



**DENTAL ASSISTING
RADIOGRAPHY
2007-2008**

Name: _____

SSN/ID: _____

Date: _____

Complete one of the following programs of study:

Certificate of Completion (R.4540.CC) Major requirements (____ units minimum) The following must be completed with a "C" or better grade:	units	completed	in progress	planned

Notes:

Faculty Advisors: Mrs. Lois Parento (Reedley) and Mrs. Shelly Sorensen (Reedley)