



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Dental Examiners

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: license@alaska.gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers

Radiological Equipment Inspector Application

Full Legal Name:		Business Phone:	
Company Name:			
Mailing Address:			

Document the following by submitting supporting evidence of the following requirements:

- ☐ A Bachelor's degree, Master's degree, or the equivalent from an accredited college with a major in radiological health, health physics, physics, chemistry, engineering, environmental science, or other closely-related field, or;
- ☐ A technological degree from an accredited educational program focusing on radiological equipment installation, calibration, service, and repair, or;
- ☐ Dental equipment service technician who is manufacturer-trained and employed by an authorized dealer to install and service dental X-ray equipment. Must have two years of experience with dental X-ray repair, and have received training to test X-ray output performance.
- ☐ One year of professional experience in a medical or dental setting which involved three or more of the following:
 - a. the use of radiation-producing equipment in a professional setting and the application of procedures to both control and reduce radiation exposure to the public in order to minimize its potential harmful effects;
 - b. a working knowledge of the rules and regulations governing radiation use;
 - c. providing advice on safe practices concerning the use of radiation-producing equipment;
 - d. the operation of radiation field survey instruments, and/or technical field or laboratory instruments;
 - e. inspecting, investigating, or surveying the use of radiation-producing equipment;
 - f. installation, adjustment, and calibration of radiation-producing equipment.

SUBSTITUTION: Provide evidence of your qualifications to conduct dental X-ray tube head and control panel inspections to the satisfaction of the Board of Dental Examiners to ensure that dental X-ray equipment is operating within the tolerances provided by the equipment manufacturer. This includes demonstrating your ability to obtain field test data and complete an objective analysis of that data to determine if test values are within specification.

WARNING: The deliberate concealment or falsification of information on this application may result in the rejection of your application, removal from the list of eligible candidates, or removal from the position. Information supplied with this application is considered public, unless required to be kept confidential pursuant to federal law. I certify under penalty of perjury that the information furnished in this application is true and correct:

Signature: _____

Date: _____



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Letter of Professional Reference

(two required)



Applicant:

Complete this top part and then forward it to a professional reference familiar with your work as a radiological equipment inspector. Two references are required.

Applicant's Name

Applicant's Address

Applicant's Signature



Reference:

I am applying to be a radiological inspector in the State of Alaska. Please complete the bottom part of this form and return directly to the Alaska Board of Dental Examiners at the letterhead address above.



I recommend the applicant as being professional, capable, reliable, and worthy of confidence.

In addition, I wish to offer the following personal statement regarding my knowledge of the applicant:

Printed Name:

Degree:

Address:

Phone:

Company:

Title:

Signature:

Date: