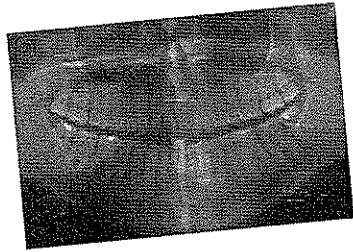
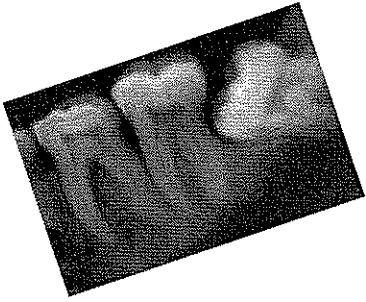


Nashville Dental Society

Radiology Course



We will be having a radiology certification course on February 5th & 6th, 2010, which will be taught by Dr. Chad Edwards. This course will be held at the Interfaith Dental Clinic, however, **ALL** questions and registration will be through the Nashville Dental Society office.



To attend this course you **must** be a "**registered assistant**". As you know, the Board of Dentistry changed the requirements to become registered in January of 2008. To become registered one only has to complete an application, have a current CPR card, have a criminal background check and pay a fee. For more information or an application to become registered, please call the Board of Dentistry at: 532-5073.

Our radiology course will be held on Friday, February 5th from 8 AM to 5 PM and Saturday, February 6th from 8 AM to 1 PM. One needs only to attend this course and pass to earn their radiology certification. The course is limited to 40 students and we expect to fill up quickly. The tuition for this two day course is \$395 per student for individuals who are employed by Nashville Dental Society member dentists or \$450 per student for individuals who are not employed by NDS members.

Your tuition includes lunch and refreshments on the 5th and breaks on the 6th. A \$50 application fee is included in your tuition and is non-refundable. No refunds for the course will be made after January 29, 2010. To receive a refund, written notification must be **received** in our office on or before January 29th. Applications for this course shall be taken on a first come, first served basis and must be accompanied by your tuition. Tuition fees are to be made payable and mailed to the Nashville Dental Society, 660 Bakers Bridge Avenue, Ste 304, Franklin, TN 37067. If you have any questions, call Pat at (615) 628-3300.



Nashville Dental Society

Radiology Course

PLEASE PRINT

Name: _____ Dental Assistant Registration License # _____

Home Address _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____ Office Phone: _____

Name of dentist you work for (if applicable) _____

Tuition Enclosed: \$395 (work for NDS member dentist) or \$450 (not employed by NDS member)

Your Social Security Number: _____ (required by Board of Dentistry)