

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Suite 100 • 600 East Amite Street • Jackson, Mississippi 39201-2801 • (601) 944-9622 • www.dentalboard.ms.gov

M E M O R A N D U M

TO: APPLICANTS FOR A MISSISSIPPI RADIOLOGY PERMIT

FROM: CHRIS L. HUTCHINSON, EXECUTIVE DIRECTOR

SUBJECT: APPLICATION PACKET AND CHECKLIST

Updated March 19, 2019

Attached to this memorandum is the Board's Application for Mississippi Radiology Permit. The purpose of this memorandum is to reiterate information contained in the Application and to provide you with a checklist to ensure a completed Application prior to submission to the Mississippi State Board of Dental Examiners.

- Your Application fee is \$60.00, and this fee is **NON-REFUNDABLE**. Payment must be in the form of a certified check, money order, or check from a dental employer or radiology permit seminar sponsor. **NO PERSONAL CHECKS WILL BE ACCEPTED.**
- The fee you submit with your Application is an **APPLICATION PROCESSING FEE ONLY**, and once a Mississippi Radiology Permit has been issued, you will owe a permit renewal fee, the amount of which will be e-mailed to you upon permit issuance.
- All Applications must be **TYPED** and mailed to the above address. Incomplete or handwritten Applications will be returned to the applicant. The Application is in Adobe Acrobat forms, and you may complete the Application on your computer with your Adobe Reader software.
- It is at the sole discretion of this Board to issue a Mississippi Radiology Permit, and the filing of this Application, along with the payment of the \$60.00, in no way guarantees permit issuance.
- All questions must be answered fully, truthfully, and accurately. If additional space is needed to respond to certain questions, please put your response on plain white paper and number your response to correspond with the question on the Application. The Board encourages you to provide as much detail as possible. All requested supporting data must be received by the Director of this Board.
- A background check **SHALL** be conducted on **ALL** applicants for a Mississippi Radiology Permit. Failure to be completely truthful when answering questions on your Application **SHALL** be cause for the Board to deny issuance of a Mississippi Radiology Permit.
- You **MUST** provide a copy of your current driver's license and Social Security card with your Application, inasmuch as the Board will verify your U.S. citizenship status prior to permit issuance.
- You **MUST** provide current proof of certification in Cardiopulmonary Resuscitation with your Application.

- You are **PROHIBITED FROM EXPOSING RADIOGRAPHS** until you have been issued a currently valid Mississippi Radiology Permit. If you expose radiographs in the State of Mississippi without a currently valid Mississippi Radiology Permit, you and your Mississippi dental employer are subject to formal disciplinary action by this Board. Furthermore, you **MUST RENEW** your permit **IMMEDIATELY UPON ISSUANCE**.
- The only “accredited” schools recognized by the Board are those dental, dental hygiene, and dental assisting schools accredited by the American Dental Association’s (ADA) Commission on Dental Accreditation (CODA). As such, the Board **DOES NOT** recognize you as a graduate from an “accredited” school/program unless such school/program is ADA-accredited.
- The only “certified” dental assistants recognized by the Board are those who hold a current certification through the Dental Assisting National Board (DANB). As such, the Board **DOES NOT** recognize you as a “certified” dental assistant if you hold any certification other than that obtained from DANB.
- The Board **REQUIRES** you to maintain a minimum of one (1) currently valid e-mail address on file at all times. Should your e-mail address change, you **MUST** notify the Board within **THIRTY (30) DAYS** of such change.
- You are **REQUIRED** to notify the Board within **THIRTY (30) DAYS** of all informational changes, including, but not limited to, e-mail address (as previously noted), home **STREET** address, mailing address, telephone number, facsimile number, employer(s), current name when changed through marriage or divorce, etc. Failure to do so could subject you to disciplinary action by the Board.

APPLICATION CHECKLIST

- ☐ Application form fully completed, signed, dated, and **TYPED**
- ☐ Properly sized photograph securely affixed to Application
- ☐ Certified check or money order in the amount of \$60.00 included with Application
- ☐ Copy of current driver’s license included with Application
- ☐ Copy of Social Security card included with Application
- ☐ Copy of current certification in Cardiopulmonary Resuscitation included with Application
- ☐ Copy of certificate of completion from Board-approved radiology seminar which was completed **WITHIN NINETY (90) DAYS FROM THE DATE OF THIS APPLICATION** included with Application
- ☐ If **LESS** than twelve (12) months since graduation from ADA-accredited dental assisting program, program has been contacted to have official transcript sent directly to Board
- ☐ In lieu of official transcript, copy of graduation diploma or certificate from ADA-accredited dental assisting program included with Application
- ☐ If **MORE** than twelve (12) months since graduation from ADA-accredited dental assisting program and in addition to including a copy of dental assisting diploma/certificate or having dental assisting transcripts sent directly to Board from dental assisting program, sworn statements from all employers for the past five (5) years, or part thereof since graduation, attesting to period of employment and whether radiographs were administered as part of dental assisting duties included with Application
- ☐ Copy of current DANB certification card included with Application
- ☐ ADA-accredited dental hygiene program has been contacted to have official transcript sent directly to Board

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APPLICATION FOR MISSISSIPPI RADIOLOGY PERMIT

Unmounted **COLOR** bust photo
NOT LARGER THAN 2½" x 2½"
of applicant taken not more
than six (6) months prior
to date of application.
Photo may be a passport-
size photo and must be
attached securely to
this space.

ALL INFORMATION MUST BE TYPED. Applications are available as PDF forms on the Board's web site, and information may be TYPED utilizing Adobe Acrobat Reader and a computer. Each question must be answered fully, truthfully, and accurately, and a background check will be conducted. All requested documentation must be received by the Board before a Mississippi radiology permit is issued.

- A dental assistant who currently is certified by the Dental Assisting National Board (DANB) and/or who is a graduate of a dental assisting program accredited by the American Dental Association (ADA) may apply for a Mississippi radiology permit without having to successfully complete a Board-approved radiology seminar.
- A dental assistant who has graduated from an ADA-accredited dental assisting program within twelve (12) months prior to this Application may apply for a Mississippi radiology permit without having to successfully complete a Board-approved radiology seminar.
- A dental assistant who has graduated from an ADA-accredited dental assisting program more than twelve (12) months prior to this Application must submit sworn statements from all employers over the past five (5) years, or part thereof from the individual's date of graduation, attesting to (1) the individual's period of employment; and (2) whether the individual administered radiographs as part of his/her dental assisting duties.
- A dental hygienist who is not currently licensed in Mississippi who has graduated from an ADA-accredited dental hygiene program may apply for a Mississippi radiology permit without having to successfully complete a Board-approved radiology seminar.
- All other individuals applying for a Mississippi radiology permit must successfully complete a Board-approved radiology seminar and must submit this Application and all requested documentation within ninety (90) days of the date of completion of the Board-approved radiology seminar.
- A RENEWAL FEE WILL BE REQUIRED UPON ISSUANCE OF RADIOLOGY PERMIT

First Name Middle Name Maiden Name (Last Name at Birth) Last Name

Permanent Name to Appear on Permit (First, Middle, and Last Name; the Name Will **NEVER** Change Regardless of Marital Status)

Are You a Citizen of the United States of America? If No, State Country of Nationality Immigration Status

Current E-Mail Address (Biennial Permit Renewals Are Handled **ONLY** through E-Mail and the Board's On-Line Renewal Portal)

Current Residence **STREET AND MAILING** Address Residence Telephone Number

Current Office **STREET AND MAILING** Address Office Telephone Number

Full Names of All Dentists with Whom You Work Date of Employment

Place of Birth (City, State, Country) Date of Birth Age Sex Race Social Security Number

ADA-Accredited Dental Assisting Program Attended City and State Date of Graduation

ADA-Accredited Dental Hygiene Program Attended City and State Date of Graduation

1. Have you ever held a radiology permit in the State of Mississippi prior to this Application? ☐ Yes ☐ No If yes, please provide radiology permit number(s) and date(s) of issue. _____
2. Have you ever been disciplined, reprimanded, placed on probation, and/or had your dental assisting license or radiology permit suspended, cancelled, restricted, or revoked by this Board, another board, or any professional society? ☐ Yes ☐ No If yes to any part of this question, explain fully with the names, boards, reasons, dates, etc., on attached sheet of paper.
3. With reference to each part of question 2, is any such disciplinary action against you currently pending before any state board, hospital, or professional society? ☐ Yes ☐ No If yes, explain fully with the names, boards, reasons, dates, etc., on attached sheet of paper.
4. Have you ever been addicted to alcohol, narcotics, or any other drug having addiction-forming or addiction-sustaining liabilities and/or received treatment for such addictions? ☐ Yes ☐ No If yes, explain fully on attached sheet of paper, giving dates, names of institutions, etc., where treatment was received.
5. Have you ever been treated for any mental disorder? ☐ Yes ☐ No If yes, explain fully on attached sheet of paper, giving dates, names of institutions, etc., where treatment was received.
6. Have you ever been convicted of violating federal or state laws concerning the possession, distribution, or use of controlled substances, or are any such charges currently pending against you? ☐ Yes ☐ No If yes, explain fully on attached sheet of paper.
7. Have you ever been arrested? ☐ Yes ☐ No Have you ever been convicted of a felony? ☐ Yes ☐ No Have you ever been convicted of any other crime or misdemeanor? ☐ Yes ☐ No If yes to any part of this question, explain fully on attached sheet of paper.
8. With reference to each part of question 7, are any such charges currently pending against you? ☐ Yes ☐ No If yes, explain fully on attached sheet of paper.

CHECK ALL OF THE FOLLOWING STATEMENTS THAT APPLY TO YOU

1. I am a graduate of an ADA-accredited dental hygiene program, but I **DO NOT** hold a current Mississippi dental hygiene license. **HAVE PROGRAM MAIL BOARD AN OFFICIAL TRANSCRIPT**. _____ ☐
2. I am a graduate of an ADA-accredited dental assisting program. **HAVE PROGRAM MAIL BOARD AN OFFICIAL TRANSCRIPT OR ATTACH COPY OF GRADUATION DIPLOMA OR CERTIFICATE**. _____ ☐
3. I am a graduate of an ADA-accredited dental assisting program; however, it has been more than twelve (12) months since my date of graduation. **ATTACH SWORN STATEMENTS FROM ALL EMPLOYERS FOR THE PAST FIVE (5) YEARS, OR PART THEREOF SINCE GRADUATION, ATTESTING TO PERIOD OF EMPLOYMENT AND WHETHER RADIOGRAPHS WERE ADMINISTERED AS PART OF DENTAL ASSISTING DUTIES**. _____ ☐
4. I am **currently** certified by the Dental Assisting National Board (DANB). **ATTACH COPY OF CURRENT CERTIFICATION CARD**. DANB Certification No. _____ Date of Last Certification _____ ☐
5. I have completed a Board-approved radiology seminar for dental auxiliaries. **ATTACH COPY OF CERTIFICATE OF COMPLETION**. Seminar Name _____ Seminar Date _____
Seminar Location _____ ☐

Mail signed Application, supporting documentation, and CERTIFIED CHECK or MONEY ORDER for *Sixty and No/100 Dollars (\$60.00)* (instructions for paying the required additional renewal fee will be e-mailed following permit issuance) to:

**Mississippi State Board of Dental Examiners
Suite 100, 600 East Amite Street
Jackson, Mississippi 39201-2801**

A Mississippi Radiology Permit is subject to biennial renewal. A permit holder is required to **IMMEDIATELY** notify the Board of any change of residence address, residence telephone number, office address, office telephone number, employer, permit holder's name, and permit holder's e-mail address; otherwise, a penalty may be assessed.

I, _____, have read Board Regulation 25 and understand the requirements as listed therein. I have completed this Application fully, truthfully, and accurately and attest that the facts listed herein are true to the best of my knowledge, information, and belief. I understand the Board will conduct a background check and that any falsification, omission, or withholding of information or facts concerning my qualifications as an applicant shall be sufficient to exclude me from receiving a Mississippi radiology permit. Any falsifications, omissions, or withholding of information shall serve as grounds for the Board to revoke my Mississippi radiology permit even though this is not discovered until after issuance. I further understand and agree that the Board will post on its Internet web site all information necessary to enable the public to verify my permit status.

SIGNATURE _____

DATE _____

FOR MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS OFFICE USE ONLY:

- ☐ Application Received and Signed; Fee Received in Required Format; Properly Sized Photograph Attached _____
- ☐ CPR Card Received; Social Security Card Received; Driver's License Received; Citizenship Status Verified; Background Check Conducted _____
- ☐ Transcript(s) from ADA-Accredited Dental Hygiene or Dental Assisting Program Received _____
- ☐ Certificate of Completion from ADA-Accredited Dental Assisting Program Received _____
- ☐ Sworn Statements from All Employers over Past 5 Years, or Part thereof, Received _____
- ☐ Current DANB Certification Card Received _____
- ☐ Certificate of Completion from Board-Approved Radiology Seminar Received _____