F |
| 6. A license to practice dental radiography is valid for ten years from date of issuance. | T | F |
| 7. The renewal fee for a license to practice dental radiography may not exceed \$50.00. | T | F |
| 8. A dental radiographer must be at least 18 years of age. | T | F |
| 9. The practice of dental radiography includes positioning the tube head of the x-ray machine. | T | F |
| 10. The practice of dental radiography includes diagnosis from x-rays. | T | F |
| 11. A “licensed dental radiographer” means a person who practices dental radiology and holds a valid license issued by the Board. | T | F |
| 12. The practice of dental radiography includes setting the x-ray machine, including setting kilivolts, milliamps or time. | T | F |
| 13. Without possessing a radiographer’s license, a dental assistant can only take x-rays under the direct supervision of a dentist. | T | F |

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