



All dentists who wish to prescribe dental CT scans **MUST** register with the Royal College of Dental Surgeons of Ontario **AND** have successfully completed a theoretical and practical training program designed to produce competency in the ordering, taking, interpreting and reporting of dental CT scans with respect to the field of view generated.

**TYPE OF DENTAL CT SCANS TO BE PRESCRIBED**

- Dentoalveolar CT Scans (*Field of view 8cm or less*)
- Craniofacial CT Scans (*Field of view greater than 8cm*)

**NAME AND DENTAL FACILITY ADDRESS**

NAME: \_\_\_\_\_ REGISTRATION NUMBER: \_\_\_\_\_  
STREET: \_\_\_\_\_ SUITE: \_\_\_\_\_  
CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL (OPTIONAL) \_\_\_\_\_

PREFERRED CONTACT INFORMATION (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

**DETAILS OF FORMAL TRAINING PROGRAM IN DENTOALVEOLAR CT SCANS**

COURSE NAME: \_\_\_\_\_  
COURSE DATES: \_\_\_\_\_  
COURSE LOCATION / AFFILIATED UNIVERSITY: \_\_\_\_\_  
NAME OF COURSE DIRECTOR: \_\_\_\_\_

*Please attach a certificate or other evidence of satisfactory completion of the course, as well as a description of the program, signed by the course director.*

**DETAILS OF FORMAL TRAINING PROGRAM IN CRANIOFACIAL CT SCANS**

- Post-Graduate Program in Oral and Maxillofacial Surgery **AND** Mentoring Program
- Post-Graduate Program in Oral and Maxillofacial Radiology

*If you are not registered with the College as a specialist in Oral and Maxillofacial Surgery, please attach a copy of your diploma/degree.*

NAME OF MENTOR: \_\_\_\_\_ MENTOR QUALIFICATIONS: \_\_\_\_\_  
DATE MENTORING STARTED: \_\_\_\_\_ DATE MENTORING COMPLETED: \_\_\_\_\_

*Please attach a letter or other evidence of satisfactory completion of the mentoring program, as well as a description of the mentoring program, signed by the mentor.*

**PLEASE SIGN BELOW AND RETURN TO THE COLLEGE.**  
**Our fax number is 416.961.5814. Our e-mail address is [ctscanners@rcdso.org](mailto:ctscanners@rcdso.org).**

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Name Signature Date