

New Jersey Department of Environmental Protection  
Bureau of X-ray Compliance  
PO Box 420 Mail Code 25-01  
Trenton, New Jersey 08625-0420  
Phone: (609) 984-5890 Fax: 609-984-5811  
[www.xray.nj.gov](http://www.xray.nj.gov)

**SCHOOL DRAFT#1 5/8/12**

**Instructions for use of the Clinical Affiliate Application**

**Please type or print information clearly. If information is illegible, the application will be returned.**

1. The school will give this form to the clinical facility to complete the Clinical Affiliate Application sections 1-4. If more than one office will be used for clinical education, than a form must be completed for each office.

**Important Notes to the Clinical Facility:** X-ray facility ID and machine registration information can be obtained from Bureau of X-ray Compliance (Bureau) by calling 609-984-5370.

A student can engage in the practice of dental radiologic technology which includes positioning patients, selecting exposure factors, and making x-ray exposures only during the time that the school's permission is given. Once the clinical requirements are completed or the permission period is expired, the student is not permitted to engage in the above activities until issued a license by the Department of Environmental Protection.

The school's permission period is limited and cannot be extended without the written permission of the school.

2. After the student has successfully completed the didactic and laboratory requirements of the program, the school must complete the "Verification of Didactic and Laboratory Completion" statement and forward this form to the Bureau for review and approval.
3. The Bureau will review the Clinical Affiliate Application for compliance with Radiologic Technology Board of Examiners Standards. The Bureau will approve or deny the clinical affiliate application and return to the school within five business days.
4. If the application is approved, the school will complete the "Permission Statement", maintain a copy in the student's file and provide this form and the Clinical Competency Evaluation Forms to the clinical facility to track the student's progress in clinical education.
5. Once the student has completed the clinical requirements of the school, this form and all three clinical competency evaluation forms are returned to the school for review.

Dental Radiography School Name and ID Number: \_\_\_\_\_

School fax number: \_\_\_\_\_

Name of Student: \_\_\_\_\_

1. Clinical Affiliate Site - NJDEP X-ray Facility ID#: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

2. The following X-ray unit(s) will be used by this student:

ManufacturerNJDEP Registration Number

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

3. **Personnel Supervising Student Technologist** -Please print name, title [i.e., DDS, RDH, RDA, CDA, LRT(D), etc.], and license # . At least one of the following personnel must provide direct (in-room) supervision at all times:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Signature: \_\_\_\_\_

Owner or Co-Owner of this Clinical Facility                      Print name                      Date

**VERIFICATION OF DIDACTIC AND LABORATORY COMPLETION**

I verify that the above student has successfully completed the didactic and laboratory requirements of this school's Radiologic Technology Board of Examiners approved dental radiologic technology program.

Signature of Program Director/Instructor

Print Name

Date

**BUREAU OF X-RAY COMPLIANCE CLINICAL AFFILLIATE REVIEW**

Approved ☐ Denied ☐ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**SCHOOL PERMISSION STATEMENT**

Permission is given for the above student to start clinical education under the direct (in-room) supervision of at least one of the personnel listed in #3 above.

This permission will expire on: \_\_\_\_\_

Signature of Program Director/Instructor

Date

**Note to Student:** Signatures of the clinical facility and Bureau along with the signed permission of the school are required prior to beginning clinical education.