

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BOARD OF DENTAL EXAMINERS
P.O. BOX 110806
JUNEAU, ALASKA 99811-0806
(907) 465-2542
E-mail: license@alaska.gov

RADIOLOGICAL EQUIPMENT INSPECTOR APPLICATION FORM

INSTRUCTIONS: Please type or print in ink and forward to the above address. Complete and specific answers will aid in the processing of your application.

Name: _____

Company Name: _____

Residence Address: _____

City State Zip Code

Mailing Address: _____

City State Zip Code

Home Telephone: _____ Business or Message Telephone: _____

Document the following by submitting transcripts and other supporting evidence of the following requirements to be a Radiological Health Specialist I according to AS 08.36.075:

- 1. A Bachelor's degree or the equivalent from an accredited college with a major in radiological health, health physics, physics, chemistry, environmental science, or closely related field.
2. Two years of professional experience which involved four or more of the following:
a. inspecting, investigating or surveying the use of radiation producing equipment;
b. determining compliance with rules and regulations governing radiation use;
c. providing advice on safe practices concerning radiation;
d. operating radiation field survey and laboratory instruments;
e. carrying out procedures to control radioactive contamination or to reduce radiation exposures to the public; and
f. evaluation of hazards associated with use of radioactive materials.

At least one year must have been in medical and/or dental X-ray protection.

SUBSTITUTION

- 1. Master's degree or the equivalent from an accredited college in radiological health, health physics, physics, chemistry, environmental science, or a closely related field may substitute or the nonspecific experience on a year-for-year basis; and
2. One year of experience in medical and/or dental X-ray protection involving four or more of the functions described above.

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 state or federal law.

I certify under penalty of perjury that the information furnished in this application is true and correct.

Signature: _____

Date: _____

STATE OF ALASKA
BOARD OF DENTAL EXAMINERS
LETTER OF PROFESSIONAL REFERENCE

Dear : _____:

I am applying to be a dental radiological equipment inspector in the State of Alaska and I am required to provide two professional references. Please provide the information requested to the State of Alaska at the address shown below. In lieu of using this form, this professional reference may be written on professional letterhead. Thank you for your assistance.

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
Board of Dental Examiners
P.O. Box 110806
Juneau, Alaska 99811-0806

Signature: _____

Printed Name: _____

Address: _____

PLEASE DO NOT DETACH

I recommend the applicant as being professional capable, reliable, and worthy of confidence. In addition, I offer the following personal statement regarding my knowledge of the applicant:

Printed name Degree

Signature

Title/Company

Address

City State Zip Code

Office Telephone Number

Home Telephone Number



NOTE: The letter of recommendation must come from a professional who is familiar with the applicant's work.