

**California Radiology Supervisor and Operator Certificate Application
(For Radiologists and Radiation Oncologists ONLY)**

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| Last Name (Please Print) | First Name | Middle Name |
| Date of Birth | SSN or ITIN* | Phone Number |
| Mailing Address (Number and Street or P.O. Box Number) | | E-mail Address |
| City | State | Zip Code |

*Social Security Number or Individual Taxpayer Identification Number

Pursuant to the authority found in Section 114870 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing the SSN/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. The information you provide on this form (except for SSN/ITIN) 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. This information may also be provided to the American Registry of Radiologic Technologists (ARRT) for examination purposes. For information or access to your records, contact the Certification Support Unit at the California Department of Public Health, Radiologic Health Branch (CDPH-RHB), MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106.

IMPORTANT: A radiology supervisor and operator certificate issued by the Department shall be required of and issued only to any licentiate of the healing arts who practices as a radiologist or radiation oncologist in accordance with the California Code of Regulations, title 17, section 30466. For all others, do not complete this application. Please refer to the California Licentiate Supervisor and Operator Permits application form CDPH 8230.

REQUIREMENTS TO OBTAIN A RADIOLOGY SUPERVISOR AND OPERATOR CERTIFICATE

You must submit this application along with documentary evidence of meeting one of the following:

- Board certification by the American Board of Radiology (ABR) or American Osteopathic Board of Radiology (AOBR); or
- You have passed ABR's:
(*ONLY a Verification Letter from ABR is acceptable*)
- 1) Diagnostic radiology initial qualifying physics examination and the diagnostic radiology initial qualifying clinical examination;
 - 2) Diagnostic radiology core exam; or
 - 3) Radiation oncology initial qualifying physics examination, the initial qualifying cancer biology examination, and the initial qualifying clinical examination; or

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- You have passed AOBR's:
- 1) Part I (Physics of Medical Imaging, Biological Effects and Safety) and Part II (Diagnostic Imaging) examinations in diagnostic radiology; or
 - 2) Part I (Radiobiology), Part II (Physics), and Part III (Clinical) examinations in radiation oncology.

In addition, you must also return the completed application with both of the following:

- A copy of one of the following valid California healing arts licenses: Physician and Surgeon, or Osteopathic Physician and Surgeon; and
- The non-refundable application fee of \$127.00 in the form of a check (e.g., personal, cashier's, or certified check) or money order made payable to CDPH-RHB

Please mail this application, all supporting documents, and the non-refundable application fee of \$127.00 to:

USPS First-Class Mail:
California Department of Public Health
Radiologic Health Branch, MS 7610
Accounts Receivable and Cashiering Unit
P.O. Box 997414
Sacramento, CA 95899-7414, or

Express Mail:
California Department of Public Health
Radiologic Health Branch, MS 7610
Accounts Receivable and Cashiering Unit
1500 Capitol Ave., Suite 520, Bldg. 172
Sacramento, CA 95814-5006

NOTIFICATION OF APPLICATION STATUS

Within 30 calendar days of receipt of your application, CDPH-RHB will mail you a notification letter. The notification letter will inform you of one of the following:

- That your application is complete; or
- That your application is not acceptable for filing and next steps.

I certify under penalty of perjury that the information provided with this application is true and correct. I understand that the California Department of Public Health may cancel certificates that are procured by fraud, misrepresentation, or mistake, and may revoke certificates for the nonpayment of fees. Further, I am aware that it is unlawful to use X-rays on human beings in this state unless I am certified pursuant to the Radiologic Technology Act and acting within the scope of that certification. In addition, by signing below, I am attesting that I practice as a radiologist or radiation oncologist.

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| Signature | Date |
|-----------|------|