Course Description and Overview:
This will be a 16 hour hands-on certification course for dental assistants, with the intended purpose to take dental radiographs, under the supervision of a licensed dentist. This course is approved by the Nebraska Board of Dental Examiners and the renewal of registration in the state of Iowa. As a prerequisite for the course, dental office experience is preferred.

At the end of the course, participants should be able to:
- Identify the properties and characteristics of the radiation beam and the factors involved in quality imaging;
- Understand radiation safety measures;
- Recognize and use radiographic landmarks;
- Take and mount a full-mount set of radiographs;
- Be familiar with the state regulations and legal aspects of dental radiology

This two day course will begin the first day with didactic lecture by the faculty listed below in a classroom setting. Day two will take place in the radiology lab of Creighton School of Dentistry and will include the hands-on portion of the course.

Tuition: 2-day course $325

Course Director, Timothy F. Walker D.D.S., M.S.. Assistant Professor Oral Maxillofacial Radiology, Department of Diagnostic Sciences, Creighton University.


*None of the speakers above, nor members of their families, have any financial relationships with commercial entities that may be relevant to this presentation.

Course Information:
This course will be presented at Creighton University School of Dentistry. Continental breakfast and lunch will be provided. Final check-in will begin at 7:30 a.m. on Friday; class will begin at 8:00 a.m. both days. Since this is a limited attendance course, a cancellation fee of $50 will be charged for cancellations received later than 72 hours prior to the course. Tuition includes use of Creighton XCP Kit, handouts and other amenities. Creighton School of Dentistry designates this live activity for a maximum of 16 CE Credits.

Creighton is an ADA CERP recognized provider.

Registration Form

Online Registration available at:
Creightonuniversity.edu/dentalschool/continuingeducation

Name ______________________  (________) ________________ _____________________________
Phone   Email
_____________________________________________________________________________________________________
Address  City State Zip

Enclosed is a check for $_______

Mail registration forms to:
Beth Stinebrink, Program Coordinator
Creighton University School of Dentistry
2500 California Plaza
Omaha, NE 68178

Charge my:  Visa____ MasterCard___ Discover___

For additional information or to register by phone, please call (888) 273-6576 or (402) 280-5054

Card number

Exp. ___________  Sec. Code___________

Name on card………………..Billing address if different from above

Signature