

**CINCINNATI DENTAL SOCIETY - Ohio Radiology Certificate
Home Study Program - Registration Form
Fax this form to 513-984-3047**

Fees Effective January 1, 2022

***The Cincinnati Dental Society has not increased their fee since 2015.
Please note the new fees for 2022!***

*Staff of Cincinnati Dental Society Members - \$110
Staff of American Dental Association Members - \$125
Staff of Non-American Dental Association Members - \$140*

Date Manual Mailed: _____ **Applicants - please complete these items.*

*Name _____

*Address _____ *City _____

*State/Zip _____ *Phone _____

*Dentist/Employer _____

*CDS Member? Yes No Other Society _____

*Address _____ *City _____

*State/Zip _____ *Phone _____

*Name on CC: _____ *Exp Date: _____ *CVV#: _____

*Credit Card # _____ *Business or Personal Card
Please Circle One: AMEX Discover Master Card Visa (Please circle one)

Internal Use Only:

Date Post-Test Returned _____ Date Affidavit Returned _____

Score (50 Possible) _____ Date Certificate of Completion Issued _____

Mailed To Office Home Date Mailed _____

Copies Included Affidavit Post-Test