

## Application for Renewal of Authorization to Conduct Mammography Surveys in the State of California

**PLEASE TYPE OR PRINT ALL INFORMATION**

MQA Number		
Last Name	First Name	Middle Name
SSN/ITIN	Phone Number	Email Address
<p><b>Note:</b> The information you provide on this form (except for the social security number) may be made public under the California Public Records Act; please provide a P.O. Box number or other alternate address if you do not wish to have your home address made public.</p>		
Mailing Address (Number and Street or P.O. Box Number)		
City	State	ZIP Code
<p>I certify that the information provided with this application is true and correct. I understand that the California Department of Public Health may revoke authorizations that are procured by fraud, misrepresentation, or mistake.</p>		
Signature		Date

Pursuant to the authority found in Sections 100275 and 115100 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing the social security number (SSN)/individual taxpayer identification number (ITIN) is mandatory. The SSN/ITIN will be used for purposes of identification. The information on this form may be provided to federal, state, or local agencies for law enforcement purposes.

For information or access to your records and submittal of this application, contact the Chief of the Registration Unit at the California Department of Public Health, Radiologic Health Branch, MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106.

**CONTINUING EDUCATION, TRAINING AND EXPERIENCE**

All applicants must submit the following:

- Documentation of your most recent fifteen continuing education (CE) units in mammography, within the 36 months immediately preceding the expiration date of your authorization. (This continuing education shall include hours of training appropriate to each mammographic modality evaluated by the medical physicist. Units earned through teaching a specific course can be counted only once, even if the course is taught multiple times during the 36-month cycle.)
- Documentation of your most recent continuing experience in mammography, within the 36 months immediately preceding the expiration date of your authorization. (Conducted surveys of at least three facilities and a total of at least nine mammography systems. No more than one survey of a specific facility conducted within a 10-month period or a specific system conducted within a 60 calendar day period may be counted towards this requirement.)
- Documentation of initial modality training, if applicable. (i.e. a mammographic modality other than one for which the physicist received training to qualify, a mammography medical physicist shall receive at least eight hours of training in surveying units of the new modality.)