[Amend text as appropriate]

[Dental Practice Name]

[Address]

Dear [Enter name of RPS],

Radiation Protection Supervisor

This is to confirm that you have been appointed as the named Radiation Protection Supervisor for [Name of Dental Practice] and note that you have undergone the appropriate training.

Your responsibilities as the Radiation Protection Supervisor include:

* Maintaining a knowledge and understanding of current regulations and local rules relevant to the practice’s work with ionising radiation
* Supervising the arrangements set out in the practice’s Local Rules
* Maintaining a knowledge and understanding of necessary precautions to restrict exposure
* Maintaining a knowledge and understanding of emergency procedures, and acting in accordance with the emergency procedures if required
* Recognising when it is necessary to seek advice

Please sign and date below to confirm agreement with the appointment.

Radiation Protection Supervisor

Signature: Date:

Appointed by [Employer’s Name]:

Signature: Date: