[Name of Dental Practice] [How to use templates](https://www.psm.sdcep.org.uk/templates/how-to-use-templates/)

[Date]

# Radiography Training Record

**Name:**

**Job Title:**

**Entitlement:**

**Training Reviewed By:** **Date:**

**Date of Next Review:**

| **Type of Training** | **Relevant duty** | **Training Provider** | **Assessment** | **Date** | **Next Training Due** |
| --- | --- | --- | --- | --- | --- |
| e.g. Radiation Protection CPD |  |  |  |  |  |
| e.g. In-house training | e.g. use of automatic film processor |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |