

X-Ray Bone Densitometry Supervisor and Operator Permit Application

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: The scope of practice of a current and valid **Radiology Supervisor and Operator Certificate** or a current and valid **Radiography Supervisor and Operator Permit**, includes bone densitometry. If you possess either, an X-ray Bone Densitometry Supervisor and Operator Permit is not required.

REQUIREMENTS TO OBTAIN AN X-RAY BONE DENSITOMETRY SUPERVISOR AND OPERATOR PERMIT

You must submit this application along with the following:

- 1) Documentary evidence of your current and valid California healing arts license as a physician and surgeon, or osteopathic physician and surgeon;
- 2) Documentary evidence of completion of instruction in the use of the X-ray bone densitometer (XBD) as specified in the California Code of Regulations, Title 17 (17 CCR), section 30466 (a)(5)(C). Evidence of completion of the required instruction must be obtained from one of the following:
 - XBD manufacturer's representative; or
 - Diagnostic radiologic technology school; or
 - Limited permit X-ray technician school teaching the X-ray bone densitometry permit category;

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- 3) A copy of the curriculum covered by the manufacturer’s representative or approved school, as specified in 17 CCR, section 30466 (a)(5)(C);
- 4) Provide the manufacturer’s make and model number of the XBD for which training was received:

Make	Model
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Note: An examination is not required to obtain an X-ray Bone Densitometry Supervisor and Operator Permit.

Please note that this permit shall be limited to the use of the above specified XBD or any other XBD for which the physician and surgeon has completed training and all of the following are applicable:

- 1) **The XBD does not require user intervention for calibration.**
- 2) **The XBD does not provide an image for diagnosis.**
- 3) **The XBD is used only to estimate bone density of the heel, wrist or finger of the patient.**

If a different XBD is used in the future, it must meet the above mentioned three criteria. Upon request, evidence of training pursuant to 17 CCR, section 30466 (a)(5)(C) shall be provided by the physician and surgeon for any XBD used or supervised by the physician and surgeon.

Please mail this application and all supporting documents to:

USPS First-Class Mail:
California Department of Public Health
Radiologic Health Branch, MS 7610
Certification Analyst
P.O. Box 997414
Sacramento, CA 95899-7414, or

Express Mail:
California Department of Public Health
Radiologic Health Branch, MS 7610
Certification Analyst
1500 Capitol Ave., Suite 520, Bldg. 172
Sacramento, CA 95814-5006

NOTIFICATION OF APPLICATION STATUS

Within 30 calendar days of receipt of your application, California Department of Public Health, Radiologic Health Branch (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.

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I certify under penalty of perjury that all information provided with this application is true and correct. I understand that the California Department of Public Health may cancel permits that are procured by fraud, misrepresentation, or mistake, and may revoke permits 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 permitted pursuant to the Radiologic Technology Act and am acting within the scope of that permit.

Signature	Date
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